UMASS/AMHERST
312066 0284 2380 3

Digitized by the Internet Archive
in 2010 with funding from
Boston Library Consortium Member Libraries

http://www.archive.org/details/annualreportofco3637mass

1936-37

The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES
NOVEMBER 30, 1936

COMMISSIONER

WINFRED OVERHOLSER, M.D. . . . . . . Wellesley Hills

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D. . . . . . . Brookline
A. WARREN STEARNS, M.D. . . . . . . Billerica
SAMUEL KALESKY . . . . Brookline
TIMOTHY W. FITZGERALD . . . . Salem

ASSISTANT COMMISSIONER

JOSEPH E. BARRETT, M.D. . . . . . Taunton

Table of Contents

PAGE
Duties and Proceedings of the Department 2
Changes in Personnel 2

Activities of the Department:

1. State Institutions as Training Centers 4
2. Departmental Research Committee 5
3. Mental Examinations of Persons Coming before the Courts . . 5
4. Assistance Given by Law Schools 7
5. Examination of Juvenile Delinquents 7

General Matters:

1. Conferences and Visits to State Institutions 8
2. Semiannual Meetings of the Department with the Trustees of State Institutions 8
3. The Emergency Public Works Program 9
4. The Forty-eight Hour Week Law 9
5. Special Commission to Study Public Health Laws 9
6. Diagnostic Service — United States Public Health Service . . 9
7. Licenses Relinquished and Licenses Granted to Private Hospitals . 9
8. Deportations 10
9. Legislation for the Year 10
Report of the Committee of Training Schools for Nurses 15
Report of the Financial Division 17
Report of the Pathologist 35
Report of the Social Service Division 46
Report of the Division of Mental Hygiene 49
Report of the Division of Mental Deficiency 74
Report of the Support Division 113
Report of the Division of Statistical Research 116

Report of the Division of Statistics:

(a) Table of Contents 117
(b) Departmental Statistics, Tables and Graphs 119

(c) Statistical Review: Text, Tables and Graphs

Mental Diseases 132
Mental Deficiency 250

(d) Detailed Tables

Mental Diseases 306
Mental Deficiency 477
Directory of Department and Institutions 509
Index 519

The Commonwealth of Massachusetts

State House, Boston

To His Excellency the Governor and the Honorable Council:

The seventeenth annual report of the Massachusetts Department of Mental Diseases for the year ending November 30, 1936 is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

Winfred Overholser, M.D.
Commissioner.

Henry M. Pollock, M.D.
A. Warren Stearns, M.D.
Samuel Kalesky
Timothy W. Fitzgerald
Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

DUTIES OF THE DEPARTMENT

The Department of Mental Diseases consists, by law, of a commissioner and four associate commissioners who are appointed by the Governor. As at present constituted, the Department consists of Dr. Winfred Overholser, Commissioner; Dr. Henry M. Pollock, Dr. A. Warren Stearns, Mr. Samuel Kalesky and Mr. Timothy W. Fitzgerald, Associate Commissioners.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, and the determination within statutory limits of the amount to be charged for the support of patients in institutions.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws (Tercentenary Edition).

CHANGES IN PERSONNEL

Reappointment of Mr. Samuel Kalesky

Mr. Samuel Kalesky, whose term as Associate Commissioner expired on September 3, 1936, was reappointed for another term of four years.

Appointment of Clifton T. Perkins, M.D.

On December 1, 1935, Dr. Clifton T. Perkins was appointed as Assistant to the Commissioner in the Department, to succeed Dr. Riley H. Guthrie who was appointed Chief Executive Officer of the Boston Psychopathic Hospital.

Dr. Perkins was born in Auburn, Maine. He received his academic training and the Bachelor of Arts Degree at Bates College in 1922, later attending the Boston University School of Medicine where he received his medical degree in 1926. He then served as intern and resident physician at the Massachusetts Memorial Hospitals, Boston, and went to the Worcester State Hospital, Worcester, Massachusetts, as Senior Physician on February 6, 1928. On July 11, 1932, he was promoted to the position of Assistant Superintendent of the Worcester State Hospital, remaining in this position until his appointment as Assistant to the Commissioner of Mental Diseases.

Dr. Perkins has contributed largely to the general medical interest in artificial fever treatments as they apply to certain nervous and mental illnesses, and in this respect has contributed somewhat to the medical literature. He is a member of the American Medical Association, Massachusetts Medical Society, The Norfolk County Medical Society, Massachusetts Psychiatric Society, New England Society of Psychiatry, Fellow of the American Psychiatric Association, and is active in several lay organizations, and the Massachusetts National Guard. Dr. Perkins is a Diplomate of the National Board of Medical Examiners.

Transfer of Raymond A. Kinmonth, M.D.

Dr. Raymond A. Kinmonth, an Assistant to the Commissioner of the Department, was transferred to the position of Assistant Superintendent at the Belchertown State School, Belchertown, Massachusetts, on January 6, 1936, to succeed Dr. Karl V. Quinn.

Dr. Kinmonth was born in Montville, Connecticut. He received the degree of M.D. from Tufts College Medical School in 1921. Following graduation he served one year as resident physician and City Bacteriologist at the Manchester City Hospital, Manchester, N. H. On July 1, 1922, he was appointed Assistant Physician on the staff of the Wrentham State School, Wrentham, Massachusetts, and on September 15, 1924, he was promoted to the position of Senior Physician. On the death of the Superintendent of the School, Dr. George L. Wallace, on July 3, 1930, Dr. Kinmonth was made Acting Superintendent and served in that capacity until the appointment of Dr. C. Stanley Raymond as Superintendent on May 1, 1932, on which date Dr. Kinmonth was appointed Assistant Superintendent. He was appointed Assistant to the Commissioner in the Department of Mental Diseases on July 11, 1932, remaining in this position until his transfer to the position of Assistant Superintendent at the Belchertown State School.

Dr. Kinmonth is a member of the Thurber Medical Society, New England Society of Psychiatry, Massachusetts Psychiatric Society, and the American Association on Mental Deficiency. During the World War Dr. Kinmonth served with the Medical Department, 101st Field Artillery, 26th Division.

Appointment of Karl V. Quinn, M.D.

Dr. Karl V. Quinn, formerly Assistant Superintendent of the Belchertown State School, Belchertown, Massachusetts, was appointed an Assistant to the Commissioner of the Department on January 6, 1936, to succeed Dr. Raymond A. Kinmonth.

Dr. Quinn received his education in the schools of Kingston, Ontario, Regipolis College, and Queens University, graduating with the degree of M.D.C.M. in 1924. After over two years' internship in the general hospitals of Kingston and Hamilton, Ontario, he was appointed Assistant Physician at the Belchertown State School on May 20, 1926; on June 1, 1927, he was promoted to Senior Physician, and on December 1, 1931, he was made Assistant Superintendent, which position he held until his appointment as Assistant to the Commissioner.

Dr. Quinn is a member of the Ontario College of Physicians and Surgeons; American Medical Association; Massachusetts Medical Society; Hampshire County Medical Society; Massachusetts Psychiatric Society; New England Psychiatric Association; American Association on Mental Deficiency; and a Fellow of the American Psychiatric Association.

Resignation of Anna M. Allen, M.D.

The resignation of Dr. Anna M. Allen, Pathologist to the Department since June 1, 1932, became effective December 1, 1935. Prior to her appointment in the Department, Dr. Allen served on the staff of the Danvers State Hospital, Hathorne, Massachusetts, from November 1, 1930 to June 1, 1932, first as Assistant Physician and later as Pathologist.

Temporary Appointment of Myrtelle M. Canavan, M.D.

On December 1, 1935, Dr. Myrtelle M. Canavan was appointed, on a temporary basis, to succeed Dr. Anna M. Allen, as Pathologist to the Department. Dr.

Canavan was previously connected with the Massachusetts State service from 1907 to 1924, serving first as Pathologist at the Danvers State Hospital, later at the Boston State Hospital, and Pathologist to the Department from 1920 to 1924, when she resigned. She has also served as Pathologist to the Department on several occasions since 1924, during the leaves of absence of the regular Pathologist.

Retirement of Mr. Warren A. Merrill

On November 8, 1936, Mr. Warren A. Merrill, Business Agent of the Department for nineteen years, was retired under the law, having reached the age of seventy years. Mr. Merrill entered the Massachusetts State service on July 1, 1898, as Treasurer of the Danvers State Hospital; on August 1, 1908 he was transferred to the Department of the Auditor of the Commonwealth where he served as Assistant Supervisor of Accounts. He remained in the latter position until his appointment as Business Agent in the Department of Mental Diseases on November 8, 1917.

The following resolutions on the retirement of Mr. Merrill were adopted by the Department on November 2, 1936:

> "WHEREAS, Warren A. Merrill, Business Agent of the Department, is required by law to retire from the employ of the Department on November 8, 1936, AND
>
> WHEREAS, He has served the Commonwealth faithfully for over thirty-five years, during nineteen of which he has functioned as Business Agent of the Department, AND
>
> WHEREAS, During that period he has, by the exercise of great widsom, scrupulous fairness and fidelity, and high efficiency, developed the Business Division of the Department to the point of being accepted as an example of the highest type of public service, be it
>
> *RESOLVED*, That the Commissioner and Associate Commissioners of the Department hereby express to Mr. Merrill their deep appreciation of his loyalty, devotion and efficiency and their wishes for his happiness in the years to come."

ACTIVITIES OF THE DEPARTMENT

State Hospitals as Training Centers

The Department continues to feel that its facilities should be made available for the training of various types of personnel and that it should continue to be of whatever assistance possible to its sister states and other countries in analyzing and solving the many administrative problems which naturally occur and for which they are seeking an adequate solution. Because of the standing of the Massachusetts State Hospitals, this Department continues to be asked to give such advice and there continue to be numerous visitors from other states and foreign provinces to study the administrative system here as it has been developed. As an example, His Excellency Wilbur L. Cross, Governor of the State of Connecticut, and a selected party, visited several of our state institutions under the supervision of this Department, going over them in considerable detail as to construction and arrangement, most particularly because Connecticut is anticipating a building program in connection with their problems. There was also a visitation made by representatives of the State of Missouri where there is a building program under way, and the advice of this Department was sought regarding their problems. Dr. E. C. Menzies, Superintendent of The Provincial Hospital, St. John, New Brunswick, visited the Department in connection with his interest in out-patient clinic work and its relation to hospital activities.

Dr. Joseph E. Barrett, Assistant Commissioner of the Department, was requested by the Government of the Province of Ontario, Canada, through The National Committee for Mental Hygiene, to make a detailed survey of its sixteen institutions and its Department supervising these institutions, for the purpose of making whatever recommendations were thought advisable in connection with their policies in general, so that these could be given due consideration in the preparation of their budget for the coming year. Because of the pressure of other duties, however, Dr. Barrett found it necessary to decline this invitation.

The policies previously existing in regard to the practical training of medical students in the various medical schools in Massachusetts have continued. The Department is of the opinion that this training is of considerable benefit to medical students and will continue to result in benefit as well to the communities in which these students will practice their profession later. There is noted a growing interest on the part of graduates of medicine in receiving postgraduate training in the field of psychiatry, and the institutions under this Department are continually receiving requests for appointment to internships for this purpose from men outside the Commonwealth. Although the Department is of the opinion that preference in these matters should be given to such persons who are citizens of Massachusetts, it is strongly of the opinion that it should not close its doors to men from outside the Commonwealth. The four months' postgraduate training for the House Officers of the Peter Bent Brigham Hospital, Boston, has continued, and reports indicate that those who have been successful in securing these appointments have been highly gratified.

Because of the affiliations which have been arranged by the several schools of social service work, whereby their students receive psychiatric training, it is considered as no longer necessary that this Department conduct its own training schools for psychiatric social work as in the past, so that this policy will be discontinued after June, 1937, when the present course of training ends. The original reason for the Department establishing such training schools was that it was very difficult to secure social service workers who had been given any training in psychiatric social work.

Through its Director of Hydrotherapy, Dr. Rebekah Wright, the Department has continued to train hydrotherapists and physiotherapists, not only for service in the institutions under its supervision but also for employment elsewhere when their services are in demand. The four training schools for nurses have enrolled sizeable classes and the graduates from its schools continue to prove themselves worthy not only by their standing before the Board of Registration of Nurses, but also by their service in the community and in the institutions.

Departmental Research Committee

There exists little doubt today in the minds of those familiar with the problem of mental disease that research into the causes, treatment and prevention of mental disorder is a proper, and indeed important function of the State. Only by further study can the incidence of mental disorder be reduced, the time of stay of patients in the hospital shortened and recurrences made less likely. The General Court has generously aided the Department in such a program since the establishment of the Division of Mental Hygiene in 1922. With a view to stimulating in the minds of the State Hospital medical personnel further interest in this important problem, the Department has appointed a Research Committee, consisting of Dr. Abraham Myerson, Chairman; Dr. Douglas A. Thom; Dr. Roy G. Hoskins; Dr. Neil A. Dayton; Dr. Harry C. Solomon; Dr. Kenneth J. Tillotson. The members of this committee have personally interviewed the Superintendents and the physicians of the State Hospitals, and meetings of representatives of the hospitals have been held for the purpose of discussion and stimulation. Valuable advice on one of the projects submitted has been given by Dr. L. M. S. Miner, Dean of the Harvard Dental School.

Mental Examination of Persons Coming before the Courts

The so-called "Briggs Law", appearing as Section 100-A, Chapter 123, General Laws (Tercentenary Edition), continues to function satisfactorily. During the year ending October 15, 1936, eight hundred seventeen defendants in criminal cases were examined under this provision of law. This statute is probably the superior of any similar legislation in the United States providing for the automatic reference for mental examination of all persons indicted for a capital offense and all persons bound over or indicted who have previously been convicted of a felony or indicted more than once. It has excited wide and very favorable comment by legal writers throughout the United States.

Examination of Juvenile Delinquents
October 1, 1935 — October 1, 1936

Age Groups	Total			Normal			Sub-Normal			Feebleminded			Psychotic			Psychosis with Feeblemindedness		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 12	130	5	135	51	2	53	67	3	70	10	–	10	2	–	2	–	–	–
12–15	394	60	454	130	20	150	196	28	224	62	12	74	4	–	4	2	–	2
15–18	386	89	475	103	19	122	202	48	250	75	21	96	5	1	6	1	–	1
Totals	910	154	1,064	284	41	325	465	79	544	147	33	180	11	1	12	3	–	3
Per cent				31.21	26.62	30.54	51.10	51.30	51.13	16.15	21.43	16.92	1.21	.65	1.13	.33	–	.28
Per cent 1934–1935				36.48	26.51	34.80	44.70	48.38	45.34	17.94	25.11	19.20	.58	–	.50	.20	–	.16
Per cent 1933–1934				22.77	21.02	22.46	51.65	43.18	50.15	24.24	34.66	26.08	.61	–	.50	.73	1.14	.81

In spite of the very wide interpretation of Section 99, Chapter 123, General Laws (Tercentenary Edition), which was given by the Supreme Judicial Court in the case of Sullivan v. the Judges, 271 Mass. 435, the courts continue to make but very little use of the provision of law whereby the judge, in his discretion, may call upon the Department to assign a member of a State Hospital staff to make a mental examination of "any person coming before the court". During the year 1936 only 46 such cases were referred to the Department, an increase of only three over the year 1935. The Department hopes that the courts may eventually avail themselves much more of this salutary provision of law which permits a court to obtain impartial advice regarding the mental condition of a defendant or of a plaintiff concerning whose mental condition any doubt may arise in the mind of the judge. This service is rendered to the courts gratuitously.

Assistance Given by Law Schools

During the year several students in the Boston University Law School have made a study of the laws of various States relative to the commitment and care of the mentally ill. If this arrangement can be continued over a period, the laws of all the several States can be comprehensively studied. The value of such a study for comparative purposes, and particularly as a basis for any proposed changes in the laws of the Commonwealth, is obvious.

Examination of Juvenile Delinquents

Examination of juvenile delinquents prior to commitment (Section 58-A, Chapter 119, General Laws, Tercentenary Edition) were conducted by the following clinics:

Boston Psychopathic Hospital
Boston State Hospital
Danvers State Hospital
Foxborough State Hospital
Gardner State Hospital
Grafton State Hospital
Medfield State Hospital
Monson State Hospital
Northampton State Hospital
Taunton State Hospital
Westborough State Hospital
Worcester State Hospital
Walter E. Fernald State School
Wrentham State School
Belchertown State School
Dr. Henry M. Baker
Judge Baker Guidance Center

During the year October 1, 1935 to October 1, 1936, it is regrettable to note that there has been a decrease in the number of cases referred to the clinics for examination, although there has been no intimation that the work of the courts dealing with juvenile delinquents had decreased in any way. A total of ten hundred and sixty-four (1,064) children were examined, compared with twelve hundred and thirty-five (1,235) the previous year. Of those examined this year, 30.6% or 325 children were classified as normal, 51.1% or 544 as subnormal, 16.9% or 180 children as feebleminded, 1.1% or 12 children as psychotic, and .3% or 3 children as psychotic with feeblemindedness. In other words about 69% of the children examined this year were of subnormal intelligence. The percentage of subnormal children for the previous year was about 65%.

The clinics report that most of the judges and probation officers are very enthusiastic, show keen interest, and are anxious to cooperate with them in every way possible. There are still one or two communities, however, in which the courts do not use the clinics to their fullest extent. Although the statute provides that these examinations be made prior to disposition of the cases by the courts, it is still the practice in some instances to comply with the law only in letter by having routine examinations made under unsatisfactory conditions, after disposition of the case, and the child is on the way to an institution. In general, however, the judges and probation officers are guided by the findings and recommendations of the psychiatrist. In certain sections of the State the courts openly express their opinion as to the value of these clinics but bemoan the fact that the facilities for carrying out these recommendations are inadequate.

GENERAL MATTERS

Conferences and Visits to State Institutions

Nine monthly meetings of the Commissioner, Assistant Commissioner, and Associate Commissioners, and thirty-three special meetings, were held during the year.

Seven monthly conferences of the Commissioner and Assistant Commissioner with the Superintendents of the State institutions under the Department were held.

The various institutions under the Department have been visited from time to time during the year by the Commissioner, Associate Commissioners, Assistant Commissioner, and Assistants to the Commissioner.

Semiannual Meetings of the Department with the Trustees of State Institutions

A semiannual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Medfield State Hospital, Harding, Massachusetts, on Saturday, April 11, 1936. At the suggestion of a number of the Trustees, the Superintendents of the State institutions were invited and a number of them attended.

Luncheon was served at 1:00 o'clock in the Employees' Dining Room, and following the meal the meeting was called to order in the Hospital Chapel by Dr. Winfred Overholser, Commissioner of Mental Diseases. Dr. Overholser briefly reviewed the legislative program and prospects of the year, and then introduced Dr. Abraham Myerson, a Trustee of the Wrentham State School, Wrentham, Massachusetts, who gave an informal presentation of the topic "The Role of Psychiatric Research."

After the meeting was adjourned a visit was made to the various buildings.

A semiannual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Danvers State Hospital, Hathorne, Massachusetts, on Saturday, October 24, 1936.

Luncheon was served at 1:00 o'clock in the Staff Dining Room, following which the meeting was called to order by Dr. Winfred Overholser, Commissioner of Mental Diseases. In his opening remarks Dr. Overholser mentioned that the statute provides that the Department of Mental Diseases shall meet semiannually with the Trustees of the State institutions, for consultation and to promote harmonious action. He emphasized the overcrowded condition of the institutions, reminding the Trustees that in spite of the efforts of the Department, the Legislature provided no relief during the recent session except by the addition of one hundred beds which will result from the erection of the new Rear Center at Northampton State Hospital. He reported that food costs are expected to be considerably higher the coming year, and stated that the Department is making an attempt to increase the funds allocated for certain items of food, especially eggs and fresh fruit. Dr. Clarence A. Bonner, the Superintendent of the Danvers State Hospital, was then called upon by Dr. Overholser to address the group on "Occupational Therapy and its Position in our Mental Hospitals."

In accordance with an invitation extended in the notice of the meeting to submit topics for consideration, those who acceded to the request were asked to present their views and the questions were then thrown open for general discussion.

Considerable discussion revolved about the duties of the trustees. Several of the trustees spoke on this topic, and the consensus of opinion appeared to be that trustees, as representative, public spirited citizens are in an excellent position to interpret to the public the functions and activities of the hospital, and that they should supervise in a general, non-technical manner the care of the patients. The value to the patient of a general public confidence in mental hospitals was emphasized. It was pointed out that from their knowledge of the hospital they could and should, in the event of an unfair or politically-motivated attack upon their hospital, speak the truth with conviction and authority, and that if they did so any fair-minded person would pay attention to their statements. Dr. Overholser expressed the Department's appreciation of the loyal service rendered by the Boards, and his firm belief that such Boards are a distinct asset to the hospitals and to that proper care of the patients for which Massachusetts has become famous.

Before the adjournment of the meeting at 4:00 P.M., an invitation was extended to those who could remain to see the activities on the wards and in the various departments.

Emergency Public Works Program

Practically all the projects begun in 1933 under the Massachusetts Emergency Public Works program have been completed.

Work has been continued under the Federal Works Progress Administration program.

Further details of the status of the work carried on under these two programs will be found in the report of the Department Engineer.

The Forty-Eight Hour Week Law

It seems desirable to give some further study to the number of additional employees allowed as a result of the forty-eight hour week law (Chapter 444, Acts 1935). As a result of the original study, 1,324 employees were added to the total hospital personnel, these being variously distributed over the different services involved. This number seemed, at that time, to be sufficient to give the same type of coverage on a forty-eight hour per week basis as was previously being given on a sixty-hour per week basis. It now appears, however, that in spite of careful estimates, the coverage of the wards and the resulting supervision of patients are not equivalent to those which prevailed under the sixty-hour week. These additional 1,324 employees now have to be given two weeks' vacation; also, each of these employees is entitled to one day off each week during the year, and consideration has been given to filling their places during these periods of absence by the addition of more personnel to each hospital quota. Serious consideration should be given by the General Court to the problem of housing those employees who are of necessity now living away from the institution and receiving money in lieu of maintenance.

Special Commission to Study Public Health Laws

The Commissioner, ex-officio, has served as a member of the Special Commission to Study and Investigate Public Health Laws and Policies, established by Chapter 11, Resolves of 1935, and continued by Chapter 32, Resolves of 1936. The inclusion by the General Court of a representative of the Department of Mental Diseases is an eloquent recognition of the importance of psychiatry in the general field of public health. The report, which was the result of extended study by the Commission and a large staff of volunteer and distinguished consultants, is to be published as House Document 1,200 for 1937.

Diagnostic Service — United States Public Health Service

During the year psychiatric service was introduced into the Federal Courts through an arrangement between the Attorney General of the United States and the Public Health Service. Boston was elected as the first Federal District Court to have this service. According to a statement by Attorney General Homer Cummings this selection was made on account of the high development in Massachusetts of psychiatric services rendered by the Department to the courts of the Commonwealth. A panel of consulting psychiatrists, consisting exclusively of diplomates of the American Board of Psychiatry and Neurology, was established, and the Department has executed a contract with the Public Health Service to care (at a stated rate) for federal prisoners committed for observation to the institutions under the jurisdiction of the Department.

Changes in Licenses of Private Institutions

The Reeves Sanatorium

Dr. Fred B. Jewett, Superintendent of The Reeves Sanatorium at 283 Vinton Street, Melrose Highlands, Massachusetts, since 1928, died on July 26, 1936. The license to conduct the Sanatorium was transferred to Dr. Clarence M. Kelley as Acting Superintendent, for a period of two months from July 27, 1936, at the end of which period the license was extended to December 31, 1936.

RING SANATORIUM AND HOSPITAL, INC.

On January 1, 1936 a license was granted to Dr. Hosea W. McAdoo to conduct the Ring Sanatorium and Hospital, Inc., in Arlington Heights, Massachusetts. Dr. Arthur H. Ring, who had conducted the hospital for a number of years, died suddenly on June 25, 1935, and the license was transferred to his wife, Dr. Barbara T. Ring, for the remainder of that year.

BOSWORTH HOSPITAL

On January 2, 1936, Dr. Arthur Berk resigned as Superintendent of the Bosworth Hospital at 166 Lancaster Terrace, Brookline, and a license was granted to Dr. George A. Gaunt to conduct the institution.

DEPORTATIONS

One hundred thirty-four cases were considered for deportation during 1936, in comparison to one hundred sixty-one cases in 1935. The Department deported fifty-nine to other states and four to other countries and, in addition, the United States Department of Labor deported ten to other countries: in all, seventy-three.

Four thousand six hundred seventy-four patients have been deported by this Department since October 1, 1898.

Details of the disposition of cases under consideration for deportation are shown in Table 160.

LEGISLATION — 1936

CHAPTER 32. — *An Act providing in certain cases for the return to penal institutions of prisoners removed therefrom to Departments for Defective Delinquents.*

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section one hundred and seventeen, as appearing in the Tercentenary Edition, the following new section: — *Section 117A.* When, in the opinion of the commissioner of correction and the superintendent of an institution wherein a department for defective delinquents has been established, or, in case of such a department established at the state farm, the medical director appointed under section forty-eight of chapter one hundred and twenty-five, the mental condition of a person removed from a penal institution to such department under section one hundred and fourteen is such that he should be returned to the penal institution from which he was removed, they shall so certify upon the order of removal, and notice, accompanied by a written statement regarding the mental condition of such person, shall be given to the warden, superintendent, keeper or master, as the case may be, of the penal institution from which removed who shall thereupon cause such person to be reconveyed to such institution, there to remain pursuant to the original sentence, computing the time of his confinement in said department as part of the term of his imprisonment under such sentence. (*Approved February 11, 1936.*)

CHAPTER 130. — *An Act relative to the Disposition of Prisoners committed or removed to State Hospitals.*

Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section one hundred and five, as appearing in the Tercentenary Edition, and inserting in place thereof the following: — *Section 105.* When, in the opinion of the superintendent of the state hospital to which a prisoner has been committed or removed under section one hundred, one hundred and three or one hundred and four, or of the commissioner and the medical director appointed under section forty-eight of chapter one hundred and twenty-five in case of commitment or removal to the Bridgewater state hospital, the mental condition of the prisoner is such that he should be returned to custody or to the penal institution from which he was taken, he or they shall so certify upon the warrant or commitment, and notice, accompanied by a written statement regarding the mental condition of the prisoner, shall be given to the proper custodian or to the warden, superintendent, keeper or master, as the case may be, of such penal institution, who shall thereupon cause the prisoner to be reconveyed to such custodian, or to such penal institution, there to remain pursuant to the original sentence if committed or removed under section one hundred and three or one hundred and four, computing the time of his detention or confinement in the said hospital as part of the term of his imprisonment under such sentence; provided, that a prisoner committed or removed to a state hospital under section one hundred, one hundred and three or one hundred and four for his proper care or observation pending the determination of his insanity shall, unless found to be insane as hereinafter provided, be returned in the manner hereinbefore provided to the penal institution or custody whence so taken, not later than thirty-five days thereafter, but such prisoner shall in all other respects be subject to the provisions of this section. If a prisoner committed as insane under section one hundred, who has not been restored to sanity, is returned as aforesaid because in the opinion of the superintendent, or of the commissioner and said medical director, as the case may be, neither the public interest nor the welfare of the prisoner will be promoted by his further retention in the hospital, he or they shall so certify upon the warrant or commitment and shall append thereto a report relative to the prisoner's mental condition as affecting his criminal responsibility and the advisability of his discharge or temporary release from the penal institution or custody to which he is returned. If a prisoner, committed or removed under section one hundred, one hundred and three or one hundred and four for his proper care or observation as aforesaid, is found by the superintendent or by the commissioner and said medical director, as the case may be, to be insane, the finding shall be certified upon the warrant or commitment, and the commissioner and superintendent of the institution, or said medical director, as the case may be, shall report the prisoner's mental condition to the court or judge issuing the warrant or commitment, or in case of the death, resignation or removal of the judge, to his successor in office, or in case of the absence or disability of the judge, to any judge or special justice of the same court, with the recommendation that the prisoner be committed as an insane person. The court, judge or justice may thereupon commit the prisoner to an institution for the insane, if, in the opinion of the court, judge or justice, such commitment is necessary. The provisions of this section relative to the return to custody or to a penal institution of a prisoner taken therefrom under section one hundred, one hundred and three or one hundred and four, shall apply, so far as apt, to a prisoner committed under this section.

If a prisoner under complaint or indictment is committed in accordance with section one hundred, and such complaint or indictment is dismissed or nol prossed, or if a prisoner is committed in accordance with sections one hundred and three or one hundred and four, and his sentence has expired, the superintendent of the institution to which commitment was made or said medical director in case of commitment to the Bridgewater state hospital, as the case may be, may permit such prisoner temporarily to leave such institution in accordance with sections eighty-eight and ninety. The word "prisoner" as used in this section shall include all persons committed under section one hundred, whether or not in custody when so committed; and in construing this section a maximum and minimum sentence shall be held to have expired at the end of the minimum term, and an indeterminate sentence, at the end of the maximum period fixed by law. (*Approved March 11, 1936.*)

Chapter 160. — *An Act relative to the Weekly Payment of Wages to Employees of Certain Hospitals.*

Chapter one hundred and forty-nine of the General Laws is hereby amended by striking out section one hundred and forty-eight, as most recently amended by chapter three hundred and fifty of the acts of nineteen hundred and thirty-five, and inserting in place thereof the following: — *Section 148.* Every person having employees in his service shall pay weekly each such employee the wages earned by him to within six days of the date of said payment if employed for six days in the week or to within seven days of the date of said payment if employed seven days in the week, or, in the case of an employee who has worked for a period of less than six days, hereinafter called a casual employee, shall, within seven days after the termination of such period, pay the wages earned by such casual employee during such period; but any employee leaving his employment shall be paid in full on the following regular pay day, and, in the absence of a regular pay day, on the following Saturday; and any employee discharged from such employment shall be paid in full on the day of his discharge, or in Boston as soon as the laws requiring pay rolls, bills and accounts to be certified shall have been complied with; and the commonwealth, its departments, officers, boards and commissions shall so pay every mechanic, workman and laborer employed by it or them, and every person employed in any other capacity by it or them in any penal or charitable institution, and every county and city shall so pay every employee engaged in its business the wages or salary earned by him, unless such mechanic, workman, laborer or employee requests in writing to be paid in a different manner; and every town shall so pay each employee engaged in its business if so required by him; but an employee absent from his regular place of labor at a time fixed for payment shall be paid thereafter on demand; provided, however, that the department of public utilities, after hearing, may authorize a railroad corporation or a parlor or sleeping car corporation to pay the wages of any of its employees less frequently than weekly, if such employees prefer less frequent payments, and if their interests and the interests of the public will not suffer thereby; and provided, further, that employees engaged in agricultural work or in domestic service may be paid their wages monthly; in either case, however, failure by a railroad corporation or a parlor or sleeping car corporation to pay its employees their wages as authorized by said department, or by an employer of employees engaged in agricultural work or in domestic service to pay monthly the wages of his or her employees, shall be deemed a violation of this section.

This section shall not apply to an employee of a hospital which is supported in part by contributions from the commonwealth or from any city or town, nor to an employee of an incorporated hospital which provides treatment to patients free of charge, or which is conducted as a public charity, unless such employee requests such hospital to pay him weekly. This section shall not apply to an employee of a co-operative association if he is a shareholder therein, unless he requests such association to pay him weekly, nor to casual employees as hereinbefore defined employed by the commonwealth or by any county, city or town.

No person shall by a special contract with an employee or by any other means exempt himself from this section or from section one hundred and fifty. The president and treasurer of a corporation and any officers or agents having the management of such corporation shall be deemed to be the employers of the employees of the corporation within the meaning of this section. Every public officer whose duty it is to pay money, approve, audit or verify pay rolls, or perform any other official act relative to payment of any public employees, shall be deemed to be an employer of such employees, and shall be responsible under this section for any failure to perform his official duty relative to the payment of their wages or salaries, unless he is prevented from performing the same through no fault on his part.

Whoever, except a person engaged in agriculture, violates this section shall be punished by a fine of not less than ten nor more than fifty dollars or by imprisonment in the house of correction for not more than two months, or both. (*Approved March 23, 1936.*)

CHAPTER 256. — *An Act further Regulating Biennially recurring Expenditures by certain State Officers and Departments.*

Whereas, The deferred operation of this act would tend to defeat its purpose, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Section ten of chapter twenty-nine of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by adding at the end thereof the following: — provided, that biennially recurring expenditures required by law to be made in any year shall be at the rate authorized by appropriations for the second preceding fiscal year, — so as to read as follows: — *Section 10.* Officers or departments having charge or supervision of expenditures in behalf of the commonwealth may continue expenditures in each year at the rate authorized by appropriations for the preceding fiscal year, until the general court makes an appropriation therefor or provides otherwise; provided, that biennially recurring expenditures required by law to be made in any year shall be at the rate authorized by appropriations for the second preceding fiscal year. (*Approved May 6, 1936.*)

CHAPTER 286. — *An Act relative to Registry of Mental Defectives.*

Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section thirteen, as appearing in the Tercentenary Edition, and inserting in place thereof the following: — *Section 13.* The department shall establish and maintain a registry of mental defectives, and may report therefrom such statistical information as it deems proper; but the name of any person so registered shall not be made public except, upon written request therefor, to public officials or other persons having authority over the person so registered, or to charitable corporations incorporated in this commonwealth and subject to section twelve of chapter one hundred and eighty, and the records constituting the registry shall not be open to public inspection. (*Approved May 22, 1936.*)

CHAPTER 291. — *An Act relative to Certain Funds of Persons now or formerly under the Supervision of the Department of Mental Diseases.*

Section 1. Section thirty-nine of chapter one hundred and twenty-three of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by adding at the end thereof the following new sentence: — The commissioner may deposit in any such bank or trust company in an account, entitled "Patients' Funds", funds belonging to patients, funds deposited by their relatives or friends, and funds earned by patients who are committed to the department or are under its supervision, to be used for their benefit under regulations prescribed by the department.

Section 2. Section thirty-nine A of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following: — So much of any funds known as "Patients' Funds" as represents monies belonging to, or deposited for the benefit of, patients who have been discharged or have escaped from any state hospital or from the custody of the department, which shall have remained unclaimed for more than seven years, shall be paid by the superintendent of such state hospital or by the commissioner to the state treasurer to be held subject to be paid to the person establishing a lawful right thereto, with interest at the rate of three per cent per annum from the time when it was so paid to the state treasurer to the time when it is paid by him to such person; provided, that so much of any monies so paid to the state treasurer as may be necessary to reimburse the department for any sum due for the support of the person by whom, or for whose benefit, such money was originally deposited, shall be credited to the department for that purpose, — so as to read as follows: — *Section 39A.* So much of any funds known as "Patients' Funds" as represents monies belonging to, or deposited for the benefit of, patients who have been discharged or have escaped from any state hospital or from the custody of the department, which shall have remained unclaimed for more than seven years, shall be paid by the superintendent of such state hospital or by the commissioner to the state treasurer to be held subject to be paid to the person establishing a lawful right thereto, with interest at the rate of three per cent per annum from the time when it was so paid to the state treasurer to the time when it is paid by him to such person; provided, that so much of any monies so paid to the state treasurer as may be necessary to reimburse the department for any sum due for the support of the person by whom, or for whose benefit, such money was originally deposited, shall be credited to the department for that purpose. After six years from the date when any such monies were paid to the state treasurer the same or any balance thereof then remaining in his hands may be used as a part of the ordinary revenue of the commonwealth. Any person may, however, establish his claim after the expiration of the six years above mentioned and any claim so established shall be paid from the ordinary revenue of the commonwealth. Any persons claiming a right to money deposited with the state treasurer under this section may establish the same by a petition to the probate court; provided, that in cases where claims amount to less than fifty dollars, the claims may be presented to the comptroller who shall examine the same and allow and certify for payment such as may be proved to his satisfaction.

Section 3. Said chapter one hundred and twenty-three is hereby further amended by striking out section thirty-nine B, inserted therein by chapter two hundred and four of the acts of nineteen hundred and thirty-two, and inserting in place thereof the following: — *Section 39B.* Property, known as "Patients' Valuables", belonging to, or deposited for the benefit of, former patients of any state hospital, or former patients under the supervision of the department, which shall have remained unclaimed for more than one year, shall be disposed of as hereinafter provided, but only it all known next of kin of the former patient shall have been notified in writing by said superintendent or by the department, as the case may be. Such disposition shall be made by a special board consisting, in the case of a former patient of a state hospital, of the superintendent of such hospital and a representative of the department designated by it, or, in the case of a former patient under the supervision of the department, of one or more representatives of the department designated by it. The board shall ascertain whether the property has any sale value and, if so, shall solicit from at least three reputable dealers in like property offers for the purchase thereof, and shall sell the same to the dealer offering the highest price. The proceeds of such sale shall be added to the funds deposited by the superintendent of the hospital or by the commissioner, as the case may be, known as "Patients' Funds" and shall be disposed of as provided in section thirty-nine A. The board may dispose of such of said property as, in its opinion, has no sale value, or any of said property for which no offer, solicited as aforesaid, has been received, in such manner as it may deem proper. A complete record of each transaction hereunder shall be made and signed by all members of the board and filed with the other records at the hospital or at the office of the department relating to the former patient whose property shall have been disposed of as aforesaid.

Section 4. Said chapter one hundred and twenty-three is hereby further amended by striking out section thirty-nine C, inserted therein by chapter two hundred and fifty-six of the acts of nineteen hundred and thirty-three, and inserting in place thereof the following: — *Section 39C.* Any bank book representing a deposit account in a savings bank or trust company within the commonwealth, which belongs to a patient who has been discharged or has escaped from any state hospital or from the supervision of the department and which shall have remained unclaimed for more than two years in the custody of the superintendent of such hospital or in the custody of the commissioner of the department, may be presented by the department to such bank or trust company accompanied by the written request of the department for payment to it of the amount of such deposit account except so much as is in excess of the amount due the commonwealth for the support of such patient, and such bank or trust company shall thereupon pay to the department the amount so requested. (*Approved May 22, 1936.*)

CHAPTER 367. — *An Act establishing a six day week, so called, for certain public employees and persons employed on public works.*

Section 1. Chapter one hundred and forty-nine of the General Laws is hereby amended by striking out section thirty, as appearing in the Tercentenary Edition, and inserting in place thereof the following: — *Section 30.* The service of all laborers, workmen and mechanics now or hereafter employed by the commonwealth or any county therein or any town which, by vote of the city council, or of the voters at a town meeting, accepts this section or has accepted section one of chapter two hundred and forty of the General Acts of nineteen hundred and sixteen, or by any contractor or sub-contractor for or upon any public works of the commonwealth or of any county therein or of any such town is hereby restricted to eight hours in any one day, to forty-eight hours in any one week, and to six days in any one week. No officer of the commonwealth, except as provided herein, or of any county or of any such town, no such contractor or subcontractor or other person whose duty it is to employ, direct or control the service of such laborers, workmen or mechanics shall require or permit any such laborer, workman or mechanic to work more than eight hours in any one day, or more than forty-eight hours in any one week, or more than six days in any one week, except in cases of extraordinary emergency. The provisions of this section shall not prohibit the employment by the state department of public works, or by any contractor or sub-contractor for said department, of laborers, workmen and mechanics for more than eight hours in any one day in the construction or reconstruction of highways when, in the opinion of the commissioner of labor and industries, public necessity so requires.

Section 2. Section thirty-four of said chapter one hundred and forty-nine, as so appearing, is hereby amended by inserting after the word "week" in the ninth line the words: —, or more than six days in any one week, — so as to read as follows — *Section 34.* Every contract, except for the purchase of material or supplies involving the employment of laborers, workmen or mechanics, to which the commonwealth or any county or any town, subject to section thirty, is a party, shall contain a stipulation that no laborer, workman or mechanic working within the commonwealth, in the employ of the contractor, sub-contractor or other person doing or contracting to do the whole or a part of the work contemplated by the contract, shall be required or permitted to work more than eight hours in any one day or more than forty-eight hours in any one week, or more than six days in any one week, except in cases of extraordinary emergency, or in case any town subject to section thirty-one is a party to such a contract, more than eight hours in any one day, except as aforesaid; provided, that in contracts entered into by the department of public works for the construction or reconstruction of highways there may be inserted in said stipulation a provision that said department, or any contractor, or sub-contractor for said department, may employ laborers, workmen and mechanics for more than eight hours in any one day in such construction or reconstruction when, in the opinion of the commissioner of labor and industries, public necessity so requires. Every such contract not containing the aforesaid stipulation shall be null and void. (*Approved June 18, 1936*).

CHAPTER 60. — *Resolve in Favor of Clara Dumas of Worcester.*

Resolved, That, for the purpose of discharging the moral obligation of the commonwealth in the premises, and after an appropriation has been made therefor, there be allowed and paid out of the treasury of the commonwealth to Clara Dumas of Worcester the sum of one thousand dollars to compensate her for the death of her husband, Henry Dumas, who died January twenty-fourth, nineteen hundred and thirty-four, in consequence of injuries sustained at the Worcester state hospital. The payment of said sum shall be made only upon the filing with the state treasurer of an agreement signed by said Clara Dumas that the amount, if any, to be paid for legal services rendered in connection with the passage of this resolve shall not exceed ten per cent of said sum. (*Approved June 19, 1936*).

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of the Department of Mental Diseases:

During the year ending November 30, 1936, the following members served as a committee on training schools:

William A. Bryan, M.D., Chariman
Ralph M. Chambers, M.D.
Roderick B. Dexter, M.D.
Karl V. Quinn, M.D., Secretary

The Committee on Nurses' Training Schools has held four meetings. These meetings were held both for the purpose of discussing routine matters and for special discussions in regard to problems arising in connection with conducting training schools in mental hospitals under the Department of Mental Diseases.

During the year, training schools giving the regular three-year course were conducted at the following hospitals:

Danvers State Hospital
Medfield State Hospital
Taunton State Hospital
Westborough State Hospital

The Monson State Hospital discontinued its training school this year.

The two-year course in psychiatric nursing was given by:

Boston State Hospital
Foxborough State Hospital
Gardner State Hospital
Grafton State Hospital
Northampton State Hospital

The results of training in the latter type of school, as indicated by the examination returns at the completion of each year of the course, are not too gratifying, as seen in the following chart:

TRAINING SCHOOLS	JUNIORS			SENIORS		
	Passed	Failed	Percent failed	Passed	Failed	Percent failed
Regular	34	1	3%	37	0	0
Psychiatric	63	43	40%	57	0	0

The high percentage of these failures occurred in one institution where it was the policy to require applicants for employment to enroll in the training school, and their acceptance of this condition was necessary to secure employment. It is quite evident that this is not a satisfactory policy insofar as the training of personnel is concerned.

In November, 1936, the enrollment in the training schools and the number of affiliates and post-graduate students enrolled during the year were as follows:

Accredited Training Schools

	Preliminary	Intermediate	Senior	Affiliate	Post-graduate
Danvers State Hospital	11	8	12	8	0
Medfield State Hospital	7	4	10	0	0
Taunton State Hospital	5	7	3	5	2
Westborough State Hospital	10	7	1	0	0
Worcester State Hospital	0	0	0	7	5
Boston Psychopathic Hospital	0	0	0	13	0
	33	26	26	33	7

Psychiatric Training Schools

	Junior	Senior	Affiliate
Boston State Hospital	42	13	0
Foxborough State Hospital	12	8	0
Gardner State Hospital	30	16	0
Grafton State Hospital	7	7	2
Northampton State Hospital	10	9	0
	101	53	2

The State Board of Registration in Nursing has indicated that they would like to make an affiliation in psychiatric nursing a requisite for eligibility for examination and registration by their Board. It is not their desire, however, to make this a requirement, until they can be given assurance that facilities for such training will be available to all students of nursing in Massachusetts. In connection with this the Committee has made some study relative to a suitable curriculum for such affiliation throughout the hospital system. There are, however, some additional problems, especially those dealing with the housing of student nurses. This will require definite consideration and adjustment by the Department before anything of a progressive nature can be accomplished. It is recommended that the Department take whatever steps are necessary to make this possible.

Last year this Committee voted and recommended to the Department that steps be taken to discontinue the psychiatric training schools which give the two-year course. This recommendation was made primarily because there was lack of interest in such training and because it created a tendency to set up a dual standard of nursing in the hospital system. Your Committee again strongly recommends that the Department take definite action in regard to this recommendation.

This Committee further recommends that definite steps be taken to stimulate more interest in training nurses throughout the state hospital system. To this end there was appointed a committee consisting of three superintendents of nurses, to study and report on the matter of revising the prospectus of the training schools. This study is still being made and it is hoped that something beneficial may come of it.

The whole problem of giving proper nursing care to the mentally ill of the Commonwealth is one of exceeding importance, and in our opinion the state hospitals should all be interested in training suitable persons and seeing that proper training is given.

Respectfully submitted,
William A. Bryan, M.D., *Chairman*
Ralph M. Chambers, M.D.
Roderick B. Dexter, M.D.
Karl V. Quinn, M.D., *Secretary.*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1936.
Tables 1 to 11, inclusive, immediately follow this report.)

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1936. This report has embodied in it the finances of the Department and the institutions under its financial control, together with the reports of the Engineering and Farm sub-divisions, containing information relating to the work of the Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

The position of assistant to the business agent, which is the training school for stewards, was filled for the whole year.

On April 17, 1936 a meeting of superintendents, stewards and head laundrymen was conducted for the purpose of continuing the studies and reviewing the results obtained by the laundry practices set up in the meetings held in 1935. These were of particular interest and value to the institutions in the operation of their laundries.

The subject of rodent control was taken up at the Stewards' Meeting of October 14, at which E. M. Mills, district agent of the United States Department of Agriculture, Bureau of Biological Survey, was present and gave a very instructive and enlightening discussion on the subject. The institutions were furnished with bulletins and data covering the control of rodents.

Meetings of the Stewards' Association were held monthly throughout the year and matters of general interest were discussed.

On November 8, 1936, Warren A. Merrill, business agent of the Department since 1917, retired at the age of seventy. The work under his position was carried on by Walter E. Boyd from Mr. Merrill's retirement until the end of the year.

Two assistant engineers were added to the office personnel; Joseph P. Gentile, to assist in the maintenance work of the institutions, and Francis D. Kirby, who specializes in plumbing. Mr. Clarence D. Maynard, assistant engineer for the past nine years, was promoted to senior structural engineer.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives. The total expenditures show a decrease of $9,947.56, but under Personal Services there is an increase over 1935 of $1,158,679.06, an increase under Maintenance and Operation of $53,810.21 and a decrease under New Construction amounting to $1,222,436.83.

The expenditures of the Department itself, given in Table 2, amount to the sum of $281,901.20 an increase over 1935 of $11,792.47. Increases in salaries and new positions account for the difference.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expenses, then the receipts which are for sales only. Receipts for board of patients are shown in Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next are shown the net expenses arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is $7.755; that for the schools for defectives is $6.895 with an average of $7.59 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1935, the average weekly per capita cost for the twelve mental hospitals was $7.071; or $.684 less than 1936. For the schools for mental defectives for the fiscal year 1935 the average weekly per capita cost was $6.40 or $.495 less than the average per capita cost for the fiscal year 1936. Taking the total of the sixteen institutions for 1935, the average weekly per capita cost was $6.942 as compared with the average per capita cost of 1936 of $7.59 or $.648 less than the average of 1936. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that for the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital for 1936 is $7.564, and the average per capita cost for the fifteen institutions computed without the Boston Psychopathic Hospital is $7.436.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1935, increases are shown under all classifications except Heat and Other Plant Operation, Farm, and Repairs and Renewals. The rise in prices of commodities, as well as increased population, accounts for the additional expenditure.

The average weekly per capita cost per patient for personnel for 1935 was $3.63 and for 1936, $4.368, an increase of $.738 from 1935. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a slight increase in all classifications. (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the legislature. Under chapter 365 of the Acts of 1933 and the Emergency Relief Appropriation Act of 1935, appropriations were made in conjunction with the National Recovery Act on the basis of 30% furnished by the Federal Government, and 70% by the Commonwealth. These appropriations run until the completion of the project. Detail of all special appropriations is given in the report of the Engineering division and in Table 7 where are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances. This table more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to $774,798.13, a decrease from the receipts of 1935 of $12,249.43. The per capita amount received in 1936, based on average daily patient population was $29.49. The receipts from paying patients were 7.35% of the total cost of maintenance. (Table 8).

Section 27, chapter 123 of the General Laws reads as follows: "The Trustees of each state hospital shall be a corporation for the purpose of taking and holding by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms of restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Hospital, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. During the year the following material was printed: 265,000 letterheads, 49,000 envelopes; 43,900 Christmas folders and envelopes; 36,200 Christmas labels; 67,000 triplicate order blanks; 4,622,161 medical and other forms and cards of 309 varieties; 85,560 pay roll checks; 3,400 booklets; 1,200 bulletins and books; 400 contract forms; 10,050 annual department and institution reports; and 600 reprints. The total cost of these forms was $4,734.

The reports of the Engineering and Farm sub-divisions follow.

Engineering

Under this division the PWA program was continued; special appropriations for construction were started; budget requests of the institutions under Repairs and Renewals, and Repairs Ordinary were carefully studied and investigated by personal visit; and studies were made of the plumbing systems with reference to bathing facilities at institutions. A survey of facilities was carried on covering food equipment and preparing, storing and dispensing of food, of which ten institutions were completed and tabulated. The tabulation includes the location, size, area and area per person of the dining-rooms, kitchens and storerooms and the location, manufacturer, type, source of energy, capacity, persons per unit capacity, and condition of the equipment.

A revision of PWA allotments made possible the extension of the work under this program and the contracting of several new projects.

Plans were prepared, projects advertised and contracts awarded on a fire alarm system and alterations to the boiler room, replacement of boilers and the installation of oil burning equipment for the Danvers State Hospital; sewer beds for the Foxborough State Hospital; sprinkler system for the Medfield State Hospital; two boilers and the installation of oil burning equipment and the foundations for nurses' home at the Taunton State Hospital; renovations to the rear center at the Northampton State Hospital and an Administration building at the Walter E. Fernald State School. Detailed specifications for furnishings and small equipment for buildings constructed under PWA were prepared.

In addition to the PWA program other contracts were placed under special appropriations. These included linoleum floor covering for the Danvers State Hospital; sprinklers and window guards for the Foxborough State Hospital; sprinklers and fire alarm system for the Gardner State Hospital; morgue equipment for the Grafton State Hospital; landscaping and grading at the Metropolitan State Hospital; passenger elevator at the Northampton State Hospital; and power plant alterations at the Worcester State Hospital.

Plans and specifications were prepared for the remodelling of the Quimby Building at the Worcester State Hospital, and for the reconstruction of the administration building porch. Plans and specifications for a dairy barn were completed, a storage barn constructed and occupied and a dairy barn constructed as far as the exterior at the Gardner State Hospital. The old carpenter shop and storehouse were razed and the salvaged materials used in these barns.

Plans and specifications were prepared for the hydrotherapy suite at the Foxborough State Hospital and the installation of the necessary equipment and work on plumbing, heating, electric wiring and building renovations supervised.

Plans and specifications were prepared for the Worcester State Hospital for plumbing alterations and the installation of the necessary equipment and renovation of the building supervised.

A survey of the institutions was made of the bathing facilities of each institution and testing apparatus was set up of the different makes of hot water controllers and anti-scald mixing valves with reference to the allocation of the appropriation to the Department for anti-scald valves.

These projects greatly improved the service facilities and fire protection at the various institutions. The boiler plant alterations are designed to make further economies in operation and provide sufficient capacity to care for additional buildings. Due to large increases in prices for labor and material the Department was handicapped in several projects, especially plumbing, and additional appropriations had to be requested of the Legislature.

Considerable work of benefit to institutions was carried on with the help of the Federal WPA authorities. The highest peak in labor was reached during the week of March 23, 1936 when 2,904 men were employed on projects in the Department of Mental Diseases. The largest project was for roads and grading at the Boston State Hospital where Federal funds to the amount of $716,155 were contributed with $30,000 State funds.

Major items of repair work at the institutions included the conversion of west employees' dining-room into a cafeteria, installation of gas ranges in east and west kitchens and repairs to roofing at the Boston State Hospital. The program of renewing the roofs on buildings at the Middleton Colony of the Danvers State Hospital was continued, together with the renewal of the hot water mains. A refrigeration unit was installed at the Hersey Farm dairy and electric refrigeration in the wards and cottages of the Foxborough State Hospital. At the Gardner State Hospital work progressed on the tunnels from the infirmaries to the service building, mechanical refrigeration was installed in the Gardner and Westminster cottages and dairy, and a very necessary fluoroscopic unit was installed in the colonic irrigation department. Also at this institution tunnels connecting the men's and women's infirmaries with the dining-hall, and a cookhouse for preparation of food and transmission of heat to the hog pens were completed.

At the Grafton State Hospital a new poultry house was built and a new power bread mixer installed in the bakery. A start was made on the replacement of steam-jacketed kettles in the kitchen, a new pasteurizer was installed in the dairy and the renovation of ward dining-rooms and pantries continued at the Medfield State Hospital. At the Metropolitan State Hospital waterproofing of the walls of one of the 10-bed dormitories was begun and concrete walks were built in the quadrangle of the central yard. At the Northampton State Hospital new bakery equipment was added and barber shop equipment installed, and plastering and painting renewed in S12. Cafeteria counters and equipment, gas ranges and hoods were installed at the Taunton State Hospital.

At the Worcester State Hospital a fenced enclosure was built which will permit female patients to gain additional fresh air and sunshine, and oil burning equipment was installed in the bakery ovens. The program of renewing floors and plumbing replacement was continued at the Monson State Hospital and the women's south building was equipped with renewable metal screens.

A new poultry house was built at the Belchertown State School and the farm building roofs repaired with asbestos shingles.

Flooring and plumbing renovations were continued at the Walter E. Fernald State School and the basement of the assembly building was completed in the program of remodeling the recreation building into a hospital.

At the Wrentham State School serving equipment was installed in the hospital building and an engine and generator was transferred from the Foxborough State Hospital and set up.

Farm

The local and world economic conditions continue to influence the agricultural policies of the various institutions. Increasing costs of grain and other feeding ingredients have made the production of certain commodities financially unwise, and in some instances a reduction of amount produced was made.

Various agricultural divisions of the State continued to cooperate with the Department in assisting with various problems arising. The instruction, advice and counsel received is deeply appreciated and of distinct benefit to all.

Inspection of grain purchased by the State Purchasing Department began during the year and reports submitted to the Department by Mr. Philip H. Smith, Department head of the Massachusetts State College, have been most complete and helpful.

Several of the institution dairy herds have been used during the past year for experimental work by Professor John Archibald, Extension specialist of Massachusetts State College. Information obtained from such work has been most beneficial to institution and commercial agriculturalists alike.

Several revisions of standard grain specifications have been made during the year, the majority of changes caused by increased costs of certain commodities. The size of whole oats purchased was lowered during the year following various analyses made by members of the grain laboratory at the College.

Control or eradication of Bang's disease present in certain dairy herds progresses and results obtained have been most gratifying.

Elimination of mastitis continues with the result that several herds are now accredited from this infection, and all herds are operating under monthly control system of testing, vaccination and isolation.

The policy of transferring various animals from and to State owned herds continued during the year for breeding and other purposes. This procedure has eliminated purchase in some instances and allowed many breeders to follow a most constructive program.

Institution head farmers have enjoyed monthly meetings throughout the year. Expert agriculturalists have been present at each meeting and material presented has been most instructive and helpful.

Institution visits totaled 139 or an approximate average of 9 visits to each institution.

Respectfully submitted,
Walter E. Boyd
Supervising Hospital Construction Engineer.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1936

TABLE 1. *Total Expenditures of Department and Institutions*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net)[1]	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases	$225,868.97	$56,032.23	–	$281,901.20
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	173,284.40	68,315.47	–	241,599.87
Boston State Hospital	648,945.12	415,403.82	$218,139.15	1,282,488.09
Danvers State Hospital	454,476.58	362,799.12	161,430.05	978,705.75
Foxborough State Hospital	292,076.85	228,884.52	310,286.55	831,247.92
Gardner State Hospital	301,777.80	246,364.86	65,759.08	613,901.74
Grafton State Hospital	381,684.44	243,500.86	31,000.58	656,185.88
Medfield State Hospital	411,199.47	272,636.93	134,409.66	818,246.06
Metropolitan State Hospital	268,956.22	275,361.83	209,800.11	754,118.16
Northampton State Hospital	367,304.64	292,293.37	211,991.22	871,589.23
Taunton State Hospital	366,586.92	266,496.29	717,513.11	1,350,596.32
Westborough State Hospital	378,684.87	272,908.06	151,146.53	802,739.46
Worcester State Hospital	572,606.26	416,204.82	94,256.06	1,083,067.14
Monson State Hospital (epileptic)	376,477.55	242,431.52	155,747.06	774,656.13
Total Hospitals	$4,994,061.12	$3,603,601.47	$2,461,479.16	$11,059,141.75
Schools for Mental Defectives:				
Belchertown State School	$273,947.30	$225,874.15	$7,723.06	$507,544.51
Walter E. Fernald State School	381,445.51	309,973.24	194,772.79	886,191.54
Wrentham State School	331,128.27	278,211.27	31,469.49	640,809.03
Total Schools	$986,521.08	$814,058.66	$233,965.34	$2,034,545.08
Grand Total	$6,206,451.17	$4,473,692.36	$2,695,444.50	$13,375,588.03

---

[1] Less sales

TABLE 2. *Departmental Receipts and Expenditures*

Expenditures

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1936	Brought Forward From 1935 Appropriation	Total Available		
Personal Services	$147,765.00	–	$147,765.00	$145,802.48	$1,962.52
Expenses	23,000.00	$227.59	23,227.59	22,568.56	659.03
Transportation	10,000.00	–	10,000.00	5,745.27	4,254.73
Persons Boarded in Family Care	–	–	–	–	–
Persons Boarded, Hospital Cottages	18,200.00	–	18,200.00	17,944.00	256.00
Investigation of Mental Diseases and Defects	91,550.00	1,250.87	92,800.87	89,840.89	2,959.98
Total	$290,515.00	$1,478.46	$291,993.46	$281,901.20	$10,092.26

Receipts

Payable to State Treasurer:	
Licenses, Private Hospitals	$900.00
Board in Hospital Cottages	238.62
Sales:	
Forms	47.16
Other Receipts	20.00
Total	$1,205.78

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution*

(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated in 1936	Balance from 1935	Total Appropriation	Gross Expenses	Receipts[1]	Net Expenses	Daily Average Number of Patients	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$244,360.00	$3,431.86	$247,791.86	$241,769.24	$169.37	$241,599.87	78.73	$58.852
Boston State Hospital	1,108,260.00	28,880.60	1,137,140.60	1,064,843.75	494.81	1,064,348.94	2,387.17	8.551
Danvers State Hospital	847,125.00	8,062.38	855,187.38	820,204.31	2,928.61	817,275.70	2,242.00	6.991
Foxborough State Hospital	529,325.00	14,812.99	544,137.99	521,982.78	1,021.41	520,961.37	1,265.79	7.893
Gardner State Hospital	569,320.00	12,380.92	581,700.92	550,811.63	2,668.97	548,142.66	1,511.39	6.955
Grafton State Hospital	636,100.00	3,395.73	639,495.73	627,225.07	2,039.77	625,185.30	1,433.71	8.363
Medfield State Hospital	721,165.00	488.89	721,653.89	690,812.35	6,975.95	683,836.40	1,840.96	7.095
Metropolitan State Hospital	580,135.00	23,491.21	603,626.21	560,844.16	16,526.11	544,318.05	1,548.00	6.737
Northampton State Hospital	688,665.00	18,382.86	707,047.86	660,696.60	1,098.59	659,598.01	1,874.11	6.69
Taunton State Hospital	649,935.00	15,373.22	665,308.22	633,975.73	892.52	633,083.21	1,587.58	7.648
Westborough State Hospital	668,053.00	9,900.67	677,953.67	655,227.11	3,634.18	651,592.93	1,566.67	7.976
Worcester State Hospital	1,030,215.00	30,508.57	1,060,723.57	992,469.62	3,658.54	988,811.08	2,409.76	7.869
Monson State Hospital (epileptic)	645,255.00	7,369.83	652,624.83	620,726.88	1,817.81	618,909.07	1,492.86	7.951
Total	$8,917,913.00	$176,479.73	$9,094,392.73	$8,641,589.23	$43,926.64	$8,597,662.59	21,264.58	$7.755
Schools for Mental Defectives:								
Belchertown State School	$507,130.00	$264.30	$507,394.30	$500,779.71	$958.26	$499,821.45	1,287.01	$7.448
Walter E. Fernald State School	727,030.00	5,637.65	732,667.65	693,164.24	1,745.49	691,418.75	1,843.62	7.192
Wrentham State School	632,125.00	15,003.14	647,128.14	610,392.18	1,052.64	609,339.54	1,877.41	6.225
Total	$1,866,285.00	$20,905.09	$1,887,190.09	$1,804,336.13	$3,756.39	$1,800,579.74	5,008.04	$6.895
Grand Total	$10,784,198.00	$197,384.82	$10,981,582.82	$10,445,925.36	$47,683.03	$10,398,242.33	26,272.62	$7.59

[1] Receipts from Sales only.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses— By Institution*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$173,284.40	$42.211	$1,199.96	$.292	$4,722.84	$1.15	$26,250.39	$6.394
Boston State Hospital	648,945.12	5.214	2,080.00	.017	7,845.42	.063	194,269.62	1.561
Danvers State Hospital	454,476.58	3.888	2,081.33	.018	7,800.26	.067	117,118.63	1.002
Foxborough State Hospital	292,076.85	4.425	1,370.00	.021	6,126.73	.093	81,581.59	1.236
Gardner State Hospital	301,777.80	3.829	1,329.75	.017	4,346.05	.055	64,156.86	.814
Grafton State Hospital	381,684.44	5.106	1,476.00	.02	4,687.35	.06	70,309.37	.94
Medfield State Hospital	411,199.47	3.96	2,110.00	.022	5,511.14	.057	109,678.53	1.138
Metropolitan State Hospital	268,956.22	3.329	2,040.00	.025	4,895.63	.061	132,978.64	1.646
Northampton State Hospital	367,304.64	3.726	1,400.00	.014	5,521.57	.056	118,000.87	1.197
Taunton State Hospital	366,586.92	4.428	2,185.00	.026	6,003.14	.073	107,478.88	1.298
Westborough State Hospital	378,684.87	4.636	1,502.00	.018	5,992.23	.073	105,575.78	1.292
Worcester State Hospital	572,606.26	4.557	2,780.00	.022	9,519.58	.076	165,852.61	1.32
Monson State Hospital (epileptic)	376,477.55	4.836	1,550.34	.02	4,987.09	.064	88,008.73	1.131
Total	$4,994,061.12	$4.504	$23,104.38	$.021	$77,959.03	$.07	$1,381,260.50	$1.246
Schools for Mental Defectives:								
Belchertown State School	$273,947.30	$4.082	$1,557.50	$.023	$5,643.73	$.084	$76,576.38	$1.141
Walter E. Fernald State School	381,445.51	3.968	2,750.00	.029	6,324.95	.066	102,535.59	1.067
Wrentham State School	331,128.27	3.383	1,800.00	.018	5,424.58	.055	107,472.46	1.098
Total	$986,521.08	$3.778	$6,107.50	$.023	$17,393.26	$.067	$286,584.43	$1.097
Grand Total	$5,980,582.20	$4.366	$29,211.88	$.021	$95,352.29	$.07	$1,667,844.93	$1.217

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution* — Continued

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$643.39	$.157	$3,546.37	$.864	$14,565.40	$3.548	$12,189.76	$2.969
Boston State Hospital	24,946.16	.201	34,266.43	.275	24,743.92	.199	82,626.75	.664
Danvers State Hospital	27,792.60	.238	36,734.64	.314	14,929.22	.128	94,313.38	.807
Foxborough State Hospital	12,998.54	.197	22,412.61	.34	9,947.30	.151	49,157.19	.745
Gardner State Hospital	14,312.65	.182	20,268.89	.257	35,434.18	.45	47,391.32	.601
Grafton State Hospital	17,428.33	.233	22,407.79	.30	10,811.80	.145	58,014.26	.766
Medfield State Hospital	18,806.33	.195	26,650.69	.276	11,562.43	.12	40,027.51	.415
Metropolitan State Hospital	15,955.54	.197	15,906.12	.20	12,741.33	.158	63,275.59	.783
Northampton State Hospital	11,400.40	.116	28,992.85	.294	13,267.07	.135	60,720.40	.616
Taunton State Hospital	11,454.07	.138	26,247.91	.317	11,501.10	.139	46,181.29	.558
Westborough State Hospital	16,854.35	.206	22,282.80	.273	13,510.24	.165	54,722.52	.67
Worcester State Hospital	15,504.52	.123	36,010.11	.287	37,247.81	.296	87,519.80	.697
Monson State Hospital (epileptic)	12,231.31	.157	18,949.92	.243	9,518.69	.122	61,874.47	.795
Total	$200,328.19	$.181	$314,677.13	$.284	$219,780.49	$.198	$758,014.24	$.684
Schools for Mental Defectives:								
Belchertown State School	$20,131.93	$.30	$19,925.04	$.297	$8,475.09	$.126	$38,703.73	$.577
Walter E. Fernald State School	25,749.66	.268	27,295.16	.284	10,169.92	.106	68,762.31	.715
Wrentham State School	27,400.71	.28	22,434.83	.229	9,412.08	.096	46,137.99	.471
Total	$73,282.30	$.281	$69,655.03	$.267	$28,057.09	$.107	$153,604.03	$.588
Grand Total	$273,610.49	$.20	$384,332.16	$.281	$247,837.58	$.181	$911,618.27	$.666

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution* — Concluded

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	–	–	$298.72	$.073	$2,820.18	$.687	$2,078.46	$.506
Boston State Hospital	$4,867.88	$.039	11,283.18	.091	14,443.01	.116	14,031.45	.113
Danvers State Hospital	27,671.44	.236	6,256.41	.054	16,636.20	.142	11,465.01	.098
Foxborough State Hospital	22,770.35	.345	3,652.98	.055	8,504.05	.129	10,291.52	.156
Gardner State Hospital	31,044.66	.394	5,480.72	.07	11,648.23	.148	11,431.28	.145
Grafton State Hospital	32,357.48	.433	4,030.73	.054	11,051.55	.148	10,926.20	.146
Medfield State Hospital	25,936.62	.269	6,980.21	.072	13,762.30	.143	11,611.17	.121
Metropolitan State Hospital	6,162.58	.076	5,784.98	.072	9,050.88	.112	6,570.54	.081
Northampton State Hospital	23,222.08	.236	4,123.14	.042	12,811.34	.13	12,781.30	.13
Taunton State Hospital	24,591.75	.297	4,792.06	.058	13,295.24	.161	12,764.51	.154
Westborough State Hospital	23,809.00	.291	4,988.07	.061	11,979.52	.147	11,691.58	.143
Worcester State Hospital	24,656.10	.196	5,750.08	.046	15,961.51	.127	15,268.90	.122
Monson State Hospital (epileptic)	20,709.20	.266	6,195.26	.08	8,653.60	.111	9,752.91	.125
Total	$267,799.14	$.242	$69,616.54	$.063	$150,617.61	$.136	$140,664.83	$.127
Schools for Mental Defectives:								
Belchertown State School	$29,202.80	$.435	$5,437.56	$.081	$10,455.37	$.156	$9,765.02	$.146
Walter E. Fernald State School	31,959.97	.332	6,659.79	.069	13,062.59	.136	14,703.30	.153
Wrentham State School	33,623.75	.343	4,018.94	.041	10,861.88	.111	9,624.05	.098
Total	$94,786.52	$.363	$16,116.29	$.062	$34,379.84	$.132	$34,092.37	$.131
Grand Total	$362,585.66	$.265	$85,732.83	$.063	$184,997.45	$.135	$174,757.20	$.128

TABLE 5. *Analysis of Pay Rolls — By Institution*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Edutional	All Others	Total
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	$9.24	$11.648	$.525	$20.797	$42.21
Boston State Hospital	.385	2.863	.133	1.834	5.215
Danvers State Hospital	.28	1.988	.063	1.561	3.892
Foxborough State Hospital	.364	1.96	.105	1.995	4.424
Gardner State Hospital	.322	1.785	.126	1.603	3.836
Grafton State Hospital	.364	2.142	.105	2.499	5.11
Medfield State Hospital	.28	2.086	.112	1.785	4.263
Metropolitan State Hospital	.266	1.575	.056	1.435	3.332
Northampton State Hospital	.294	1.897	.042	1.491	3.724
Taunton State Hospital	.35	2.114	.105	1.862	4.431
Westborough State Hospital	.357	2.065	.077	2.135	4.634
Worcester State Hospital	.294	2.31	.091	1.862	4.557
Monson State Hospital (epileptic)	.336	2.583	.077	1.834	4.83
Averages	$ .357	$2.177	$ .091	$1.876	$4.501
Schools for Mental Defectives:					
Belchertown State School	$ .308	$1.785	$ .28	$1.708	$4.081
Walter E. Fernald State School	.287	1.918	.336	1.428	3.969
Wrentham State School	.245	1.687	.252	1.197	3.381
Averages	$ .28	$1.799	$ .287	$1.414	$3.78
Grand Averages	$ .343	$2.107	$ .126	$1.792	$4.368

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Edutional	All Others	Total
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	1.65	2.20	2.44	1.52	1.80
Boston State Hospital	1.60	1.71	1.39	1.50	1.63
Danvers State Hospital	1.71	1.85	1.39	1.54	1.73
Foxborough State Hospital	1.71	1.89	1.43	1.40	1.68
Gardner State Hospital	1.26	1.84	1.19	1.57	1.71
Grafton State Hospital	1.53	1.57	1.22	1.36	1.47
Medfield State Hospital	1.56	1.71	1.17	1.63	1.67
Metropolitan State Hospital	1.23	2.12	1.38	1.42	1.81
Northampton State Hospital	2.15	1.69	1.45	1.49	1.63
Taunton State Hospital	1.45	1.74	1.35	1.40	1.61
Westborough State Hospital	1.60	2.07	1.27	1.51	1.81
Worcester State Hospital	1.44	2.13	1.36	1.53	1.88
Monson State Hospital (epileptic)	1.51	1.52	1.22	1.40	1.48
Average	1.59	1.82	1.34	1.49	1.68
Schools for Mental Defectives:					
Belchertown State School	1.71	1.87	1.60	1.42	1.69
Walter E. Fernald State School	1.52	1.76	1.44	1.36	1.62
Wrentham State School	1.31	1.87	1.65	1.40	1.72
Average	1.50	1.83	1.55	1.39	1.67
Total Average	1.57	1.82	1.43	1.47	1.68

TABLE 7. *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings*

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1936	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–
Boston State Hospital								
Laundry Equipment	304	1936	–	$1,500.00	–	–	–	$1,500.00
Materials for W.P.A. Projects	304	1936	–	30,000.00	–	$29,628.66	$29,628.66	371.34
Iron Fence	249	1935	$13,000.00	–	$37.26	8,649.65	8,686.91	4,313.09
Sprinklers	249	1935	26,800.00	–	–	–	–	26,800.00[1]
Reception Building	268	1931	400,000.00	–	399,356.10	–	399,356.10	643.90
Power Plant M-2	NIRA & 365	1933	422,000.00	–	387,438.56	3,935.16[2]	383,503.40	38,496.60
Tuberculosis Pavilion M-3	NIRA & 365	1933	173,000.00	–	172,488.19	670.31[2]	171,817.88	1,182.12
Furnishing and Equipment — M4A and 5A	NIRA & 365	1933	43,000.00	–	25,743.62	16,660.48	42,404.10	595.90
Three Officers' Cottages — M-6	NIRA & 365	1933	52,000.00	–	46,568.88	385.93	46,954.81	5,045.19
Laboratory and Mortuary Building M-29	NIRA & 365	1933	72,500.00	–	64,877.11	387.26[2]	64,489.85	8,010.15
Sprinklers — M-111	ERA & 365*	33 & 35	99,536.00	20,536.00[2]	11.34	76,083.56	76,094.90	2,905.10
Danvers State Hospital								
Laundry Equipment	304	1936	–	6,000.00	–	5,327.21	5,327.21	672.79
Flooring Covering	304	1936	–	4,300.00	–	3,770.47	3,770.47	529.53
Canning Equipment	249	1935	2,400.00	–	2,194.76	201.28	2,396.04	3.96
Flat Work Ironer	249	1935	8,850.00	–	8,820.09	27.24	8,847.33	2.67
Equipment Power Plant	249	1935	3,000.00	–	44.73	–	44.73	2,955.27
Equipment and Repair to Boiler Room	249	1935	19,500.00	–	19,493.19	6.81	19,500.00	–
Remodeling Grove Hall	249	1935	6,000.00	–	4,896.80	1,094.95	5,991.75	8.25
Three Boilers M-101	ERA & 365*	33 & 35	150,000.00	2,000.00	107.90	149,787.81	149,895.71	2,104.29
Fire Alarm M-112	ERA & 365*	33 & 35	56,500.00	26,500.00[2]	91.84	27,727.22	27,819.06	2,180.94
Hydrotherapy Building M-7	NIRA & 365	1933	145,000.00	–	135,157.22	9,807.27	144,964.49	35.51
Sprinklers M-42, rewiring and Fireproof Stairs	NIRA & 365	1933	122,000.00	–	121,526.32	330.43[2]	121,195.89	804.11
Foxborough State Hospital								
Window Guards	304	1936	–	9,000.00	–	4,139.18	4,139.18	4,860.82
Equipment Hydrotherapeutic Suite	249	1935	10,000.00	–	–	9,811.02	9,811.02	188.98
Fire Protection	249	1935	8,000.00	–	31.30	7,001.50	7,032.80	967.20
Sewer Beds M-102	ERA & 365*	35 & 33	50,000.00	–	103.44	49,764.77	49,868.21	131.79
Laundry Building M-8	NIRA & 365	1933	105,000.00	–	103,434.02	1,553.75	104,987.77	12.23
Tuberculosis Pavilion, Verandas and Day Space M-9 and 30	NIRA & 365	1933	229,000.00	–	208,011.56	18,571.36	226,582.92	2,417.08
Assembly Building M-31	NIRA & 365	1933	130,000.00	1,200.18	129,248.69	1,951.49	131,200.18	–
Power Plant M-32	NIRA & 365	1933	184,000.00	–	151,990.70	29,784.96	181,775.66	2,224.34
Gardner State Hospital								
Fire Protection	249	1935	15,200.00	–	–	13,599.95	13,599.95	1,600.05
Laundry Equipment	249	1935	4,000.00	–	3,313.52	–	3,313.52	686.48
Hay and Grain Barn	249	1935	5,000.00	–	–	4,995.73	4,995.73	4.27

Barn destroyed by Fire	497	1935	8,000.00	–	–	7,955.07	7,955.07	44.93
Laundry Building	304	1936	–	6,000.00	–	4,169.00	4,169.00	1,831.00
Storehouse and Cold Storage M-10	NIRA & 365	1933	136,000.00	1,488.28	126,092.68	11,395.60	137,488.28	–
Shop Building M-43	NIRA & 365	1933	47,750.00	–	43,669.73	912.65	44,582.38	3,167.62
Grafton State Hospital								
Laundry Equipment	249	1935	6,600.00	–	5,875.78	136.18	6,011.96	588.04
Heating Plant Alterations	249	1935	3,000.00	–	–	2,990.26	2,990.26	9.74
Equipment for Morgue	304	1936	–	2,500.00	–	1,470.00	1,470.00	1,030.00
Purchase of Land	304	1936	–	650.00	–	–	–	650.00
Boiler Plant Alterations M-11	NIRA & 365	1933	132,000.00	–	118,996.84	1,295.92[2]	117,700.92	14,299.08
Sprinkler System M-44	NIRA & 365	1933	57,000.00	–	43,209.58	562.00[2]	42,647.58	14,352.42
Medfield State Hospital								
Laundry Equipment	304	1936	–	6,000.00	–	–	–	6,000.00
Temperature Control Valves	304	1936	–	7,000.00	–	–	–	7,000.00
Renovation of Toilets and Baths	249	1935	12,000.00	–	–	11,351.18	11,351.18	648.82
Steel Stairways — Male Home	249	1935	3,415.00	–	2,413.20	991.04	3,404.24	10.76
Sprinklers — Nurses' Home	249	1935	6,000.00	–	4,764.55	1,227.86	5,992.41	7.59
Changing Water Piping	384	1934	6,000.00	–	–	5,506.90	5,506.90	493.10
Sprinkler System M-109	ERA & 365*	35 & 33	83,848.00	6,848.00[2]	11.34	74,469.43	74,480.77	2,519.23
Power Plant Changes M-12	NIRA & 365	1933	220,000.00	10,177.50[2]	207,097.58	103.79	207,201.37	2,621.13
Metropolitan State Hospital								
Landscaping, Grading and Constr. of Road	304	1936	20,000.00	–	10,270.74	–	10,270.74	9,729.26
Laundry Equipment	304	1936	3,800.00	–	2,240.00	–	2,240.00	1,560.00
Psychiatric Building M-105	ERA & 365*	35 & 33	198,350.00	190,350.00[2]	130.20	7,544.72	7,674.92	325.08
Electric Distribution Cables M-13	NIRA & 365	1933	12,000.00	268.05[2]	9,807.38	268.05[2]	9,539.33	2,192.62
Wings — Medical and Surgical Building M-33	NIRA & 365	1933	642,000.00	–	552,287.59	55,484.90	607,772.49	34,227.51
Laboratory and Mortuary Building M-34	NIRA & 365	1933	59,000.00	–	58,674.95	3,117.32[2]	55,557.63	3,442.37
Northampton State Hospital								
Food Elevators	304	1936	–	20,000.00	–	–	–	20,000.00
Passenger Elevator	249	1935	12,000.00	–	–	11,549.90	11,549.90	450.10
Sprinklers and Incidental Work	249	1935	4,000.00	–	3,735.47	1.66[2]	3,733.81	266.19
Remodeling Rhodes Cottage	249	1935	3,000.00	–	–	2,905.15	2,905.15	94.85
Furnishing Male Attendants' Home	170	1932	13,500.00	–	13,324.04	175.96	13,500.00	–
Additional Land	384	1934	75,000.00	–	52,564.98	1,092.00	53,656.98	21,343.02
Rear Center M-108	304	1936						
	ERA & 365*	35 & 33	–	240,000.00	–	282,950.88	282,950.88	42,950.88[1]
Storehouse M-45	NIRA & 365	1933	90,000.00	–	78,127.63	10,928.58	89,056.21	943.79
Power Plant M-14	NIRA & 365	1933	377,000.00	–	369,409.33	127.06	369,536.39	7,463.61
Ward Building M-15	NIRA & 365	1933	233,000.00	–	194,818.49	12,010.64	206,829.13	26,170.87
Dining and Service Building M-16	NIRA & 365	1933	106,000.00	–	101,126.61	4,670.35	105,796.96	203.04
Laundry Building M-53	NIRA & 365	1933	104,000.00	2,196.38	101,964.35	4,232.03	106,196.38	–
Taunton State Hospital								
Laundry Equipment	304	1936	–	3,645.00	–	–	–	3,645.00
Renovation of Baths and Toilets	304	1936	–	10,000.00	–	–	–	10,000.00
Laundry Equipment	249	1935	6,100.00	–	5,725.00	141.30	5,866.30	233.70
Purchase of Morse Property	249	1935	300.00	–	277.41	–	277.41	22.59
Purchase of Staples Property	249	1935	3,100.00	–	3,077.41	–	3,077.41	22.59
Two Boilers and Equipment M-106	ERA & 365*	35 & 33	84,900.00	14,100.00	105.75	90,424.72	90,530.47	8,469.53
Nurses' Home M-107	ERA & 365*	35 & 33	–	319,100.00	–	7,173.13	7,173.13	311,926.87
Sprinklers M-46	NIRA & 365	1933	21,000.00	–	16,601.41	585.71[2]	16,015.70	4,984.30
Hospital Building M-47	NIRA & 365	1933	1,046,000.00	–	950,700.54	53,217.80	1,003,918.34	42,081.66

[1] Transferred to M-111

[2] Decrease

*as amended

TABLE 7. *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings* — Concluded

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1936	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
Westborough State Hopsital								
Addition to Garage	249	1935	$2,500.00	–	$584.59	$1,910.50	$2,495.09	$4.91
Change in Water Supply	249	1935	5,300.00	–	2,877.04	2,095.85	4,972.89	327.11
Resurfacing Sewer Beds	249	1935	4,500.00	–	33.50	–	33.50	4,460.50
Renovation of Plumbing — Talbot Building	249	1935	6,500.00	–	–	6,431.30	6,431.30	68.70
Coal Saving Equipment	479	1935	12,000.00	–	–	11,916.08	11,916.08	83.92
Painting Main Group	304	1936	–	$5,000.00	–	–	–	5,000.00
Renovation of Richmond Sanatorium	304	1936	–	8,400.00	–	–	–	8,400.00
Laundry Building M-18	NIRA & 365	1933	62,000.00	–	60,901.22	40.69[2]	60,860.53	1,139.47
Equipment Laundry Building and Rear Center M-18A and M-19A	NIRA & 365	1933	47,000.00	–	25,926.32	15,505.53	41,431.85	5,568.15
Development of Rear Center M-19	NIRA & 365	1933	275,000.00	8,000.00	268,131.92	13,310.61	281,442.53	1,557.47
Tunnel to Assembly Building M-36	NIRA & 365	1933	6,000.00	–	4,148.71	–	4,148.71	1,851.29
Nurses' Home M-35	NIRA & 365	1933	263,000.00	–	262,049.37	417.37[2]	261,632.00	1,368.00
Shop Building M-37	NIRA & 365	1933	32,000.00	–	31,821.36	92.25[2]	31,729.11	270.89
Vegetable Storage M-38	NIRA & 365	1933	21,500.00	–	20,597.67	120.18[2]	20,477.49	1,022.51
Worcester State Hospital								
Porch — Administration Building	304	1936	–	5,500.00	–	.67	.67	5,499.33
Plumbing — Summer Street Hospital	304	1936	–	10,000.00	–	8,833.68	8,833.68	1,166.32
New Boilers, Stokers, etc.	304	1936	–	270,000.00	–	63,985.56	63,985.56	206,014.44
Window Calking, etc.	249	1935	5,000.00	–	–	1,848.67	1,848.67	3,151.33
Roof Repairs	249	1935	7,700.00	–	–	7,697.38	7,697.38	2.62
Quimby Ward Building	249	1935	18,000.00	–	–	16,254.15	16,254.15	1,745.85
Mechanical Refrigeration	249	1935	14,400.00	–	–	–	–	14,400.00
Alterations for Fire Protection M-20	NIRA & 365	1933	90,000.00	–	89,791.36	386.49[2]	89,404.87	595.13
Standpipe M-39	NIRA & 365	1933	42,000.00	–	40,966.13	–	40,966.13	1,033.87
Fireproof Balconies M-48	NIRA & 365	1933	138,000.00	–	110,266.99	501.96[2]	109,765.03	28,234.97
Sprinklers, Rewiring M-49	NIRA & 365	1933	114,000.00	1,138.38	112,104.40	3,033.98	115,138.38	–
Hydrotherapy Building M-50	NIRA & 365	1933	125,000.00	–	112,552.89	12,384.25	124,937.14	62.86
Monson State Hospital								
Laundry Equipment	304	1936	–	4,000.00	–	–	–	4,000.00
Construction of Roads	304	1936	–	15,000.00	–	357.51	357.51	14,642.49
Completion of Garage	249	1935	2,000.00	–	–	1,200.36	1,200.36	799.64
Additional Fire Protection	249	1935	9,000.00	–	–	8,646.20	8,646.20	353.80
Laundry Equipment	162	1934	15,000.00	–	14,654.73	–	14,654.73	345.27
Kitchen and Dining Room M-51	NIRA & 365	1933	323,500.00	–	268,959.06	13,486.06	282,445.12	41,054.88
Storehouse and Cold Storage M-21	NIRA & 365	1933	112,000.00	–	106,539.83	4,181.26	110,721.09	1,278.91
Steam and Hot Water Lines M-22	NIRA & 365	1933	100,000.00	–	98,444.97	337.23[2]	98,107.74	1,892.26
Sewer Beds M-23	NIRA & 365	1933	67,500.00	299.81	67,049.96	749.85	67,799.81	–
Total for Hospitals			$8,311,349.00	$759,338.48	$6,670,489.72	$1,318,419.79	$8,078,909.51	$991,777.97

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1936	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
SCHOOLS FOR MENTAL DEFECTIVES								
Belchertown State School								
Purchase of Land	304	1936	–	$5,000.00	–	–	–	$5,000.00
Additional Oven	249	1935	$4,500.00	–	–	$3,895.96	$3,895.96	604.04
Metal Shelving	249	1935	2,500.00	–	$37.07	2,421.85	2,458.92	41.08
Additions to Service Building M-40	NIRA & 365	1933	102,000.00	–	101,207.89	243.19	101,451.08	548.92
Walter E. Fernald State School								
Construction of Roads	304	1936	–	4,000.00	–	1.41	1.41	3,998.59
Improvements, Recreation Room	304	1936	–	2,300.00	–	–	–	2,300.00
Boiler House Improvements	304	1936	–	6,000.00				
	249	1935	21,000.00		13,880.35	12,079.35	25,959.70	1,040.30
Renovating and Furnishing Cottage	249	1935	10,000.00	–	–	9,285.48	9,285.48	714.52
Recreational Equipment	249	1935	1,600.00	–	16.85	1,433.83	1,450.68	149.32
Administration Building M-104	ERA & 365*	33 & 35	138,700.00	1,700.00[2]	159.83	120,343.52	120,503.35	16,496.65
Infirmary Building M-25	NIRA & 365	1933	300,000.00	2,500.00	279,069.43	20,717.88	299,787.31	2,712.69
Hot Water System M-41	NIRA & 365	1933	105,500.00	–	105,336.60	–	105,336.60	163.40
Trunk Sewer M-52	NIRA & 365	1933	42,000.00	–	32,512.27	1,194.02	33,706.29	8,293.71
Wrentham State School								
Purchase of Land	384	1934	10,000.00	–	7,582.06	–	7,582.06	2,417.94
Clinical Building Furnishings	304	1936	–	12,650.00	–	5,042.89	5,042.89	7,607.11
X-Ray Equipment	249	1935	4,500.00	–	–	4,499.75	4,499.75	.25
Reconstruction of Sewer Beds	249	1935	21,000.00	–	–	20,347.74	20,347.74	652.26
Laundry Equipment	249	1935	4,400.00	–	3,628.16	–	3,628.16	771.84
Nursery Building and Laundry M-26 and 27	NIRA & 365	1933	101,000.00	905.65	100,847.73	1,057.92	101,905.65	–
Total for Schools			$868,700.00	$31,655.65	$644,278.24	$202,564.79	$846,843.03	$53,512.62
Anti-Scald Valves	437	1936	–	$10,000.00	–	–	–	$10,000.00
Grand Total			$9,180,049.00	$800,994.13	$7,404,767.96	$1,520,984.58	$8,925,752.54	$1,055,290.59

[1] Transferred to M-111

[2] Decrease

[3] Overdraft covered by Federal Grant

*as amended

TABLE 8. *Receipts from Paying Patients — By Institutions*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
Hospitals for Mental Diseases:			
Boston Psychopathic Hospital	438	$9,765.37	$22.30
Boston State Hospital	263	86,092.87	327.35
Danvers State Hospital	321	103,992.86	323.97
Foxborough State Hospital	136	50,159.78	368.82
Gardner State Hospital	72	23,234.55	322.70
Grafton State Hospital	44	18,664.93	424.20
Medfield State Hospital	108	43,684.01	404.48
Metropolitan State Hospital	117	35,876.03	306.63
Northampton State Hospital	268	93,058.51	347.23
Taunton State Hospital	150	53,463.49	356.42
Westborough State Hospital	303	124,647.99	411.38
Worcester State Hospital	196	65,139.70	332.35
Monson State Hospital (epileptic)	64	19,774.20	308.97
Total	2,480	$727,554.29	$239.37
Schools for Mental Defectives:			
Belchertown State School	42	$6,298.08	$149.95
Walter E. Fernald State School	89	16,805.21	188.82
Wrentham State School	69	14,063.35	203.82
Total	200	$37,166.64	$185.83
Family Care	–	–	–
State Farm*	8	$6,265.69	$783.21
State Infirmary*	11	3,572.89	324.81
Hospital Cottages for Children*	4	238.62	58.91
Total	23	$10,077.20	$438.14
Grand Total	2,703	$774,798.13	$286.64

*The State Farm which is under the Department of Correction, and the State Infirmary which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. *Trust Funds — By Institutions*
(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1935	Received during Year	Payments	On Hand November 30, 1936
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	–	–	–	–
Boston State Hospital	–	–	–	–
Danvers State Hospital	–	–	–	–
Foxborough State Hospital	–	–	–	–
Gardner State Hospital	–	–	–	–
Grafton State Hospital	–	–	–	–
Medfield State Hospital	$445.26	$11.19	–	$456.45
Metropolitan State Hospital	–	–	–	–
Northampton State Hospital	1,211.13	127.36	$155.79	1,182.70
Taunton State Hospital	–	–	–	–
Westborough State Hospital	4,924.68	61.11	324.40	4,661.39
Worcester State Hospital	4,396.64	123.11	67.27	4,452.48
Monson State Hospital (epileptic)	–	–	–	–
Total	$10,977.71	$322.77	$547.46	$10,753.02
Schools for Mental Defectives:				
Belchertown State School	–	–	–	–
Walter E. Fernald State School	$93,963.24	$5,786.16	$281.28	$99,468.12
Wrentham State School	1,919.63	127.49	52.85	1,994.27
Total	$95,882.87	$5,913.65	$334.13	$101,462.39
Grand Total	$106,860.58	$6,236.42	$881.59	$112,215.41

TABLE 10. *Value of Farm and Garden Products per Acre under Cultivation — By Institutions*

INSTITUTIONS	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
Hospitals for Mental Diseases:									
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–	–
Boston State Hospital	38.25	$6,847.97	$179.03	46.95	$740.00	$15.76	–	–	–
Danvers State Hospital	93.00	16,142.19	173.57	116.50	4,577.65	39.29	39.00	$3,248.41	$83.29
Foxborough State Hospital	40.50	10,212.71	252.16	1.00	11.95	11.95	–	–	–
Gardner State Hospital	89.00	21,469.50	241.23	208.45	5,219.00	25.03	15.00	2,347.50	156.50
Grafton State Hospital	77.65	13,621.66	175.42	39.61	1,667.56	42.09	34.05	2,737.33	80.39
Medfield State Hospital	74.00	13,419.27	181.34	64.00	2,697.64	42.15	33.00	2,678.43	81.16
Metropolitan State Hospital	63.32	12,316.46	194.51	18.20	556.00	30.54	–	–	–
Northampton State Hospital	44.00	10,216.16	232.18	117.00	6,014.18	51.40	30.00	3,001.78	100.05
Taunton State Hospital	57.00	12,115.04	212.54	57.00	889.92	15.62	28.00	2,177.00	77.75
Westborough State Hospital	56.00	14,389.03	256.94	88.00	4,276.40	48.59	45.00	2,370.62	52.68
Worcester State Hospital	79.00	17,358.70	219.73	35.00	1,879.25	53.69	30.00	1,750.00	58.33
Monson State Hospital (epileptic)	38.68	5,784.56	149.54	40.56	1,003.40	24.73	17.00	1,200.13	70.59
Total	750.40	$153,893.25	$205.08	832.27	$29,532.95	$35.48	271.05	$21,511.20	$79.36
Schools for Mental Defectives:									
Belchertown State School	43.00	$9,653.14	$224.49	19.00	$1,002.94	$52.78	25.00	$3,444.00	$137.76
Walter E. Fernald State School	124.00	40,790.43	328.95	100.00	5,316.20	53.16	5.00	595.00	119.00
Wrentham State School	87.00	14,874.24	170.96	48.50	851.20	17.55	24.00	2,450.00	102.08
Total	254.00	$65,317.81	$257.15	167.50	$7,170.34	$42.80	54.00	$6,489.00	$120.16
Grand Total	1,004.40	$219,211.06	$218.25	999.77	$36,703.29	$36.70	325.05	$28,000.20	$86.14

Table 11. *Value of Farm Products — By Institutions*

Institutions	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
Hospitals for Mental Diseases:										
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–	–	–
Boston State Hospital . .	$6,847.97	–	–	$860.00	–	–	–	$8,120.22	–	$15,828.19
Danvers State Hospital .	13,817.81	$1,476.69	$423.18	8,696.83	$39,815.55	$6,629.35	$3,212.33	10,675.98	$2,434.11	87,181.83
Foxborough State Hospital .	9,391.28	821.43	458.35	107.09	20,756.01	3,297.92	1,469.08	9,309.13	949.74	46,560.03
Gardner State Hospital .	14,574.16	6,766.94	894.79	9,139.90	30,942.04	6,527.16	4,390.63	8,428.00	1,570.33	83,233.95
Grafton State Hospital .	10,738.18	1,864.55	3,231.21	5,769.01	31,896.12	5,440.45	2,988.06	11,984.98	1,926.11	75,838.67
Medfield State Hospital .	10,330.44	3,088.83	1,520.01	5,417.70	34,417.04	3,876.52	2,059.43	5,543.16	1,290.83	67,543.96
Metropolitan State Hospital	12,316.46	–	71.04	556.00	–	–	–	–	–	12,943.50
Northampton State Hospital	9,118.23	1,097.93	1,897.30	9,015.96	32,217.46	3,601.60	2,032.84	11,084.00	1,237.44	71,302.76
Taunton State Hospital .	9,626.57	2,488.47	737.68	3,828.09	22,577.04	5,412.10	2,620.48	9,550.27	1,691.72	58,532.42
Westborough State Hospital	12,965.47	1,423.56	1,151.26	7,602.52	32,317.37	–	–	11,859.16	1,451.09	68,770.43
Worcester State Hospital .	16,910.05	–	292.32	5,471.53	34,186.81	–	–	5,133.06	1,496.87	63,490.64
Monson State Hospital (epil.)	5,784.56	–	1,172.88	2,354.51	25,595.57	–	–	5,779.09	980.46	41,667.07
Total	$132,421.18	$19,028.40	$11,850.02	$58,819.14	$304,721.01	$34,785.10	$18,772.85	$97,467.05	$15,028.70	$692,893.45
Schools for Mental Defectives:										
Belchertown State School .	$9,221.14	–	$1,526.12	$4,878.94	$28,927.48	$7,094.44	$3,420.93	$5,717.85	$809.60	$61,596.50
Walter E. Fernald State School	34,404.15	$6,282.78	3,422.25	6,089.70	36,073.92	–	–	2,074.73	1,436.58	89,784.11
Wrentham State School .	12,028.39	2,443.91	1,429.91	3,999.49	32,329.58	5,966.43	2,665.49	6,903.64	998.22	68,765.06
Total	$55,653.68	$8,726.69	$6,378.28	$14,968.13	$97,330.98	$13,060.87	$6,086.42	$14,696.22	$3,244.40	$220,145.67
Grand Total	$188,074.86	$27,755.09	$18,228.30	$73,787.27	$402,051.99	$47,845.97	$24,859.27	$112,163.27	$18,273.10	$913,039.12

REPORT OF THE PATHOLOGIST

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-eighth report of the Pathologist and the twenty-seventh to cover a full year's work.

GENERAL

The major reason for your pathologist's service is to investigate sudden and unexpected deaths occurring in the hospitals for mental disease under the Department's jurisdiction, and this plan has continued, together with the minor reason — *i.e.*, to substitute for pathologists in the service when need arises, and to act on request when the hospital has no pathologist. This service has also thriven as has the surgical specimen examination where surgery is undertaken. (There have been 26 of these requests.) Your pathologist continues to function on a temporary appointment basis, there being few who are well enough trained to fill this position who have not become absorbed with other connections. Moreover the writer feels a great interest since the inception of the work in 1914 was entrusted to her hands under the direction of E. E. Southard.

Danvers. This laboratory has traditions dating almost from its beginning in 1878. Names of the early pathologists, Worcester, Barrett, and Southard still fall on ears attuned. The location of the laboratory in which these men worked has given way to the march of progress in the rebuilding of the rear portion of the center of the administration unit for a congregate dining room. A temporary set of laboratory quarters in a distant building is unrelated to the center of medical activities, while the autopsy room and refrigeration are in a basement room often unfit for the purpose, since heat and cold and wet are uncertain conditions of the room due to its location. A new modern autopsy room is highly desired in conjunction with adequate quarters for X-ray equipment, clinical pathology, technical rooms, a pathologist's office, library and storerooms for each special activity.

The hospital has been crippled during the last 10 months by the illness of one of it officers, the pathologist. Clearly Danvers needs building and personnel for its pathological work. The most necessary examinations have been farmed out — your pathologist has been on call for the greater number of the autopsies of which there were this year 39 or 17.3% of the deaths.

Worcester points with pride to the slant the laboratory has developed with a chemist as its Director. A brisk autopsy service is present here and the clinico-pathological conferences are of great value to the staff. It is always startling to see so many spectators at an autopsy here — the white suits of the interns give the impression of great numbers of young people whisking in and out. New equipment, a table and more instruments would be valuable additions to the ease of operation.

Wrentham has looked forward to occupying its new building with a working group qualified for a serious attack on the fields of inquiry pertaining to feebleminded. Such an attack will be made at the beginning of the year and high hopes are entertained for the effect of the new workers.

Foxborough is fortunate in retaining its working unit of people who are adequate, well trained and cheerful. There is a great deal to recommend a laboratory immediately adjacent to the autopsy room and this operating room gratifies every major wish — large table, overhead water and drainage and good lighting. Three details would increase the efficiency; a light long narrow board for the autopsy table to prevent escape of instruments through the grating, a Toledo scale that will weigh automatically in grams to 4,000 grams, and sharp instruments. The autopsy numbers are not high in this hospital, thereby giving Dr. Rothschild opportunity to work intensively on his cases. Results of his investigations appear at the annual meetings of the American Psychiatric Association. A brand-new electric refrigeration unit has replaced the old one, considered very special in 1919, inasmuch as it was a cold room into which bodies could be wheeled and lifted from the carriage onto trays arranged bunk fashion. Incineration of some type would be greatly advantageous.

Medfield. This autopsy room continues to be a most agreeable place to operate in, because it is conveniently located and well ventilated and lighted and the instruments are adequate and sharp. One hopes for over-table water with suitable drainage to save steps, and a wider table for the convenience of having more instruments beside the subject. Incineration is adequate for our purposes. The laboratory functions as a great help in the clinical course of the diseases, for besides the usual expected examinations, more X-rays and blood chemistry examinations are done than ever before.

Taunton. Everyone will rejoice when the laboratory and morgue move into their new quarters in 1937. The refrigeration is poor at present, and while the system of rapid delivery of the bodies with or without autopsy performance is in vogue there are times when a low temperature for the bodies would be more than acceptable. With the varied activities which are carried on, the laboratory rooms have long been over-taxed. Dr. D. G. Henderson has, by ingenious methods, built with odds and ends of equipment, an electrically operated hone for microtome knives. The restoration of bodies as developed here, has become so favorably known that undertakers themselves urge relatives to permit autopsies.

Walter E. Fernald State School and *Belchertown* and *Grafton* alike have the difficulty of having nothing in the nature of a morgue and no refrigeration at all, so that though all have instruments, few autopsies are done. Grafton is in the planning stage for a set-up for refrigeration, an autopsy room and one for laboratory technique; indeed space has been selected, measured and considered. By next year, no doubt, it will be in operation.

Metropolitan. This year equipment and personnel were assigned for the splendid new laboratory building which combines a mortuary and an operating room on the basement floor, and Directors' offices, chemical and technical work rooms and museum on the second. Dr. Paul I. Yakovlev was transferred from Monson to this station in the spring and has been busy planning and supervising supply buying and settling in of the apparatus. His knowledge of Neurology will be of great interest and aid in application to the problems of teaching and research in this hospital.

Boston State. This hospital has the largest number of autopsies, something more than 250 a year. These are done almost single-handed by Dr. Naomi Raskin, and inspired no envy, being obviously too many for any one person to do. No doubt a way will be found for alternating with an interne selected for the opportunity to deal with the large number of elderly insane which pass through the pathological laboratory. Dr. Raskin also supervises the technical assistants and is responsible for the clinico-pathological reports. The autopsy room, new last year, has gained a new table which, with alterations, may be serviceable. Overhead water for the table will no doubt be installed, saving steps and adding to the ease of autopsy performance.

Gardner is another favorite operating place. It has refrigeration and an adequate sink and all the autopsy instruments. A Toledo scale graduated in grams to 4,000 grams would save time in weighing organs. Enthusiasm is shared by all the staff over the autopsies and a volunteer technician helps with the everyday work in the laboratory.

Westborough. Westborough also has plans for housing the morgue and laboratory under one roof. They are separated now, but with electrical refrigeration, the preservation of the bodies is entirely adequate. Dr. Pierce continues her joint pathological and X-ray work, gives a series of lectures to nurses in their new quarters in the Nurses' Home, and keeps up her interest in blood chemistry.

Northampton. This hospital has, by sheer spirit of cooperation, survived the basement-room with local ice-cake type of refrigeration, a "V" shaped autopsy table and a water service that has to be carried. Soon it can move into quarters which are modern, use its sharp instruments and Toldeo scale and with a new officer as pathologist, feel prepared to follow its cases through to full explanation.

Monson. While this hospital has lost, by transfer, Dr. Paul I. Yakovlev, it has gained Dr. Rudolph Osgood, who for some years has had intensive training in General Pathology in several of Boston's hospitals and in two medical schools. Dr. Osgood has plans for altering the set-up of the laboratory, securing more rooms for himself and assistants. A Toledo scale was bought this year, a great advance over the type endured before, with its little weights to be lifted and up down for balancing each organ, counted in grams and added up after each weighing. These advances are very much appreciated by workers.

Boston Psychopathic. The pathological laboratory suite assigned in 1914 for the Department's officer also serves for the Hospital's pathological activities, under her direction. Many of the patients dying at the Psychopathic are borderline cases, so the pathology is primarily confined to the body rather than to the brain. The usual sections are made of major trunk organs, examined microscopically and described for the case records. It is to be hoped that re-location of the autopsy room can be effected since this one is too near the street and the dining room, and odors ascend through the building. In itself it is entirely adequate.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies

From the establishment of the Pathological Service on July 1, 1914 up to November 30, 1936 — 3,316 autopsies have been performed. The protocols of these have been bound up to and including December 27, 1934.

During the year ending November 30, 1936, 133 autopsies have been performed; 74 were done for hospitals without resident pathologists or where the pathologist was ill or absent. The remaining 59 were done to determine the cause of death in patients who died suddenly or unexpectedly.

Danvers State Hospital	31	Gardner State Hospital	5
Metropolitan State Hospital	16	Grafton State Hospital	5
Boston State Hospital	12	Walter E. Fernald State School	5
Boston Psychopathic Hospital	10	Monson State Hospital	3
Westborough State Hospital	9	McLean Hospital	3
Wrentham State School	9	Northampton State Hospital	3
Taunton State Hospital	8	Ring Sanatorium and Hospital	1
Foxborough State Hospital	6	Glenside	1
Medfield State Hospital	5		
Total			133

Besides these 133 autopsies, there were 125 other cases reported as sudden deaths. Some of these reports were delegated due to conflicts, some were not reported before the body had left the hospital, some were forgotten at the time but reports were sent to your pathologist later. The resident pathologist, when present, is so kind as to act in my stead in emergencies.

Proportion of Autopsies to Deaths in Institutions

	Deaths	*Autopsies*	*Per Cent*
Hospital Cottages for Children	4	4	100
Boston State Hospital	364	270	74
Metropolitan State Hospital	34	25	73
Worcester State Hospital	210	116	55
Taunton State Hospital	216	104	48
Gardner State Hospital	67	29	43
Medfield State Hospital	107	45	42
Boston Psychopathic Hospital	30	10	33
Walter E. Fernald State School	16	5	31
Veterans Administration, Bedford	10	3	30
Monson State Hospital	75	22	29
State Infirmary, Mental Wards	30	8	27
Grafton State Hospital	75	19	25
Westborough State Hospital	170	42	25
Wrentham State School	45	10	22
Foxborough State Hospital	84	18	21
Danvers State Hospital	255	39	15
Northampton State Hospital	164	6	4
Veterans Administration, Northampton	20	0	0
Belchertown State School	8	0	0
Totals	1,984	775	39

Total Number of deaths in State Hospitals in Massachusetts in 1936, fiscal year		1,984
Total number of autopsies performed (39%)		775
(a) By laboratories independent of Department	642	
(b) Department	133	

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1936:

Sudden deaths reported to Department	234
Number autopsied	109
Number autopsied by service	59

Analysis of the Autopsied Sudden Death Cases in 1936

Acute infections	25		Strangulated hernia	2
Fractures	16		Carcinoma	2
Heart Disease	8		Burns	2
Coronary disease	5	16	Duodenal ulcer—with or without rupture	2
Ruptured heart	3		Brain tumor	1
Dementia paralytica	4		Diabetes	1
Epilepsy	4		Hemorrhage in pancreas	1
Multiple injuries	3		Pernicious anemia	1
Foreign bodies in larynx	3		Convulsions	1
Pulmonary embolism or thrombosis	3		Postoperative — gallstones	1
Cerebral hemorrhage	3		Volvulus	1
General arteriosclerosis	3		Osteomalacia	1
Cardiorenal vascular	3		Starvation	1
Alcoholism	2		Diverticulitis	1
Cirrhosis liver	2		Exhaustion	1
Suicide	2		Subdural hemorrhage	1

The sudden deaths in the State Hospitals in twenty-three years are herewith presented (either autopsied or non-autopsied):—

Year	*Deaths*	*Year*	*Deaths*	*Year*	*Deaths*	*Year*	*Deaths*
1914	69	1920	84	1926	136	1932	215
1915	85	1921	87	1927	126	1933	232
1916	74	1922	89	1928	177	1934	225
1917	83	1923	122	1929	148	1935	243
1918	117	1924	121	1930	170	1936	234
1919	77	1925	129	1931	175		

a total of 3,218 of which 1,426, or 44%, have been autopsied.

Analysis of Autopsies of Sudden Death Cases

Two hundred and thirty-four cases in which death occurred suddenly were reported to the Department in 1936, a decrease of nine from last year. Exogenous causes in the autopsied cases (109), are fractures 16, multiple injuries 3, foreign bodies in larynx 3, alcoholism 2, suicide 2, burns 2, post-operative 1, starvation 1.

Of the endogenous causes, acute infections lead with 25 cases; all types of heart lesion 16; epilepsy and dementia paralytica 4 each; other causes scattered. Perhaps the most striking, because of their rarity, are cases of diabetes, osteomalacia and starvation, of which there was one each.

Suicides in State Hospitals

Year	*Suicides*	*Year*	*Suicides*	*Year*	*Suicides*	*Year*	*Suicides*
1914	9	1920	13	1926	14	1932	23
1915	6	1921	12	1927	19	1933	13
1916	9	1922	10	1928	19	1934	15
1917	12	1923	14	1929	13	1935	19
1918	18	1924	10	1930	13	1936	12
1919	13	1925	15	1931	26		

Analysis of Suicides Autopsied and Non-Autopsied

Twelve suicidal deaths occurred during the year ending November 30, 1936. This figure includes those who made the attempt before admission and died in the hospital, those on leave from hospitals and those actually in the hospitals. This time females out-numbered males 7–5; the youngest was 23, the oldest 69. Hanging was the method in 7 cases, burns and drugs, in 2 each, and drowning in one. One was undiagnosed mentally; one was alcoholic; one was cerebral arteriosclerotic; 4 were dementia praecox; and 5 were of manic-depressive or involutional type. The total number harks back to 1921 and 1917, when the number was also 12.

Casualties

The casualties for 1936 show a rise of 54 over last year. We have grown used to seeing about 650, but this year 723 was the total. Likewise the number of fractures has increased by 47, (Table B), and the severe injuries by 51, making a general increase in the cases coming under surgical care in our hospitals. The increase of hospital population, and perhaps shifting personnel, may in part explain it.

Casualties in State Hospitals

Year	*Casualties*	*Year*	*Casualties*	*Year*	*Casualties*	*Year*	*Casualties*
1914	346	1920	240	1926	351	1932	688
1915	320	1921	257	1927	314	1933	667
1916	304	1922	258	1928	387	1934	679
1917	237	1923	292	1929	503	1935	669
1918	221	1924	297	1930	557	1936	723
1919	208	1925	275	1931	537		

In the manner of injury (Table C.), again, as last year "Unavoidable Natural Causes" comes first, followed by "Asocial Act of Another Patient," "Epileptic Seizures," "Impulsive Act" and "Unknown," in order of frequency.

Reviewing the distribution of injuries by hospitals (Table A), the same one leads as last year (Danvers). Obviously some one must lead in a group, and the total for each year remains about the same. The Veterans' Hospitals show a marked contrast, 32 in one, and but one in the other. As last year, more men get hurt than women, but in many hospitals the same number or more women receive injuries.

INVESTIGATIONS

From another state a question came as to developmental anomalies seen postmortem in Dementia Praecox patients. Electing to report on the state of the fossa ovalis in these cases, we looked over protocols of 457 cases which had been diagnosed Dementia Praecox and found that the fossa ovalis was mentioned in the heart description 127 times, 91 times as closed, 31 with a tunnel, 5 as open. We believe our figures will compare favorably with other series. While not believing that 23 percent of a minor anomaly would have much effect on the mind or body, the five (3.9%) which were open forami might put on a circulatory strain which would be found to have far reaching effect.

This year when 133 autopsies were done on this service, in only five instances was syphilis considered to be operative in the mental diagnosis. In 1932 there were six cases, the same number in 1933, 14 in 1934, six in 1935, and five in 1936. One would think there would be more. Perhaps intensive treatment keeps them out of the hospitals. While not showing the scarcity of 1933, when only one case came to post-mortem, seven cases of tuberculosis were seen in 1936.

It was a pleasure to be asked to present post-mortem reports on the incidence of multiple sclerosis in our hospitals before the Harvard Multiple Sclerosis Commission, which met in May at the Boston City Hospital. The pathologists kindly cooperated in furnishing data from Boston, Worcester, Westboro, Foxboro, Medfield and Taunton. The total was a collection of 10,963 autopsies and yielded 25 cases (0.23%) of multiple sclerosis — 8 males, 17 females. I was amazed there were so few. Other workers, not from mental hospitals had observed their patients becoming more and more helpless, and had recorded frequent mild mental symptoms but due to the patients' ineffectiveness had not considered commitment and so were surprised that the number — 25 — was so *large*, in mental hospitals. Much depends on point of view.

Another inquiry, from the Lahey Clinic, concerned the incidence of Diabetes Mellitus in our cases. Reviewing the 3,250 autopsies we found that only five patients had come to autopsy who were so diagnosed.

One lengthy paper has gone to press on the occurrence of enostosis of the frontal bones in our autopsied cases. It was found in 230 or 7 percent of our number of 3,250 post-mortems. There seems to be a predilection for this change in elderly women, but what effect it has is hard to say. It might as easily be seen in the cases of any general hospital if heads were examined, but so far no lengthy series has been reviewed. The chemical and histological examination of this tumor-like mass is being carried out to see what leads, if any, there are to correlate with symptoms. This paper will come out in the Archives of Neurology and Psychiatry.

As an example of how important the proper attitude of protection is in medical examiners, an autopsy was ordered on a patient whose husband was litigious. He was going to sue clinics and hospitals for malpractice because his wife had lost the use of her legs. The spinal cord showed advanced subacute combined degeneration (1935.126). A few others may be selected for mention, such as, 1936.10, a case of Schilder's disease (diffuse degeneration of white matter) was found in a boy of 12; 1936.27 — a small tumor blocked the aqueduct and prevented escape of the spinal fluid, causing dilated ventricles; 1936.32, an elderly man fell at a rooming hotel and died later of intracranial hemorrhage; 1936.36, created quite a disturbance, coming in the hospital diagnosed Delirium Tremens, and dying of cerebrospinal meningitis; 1936.40, a patient wrongly diagnosed Paresis, died of a suprasella meningioma; 1936.94, a woman of 47 died from overdose of phenobarbital taken by herself at home. She lived 20 hours and at post-mortem the cerebrospinal fluid was absent. We would like to know what happened and are making inquiries.

Photographs have been taken of the brains of 14 of the cases and are incorporated with the protocols.

The following table shows the routine work of the investigative staff of the Department:

Visits to institutions	229
Autopies in cases of sudden deaths	59
Severe injuries in institutions	574
Less severe injuries	219
Total injuries	793
Publications by state officers	58

TABLE A. — *Casualties arranged by Institutions*

	Males	Females	Patients	Accidents	Injuries
Danvers Hospital	34	44	78	81[1, 2, 8]	88
Foxborough Hospital	31	41	72	75[4, 7]	83
Walter E. Fernald State School	64	12	76	78[3]	80
Worcester Hospital	34	32	66	69[1, 2]	79
Metropolitan Hospital	26	27	53	53	56
Boston Hospital	18	28	46	46	53
Monson Hospital	24	17	41	43[3]	45
Northampton Hospital	14	23	37	37[7]	44
Westborough Hospital	16	24	40	41[1]	42
Veterans' Adm. Facility, Bedford	32	0	32	36[5]	36
Medfield Hospital	11	17	28	29[1, 6]	32
Taunton Hospital	9	17	26	26[7]	28
Wrentham State School	12	12	24	25[1]	28
Belchertown State School	13	8	21	23[3]	24
Gardner Hospital	9	10	19	20[1]	22
Grafton Hospital	12	5	17	18[1]	21
Boston Psychopathic Hospital	4	2	6	6[6]	8
McLean Hospital	0	5	5	6[1]	7
Grove Hall Institute	2	0	2	2	5
State Infirmary, Mental Wards	0	3	3	3	5
Bridgewater State Farm	2	0	2	2	3
Ring Sanatorium and Hospital	0	2	2	2	2
Hospital Cottages for Children	1	0	1	1	1
Veterans' Adm. Facility, Northampton	1	0	1	1	1
Totals	369	329	698	723	793

---

[1] Two accidents to one patient.
[2] Three accidents to one patient.
[3] Two accidents to two patients.
[4] Two accidents to three patients.
[5] Two accidents to four patients.
[6] Two accidents prior to admission.
[7] Four accidents prior to admission.
[8] Thirteen accidents prior to admission.

TABLE B. — *Casualties arranged by Institutions and Severity of Injury*

	Fractures	Dislocations	Gun-shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
Receiving Institutions						
Boston Psychopathic Hospital	4	–	–	1	5	3
Boston Hospital	37	4	–	–	41	12
Danvers Hospital	78	1	–	1	80	8
Northampton Hospital	27	3	–	3	33	11
Taunton Hospital	17	3	–	5	25	3
Westborough Hospital	40	–	–	1	41	1
Worcester Hospital	59	2	–	6	67	12
Institutions chiefly for Transfers						
Grafton Hospital	15	2	–	1	18	3
Medfield Hospital	26	–	1	–	27	5
Gardner Hospital	19	1	–	–	20	2
Foxborough Hospital	36	1	–	2	39	44
State Infirmary, Mental Wards	3	1	–	–	4	1
Metropolitan Hospital	44	2	–	3	49	7
Institutions for the Feeble-Minded						
Walter E. Fernald School	31	–	–	2	33	47
Wrentham School	17	2	–	–	19	9
Belchertown School	14	1	–	2	17	7
Special Public Institutions						
Monson Hospital	36	2	–	2	40	5
Bridgewater State Farm	2	–	–	–	2	1
Veterans' Adm. Facility, Bedford	4	–	–	1	5	31
Veterans' Adm. Facility, Northampton	–	–	–	–	–	1
Special Private Institutions						
McLean Hospital	5	–	–	–	5	2
Hospital Cottages for Children	–	–	–	–	–	1
Grove Hall Institute	3	–	–	–	3	2
Ring Sanatorium and Hospital	–	–	–	1	1	1
	517	25	1	31	574	219

TABLE C. — *Casualites arranged by Manner of Injury*

MANNER OF INJURY	Belchertown State School	Boston State Hospital	Bridgewater State Farm	Danvers State Hospital	Walter E. Fernald State School	Foxborough State Hospital	Gardner State Hospital	Grafton State Hospital	Grove Hall Institute	Hospital Cottages for Children	McLean Hospital	Medfield State Hospital	Metropolitan State Hospital	Monson State Hospital	Northampton State Hospital	Boston Psychopathic Hospital	Ring Sanatorium and Hospital	Mental Wards, State Infirmary	Taunton State Hospital	Vet. Adm. Facility, Bedford	Vet. Adm. Facility, Northampton	Westborough State Hospital	Worcester State Hospital	Wrentham State School
Unknown	–	4	–	14	4	7	–	–	–	–	4	2	6	–	4	2	–	–	1	1	–	5	7	3
Medical Accidents	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	–
Suicidal	–	1	–	5	–	2	–	–	–	–	–	1	1	–	1	2	2	–	1	2	–	–	5	–
Homicidal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Self-mutilation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sex-assault	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Motivated Act	–	–	–	–	–	1	–	–	–	–	–	1	–	–	1	–	–	–	–	1	–	1	1	–
Impulsive Act	4	2	1	4	4	6	–	2	–	–	–	4	7	3	5	–	–	–	2	7	–	2	2	1
Reaction to Hallucination	–	–	–	–	–	2	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–
Psychomotor Excitement	–	2	–	–	–	2	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–
Motor Restlessness	–	–	–	1	–	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paralysis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Arteriosclerotic Seizure	–	–	–	2	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ataxia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Muscular Weakness	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–
Sense Defect	2	–	–	–	–	2	–	1	–	1	–	–	1	–	–	–	–	–	2	1	–	–	–	–
Paretic Seizure	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic Seizure	–	1	–	2	1	6	–	3	–	–	1	–	–	19	–	–	–	–	1	8	1	–	–	1
Epileptiform Seizure	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Seizure of Other Nature	–	2	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1
Habitual Dislocation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Asocial Acts:																								
Of Another Patient	1	5	–	14	7	8	4	3	–	–	–	9	7	1	2	–	–	–	1	2	–	5	10	–
Of Attendant	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–
Scuffle of Patients	1	–	–	2	1	4	–	1	–	–	–	–	2	–	–	–	–	–	–	1	–	1	5	1
Scuffle with Attendant, Male	–	2	–	–	–	1	–	1	–	–	–	–	2	–	1	–	–	–	1	–	–	–	1	–
Scuffle with Attendant, Female	–	2	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Self Defense	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Retaliation	–	2	–	–	1	3	1	1	–	–	–	–	4	2	–	–	–	–	1	2	–	1	4	–
Mayhem	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–
Poisoning	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Occupational:																								
Machinery	–	–	–	–	3	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1
Farming	1	–	–	–	15	1	2	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	1
Other	2	–	–	1	8	1	2	–	–	–	–	2	4	–	3	–	–	–	–	–	–	2	3	2
Unavoidable Natural Causes	10	23	1	36	33	25	6	4	2	–	1	10	19	18	15	1	–	3	15	8	–	24	26	13

PUBLICATIONS

ALEXANDER, LEO; MYERSON, ABRAHAM and GOLDMAN, DAVID — The mineral content in cerebral lesions as demonstrated by the micro-incineration method. (Abstract) Arch. of Neurol. and Psychiat. 36, 3: 651-653, Sept., 1936.

ALLEN, ANNA M. — A Review of the Cardiac Deaths in 1,245 Medical Examiners' Cases that have come to Autopsy in the Massachusetts State Hospitals for Mental Diseases. Reprinted from The New England Journal of Medicine, Vol. 214, No. 11, pp. 533-534, March 12, 1936.

ANGYAL, ANDRAS — The Experience of the Body-self in Schizophrenia. Arch. Neur. & Psychiat. *35*: 1029, May, 1936.

ANGYAL, ANDRAS — Phenomena resembling Lilliputian Hallucinations in Schizophrenia. Arch. Neur. & Psychiat. *36*: 34, July, 1936.

BARRETT, JOSEPH E. and OVERHOLSER, WINFRED — Compiling Case Records in Mental Hospitals. The Modern Hospital. Nov. 1936, Vol. 47, No. 5, pp. 63-68.

BIXLER, ELIZABETH S. — A Forerunner of Psychiatric Nursing. Joan-Baptiste Pussin (1746-18?). An. Med. Hist., U.S. *8*:518, Nov., 1936.

BONNER, C. A. and TAYLOR, LOIS E. — Traumatic Psychosis — A Study of Fifty Committed Cases. Am. Jour. Psychiatry, Vol. 92, No. 4, January 1936.

BONNER, C. A. and KENT, GRACE H. — Overlapping Symptoms in Catatonic Excitement and Manic Excitement. Am. Jour. Psychiatry, Vol. 92, No. 6, May, 1936.

BRYAN, WM.A. — Relationship of Psychiatry to Medicine. New England Jour. Med., *215*: 693, October, 1936.

CALDWELL, OLIVE M. and WATKINS, GERTRUDE — The Treatment Relationship in a Program of Occupational Therapy. Occup. Ther. & Rehab. *15*: 31, Feb., 1936.

COHEN, L. H. and LINDLEY, S. B. — The Relationship of Muscle Tonus Changes To Vibratory Sensibility. (In Psychological Studies of Human Variability in Honor of Professor Raymond Dodge, edited by Walter Miles.) Psychol. Monog. *47*: No. 212, 83, 1936.

COHEN, L. H. — Speech Perseveration and Astasia-Abasia following Carbon Monoxide Intoxication. Jour. Neur. & Psychopath. *17:* 41, July, 1936.

CROCKETT, HELEN M. — The Therapy of Parental Attitudes. Bull. Mass. Dept. Ment. Dis. *18:* No. 3–4, p. 32 Oct., 1934 (published 1936).

DARRAH, L. W. — Congenital Absence of the Vermiform Appendix in a Patient with Mental Disease. N. E. Jour. of Med., Vol. 214, pp. 776-779, April 16, 1936.

DAYTON, N. A. — Marriage and Mental Disease New England Jour. Med. 125: 153-155, July 23, 1936.

DAYTON, N. A. and GUTHRIE, RILEY H. — The Incidence of the Alcholic Psychoses in Massachusetts, 1917-1935. Read before the Boston Society of Neur. and Psychiat. November 19, 1936.

EPSTEIN, S. H.; SOLOMON, H. C. and KOPP, ISRAEL. — Dementia Paralytica: Results of Treatment with Diathermy Fever. Jour. of Am. Med. Assoc., 106, 1527–1533, May 2, 1936.

EPSTEIN, S. H. — Medical and Surgical Aspects of Charcot Joints. Am. Jour. of Syphilis, Gonorrhea and Venereal Disease, 20, 281, May 1936.

FERTIG, J. W. — The Use of Interaction in the Removal of Correlated Variation. Biometric Bulletin *1:* 1, June, 1936.

FERTIG, J. W. — On a Method of Testing the Hypothesis that an Observed Sample of n Variables and of Size N has been Drawn from a Specified Population of the Same Number of Variables. Annals of Mathematical Statistics *7:* 113, Sept., 1936.

FINNI, J. N. and GOTTLIEB, J. S. — A Report on Excessive Dental Calculi Formation. Dental Cosmos. *77:* 1173, Dec., 1935.

FREEMAN, WILLIAM — Bone Marrow Studies in Glandular Fever (Infectious Mononucleosis).

GOTTLIEB, J. S. — Relationship of the Systolic to the Diastolic Blood Pressure in Schizophrenia: The Effect of Environmental Temperature. Arch. Neur. & Psychiat. *35*. 1256, June, 1936.

Guthrie, Riley H. and Dayton, N. A. — The Incidence of the Alcoholic Psychoses in Massachusetts, 1917–1935. Read before the Boston Society of Neur. and Psychiat., November 19, 1936.

Hoagland, H. — Pacemakers of Human Brain Waves in Normals and in General Paretics. Am. Jour. Physiol. *116:* 604, August, 1936.

Hoskins, R. G. — An Endocrine Approach to Psychodynamics. Psychoanalytic Quarterly. *5:* 87, Jan., 1936.

Hoskins, R. G. and Gottlieb, J. S. — Is the Pressor Effect of Glycerin Extract of Adrenal Glands due to Epinephrine? Endocrinology *20:* 188, March 1936.

Hoskins, R. G. — Physiological Factors in Personality. Occupations, The Vocational Guidance Magazine. Sec. 1 May, 1936.

Hoskins, R. G. — Endocrine Factors in Behavior. Journal–Lancet *56:* 249, May, 1936.

Hoskins, R. G. and Freeman, H. — Weight Changes Following the Use of Glycerin Extract of Adrenal Cortex. Endocrinology *20*:565, July, 1936.

Hunt, J. McVicker — Psychological Government and the High Variability of Schizophrenic Patients. Am. Jour. Psych. *48:* 64, Jan., 1936.

Jellinek, E. M. and Fertig, J. W. — A Method of the Estimation of Average Heart Rates from Cardiochronographical Records. Jour. of Psych. *1:* 193, Feb., 1936.

Jellinek, E. M. — Measurements of the Consistency of Fasting Oxygen Consumption Rates in Schizophrenic Patients and Normal Controls. Biometric Bulletin *1:* 15, June, 1936.

Kahn, Eugen; Thompson, L. J. and Cohen, L. H. — Psychopathic Personalities. Practitioner's Library of Medicine and Surgery, Vol. IX: Chapt. III, pp. 57–104, D. Appleton–Century Co., 1936.

Kahn, Eugen and Cohen, L. H. — Schizophrenia. Ibid. Chapt. XLVI. pp. 1145–1192, 1936.

Kahn, Eugen and Cohen, L. H. — The Way of Experiencing as a Psychiatric Concept. Ibid. Psychol. Monog. *47:* 212, 381, 1936.

Kalkman, Marion E. — What the Nurse Should Know about a Neurological Examination. Am. Jour. Nurs. *36:* 1,085, Nov., 1936.

Kopp, Israel — The Velocity of the Blood Flow in Therapeutic Hyperpyrexia. Am. Heart Journ., 11, 475, April, 1936.

Kopp, Israel — The Arm-to-Carotid Circulation Time in Prolonged Therapeutic Fever. Am. Heart Journ., 11, 667, June, 1936.

Krinsky, C. M. and Gottlieb, J. S. — Peripheral Venous Blood Pressure in Schizophrenic and in Normal Subjects. Arch. Neur. and Psychiatry. *35:* 304, February, 1936.

Linder, F. E. and Leary, M. V. — A Method Facilitating the Application of the "Chi Squared" Test to Certain Problems Arising in Social Psychology. Jour. Soc. Psych. *7:* 363, August, 1936.

Loman, Julius and Myerson, Abraham — Studies in the dynamics of the human cranio-vertebral cavity. Am. J. of Psychiat., 92, 4: 791–815, Jan. 1936.

Loman, Julius and Myerson, Abraham — Visualization of the cerebral vessels by direct intracarotid injection of thorium dioxide (thorotrast). Am. J. of Roent. and Radium Therapy, 35, 2:188–193, Feb., 1936.

Loman, Julius; Dameshek, William; Myerson, Abraham and Goldman, David — Effect of alterations in posture on the intra-arterial blood pressure in man. I. Pressure in the carotid, brachial and femoral arteries in normal subjects. II. Pressure in the carotid artery in arteriosclerosis, during syncope and after the use of vasodilator drugs. Arch. of Neurol. and Psychiat., 35, 6: 1,216–1,232, June, 1936.

Looney, Joseph M. and Darnell, Matthew C. — The Blood Pressure-Raising Principle of Adrenal Cortex Extracts. Journal Biol. Chem., Proc. Am. Soc. Biol. Chem. 114: lx ii May, 1936.

Marshall, H. K. — The Place of Colon Therapy in the Mentally Ill. Medical Record July 1, 1936.

McManamy, M. C. and Schube, P. G. — Caffein intoxication: report of a case the symptoms of which amounted to a psychosis. N. E. Journ. of Med. *215:* 616–620, October, 1936.

Miller, Wilbur R. — Psychogenic Factors in the Polyuria of Schizophrenia. Journ. Nerv. & Ment. Dis. *84:* 418, Oct., 1936.

Moxness, B. A. — A Clinical and Radiological Study of Associated Cardiovascular Disease in General Paralysis. Medical Bulletin, October, 1936.

Myerson, Abraham — Relation of trauma to mental diseases. Am. J. of Psychiat., 92, 5:1,031–1,038, Mar., 1936.

Myerson, Abraham and Ritvo, Max — Benzedrine sulfate and its value in spasm of the gastro-intestinal tract. J.A.M.A., 107, 1:24–26, July 4, 1936.

Myerson, Abraham; Loman, Julius and Dameshek, William — Physiologic effects of benzedrine and its relationship to other drugs affecting the autonomic nervous system. Am. J. Med. Sci., 192, 4:560–574, Oct., 1936.

Myerson, Abraham — Neuroses and neuropsychoses. The relationship of symptom groups. Am. J. of Psychiat., 93, 2:263–301, Sept., 1936.

Myerson, Abraham; Ayer, James B.; Putnam, Tracy J., Keeler, Clyde B. and Alexander, Leo — Eugenical Sterilization. A Reorientation of the Problem. (The Committee of the American Neurological Association for the Investigation of Sterlization.) The Macmillan Co., New York, October, 1936.

Myerson, Abraham — Chapter I. Psychopathology. Chapter II. Conflicts and Maladjustments Within the Normal Range, in "The Practitioners Library of Medicine and Surgery" edited by George Blumer, D. Appleton-Century Co., New York, 1936.

Myerson, A. — Error in Psychiatry. (Chapter XIII) in "The Story of Human Error" edited by Joseph Jastrow, D. Appleton-Century Co., New York, 1936.

Myerson, Abraham — Effect of benezdrine sulfate on mood and fatiuge in normal and in neurotic persons. Arch. of Neurol. and Psychiat., 36, 4:816–822, Oct., 1936.

Osgood, W. B. and Trapp, C. E. — A Study of Four Hundred Juvenile Delinquents. N. E. Journ. of Med., *215*: 623–626, October, 1936.

Overholser, Winfred — ADDRESS, Delivered before Members of the Supreme Council, 33°, A.A.S.R., N.M.J., in open Committee Session, at Atlantic City, New Jersey, on September 22, 1936. Proceedings of the Supreme Council, 33°, Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction, 1936, pp. 67–75.

Overholser, Winfred — The Place of Psychiatry in the Criminal Law. Boston University Law Review, Vol. XVI, No. 2, pp. 322–344, April 1936; and in The Psychiatric Quarterly, Vol. 10, No. 2, April 1936, pp. 197–223.

Overholser, Winfred and Barrett, Joseph E. — Compiling Case Records in Mental Hospitals. The Modern Hospital. Nov. 1936, Vol. 47, No. 5, pp. 63–68.

Rosenzweig, Saul — Some Implicit Common Factors in Diverse Methods of Psychotherapy. Am. Journ. Orthopsychiat. *6:* 412, July, 1936.

Rothschild, D. and Kasanin, J. — Clinicopathologic Study of Alzheimer's Disease — Relationship to Senile Conditions. Arch. Neur. and Psychiatry — Vol. 36, p. 293, August, 1936.

Rothschild, D. and Sharp, M. L. — Frequency of Active Tuberculosis in a Hospital for Mental Diseases — With Special Reference to Schizophrenia. N. E. Journ. of Med., Vol. 214, p. 929, May 7, 1936.

Schube, P. G. — Relationship between the cerebrospinal fluid sugar and blood sugar in untreated neurosyphilis. Am. Journ. Psychiat., 93: 139–153, July 1936.

Schube, P. G. — A study of the use of coramine in dealing with the effects of barbituric acid derivatives. N. E. Journ. of Med., *214:* 926–929, May, 1936.

Schube, P. G. — The colon in mental disease. I. Dementia Praecox. Am. J. Digest. Diseases and nutrition, *3:* 528–533, October, 1936.

Shakow, D. and Huston, P. E. — Studies of Motor Function in Schizophrenia. I. Speed of tapping. Journ. Gen. Psychol. *15:* 63, July, 1936.

Sleeper, F. H. and Jellinek, E. M. — A Comparative Physiologic, Psychologic and Psychiatric Study of Polyuric and Non-Polyuric Schizophrenic Patients. Journ. Nerv. & Ment. Dis. *83:* 557, May, 1936.

Solomon, H. C. and Epstein, S. H. — General Paresis; Treatment by Tryparsamide Induced Fever Sequence. Am. Journ. of Syphilis, Gonorrhea and Venereal Diseases, 20, 3, 281–296, May, 1936.

Thomas, J. M. — Progress in Psychiatry for 1935. N. E. Journ. of Med., 214, 26, 1,309–1,313, June 25, 1936.

Trapp, C. E. — Notes on the psychiatrical knowledge of the classical era. Med. Rec., 144: 325–326, October, 1936.

Wells, F. L. — Psychology in Medical Education. Arch. of Neur. and Psychiat., 35: 631–638, 1936.

Wells, F. L. and Card, M. S. — Vocal Symbol Formation as a Function of Reading Ability. Journal of Genetic Psychol., 48: 149–176, 1936.

Wells, F. L. — Orbweavers' Differential Responses to a Tuning Fork. Psyche. 43: 10–13, 1936.

Wells, F. L. and Hylan, N. W. — Psychometric Practice in Adults of Superior Intelligence. Am. Journ. of Orthopsychiatry, 6, 362–375, 1936.

Respectfully submitted,
Myrtelle M. Canavan, M. D.,
Pathologist.

REPORT OF THE DIVISION OF SOCIAL SERVICE

To the Commissioner of the Department of Mental Diseases:

Although developments in the Social Service Division connected with the Department of Mental Diseases have not been extensive during the past few years because of economic conditions, it has been fairly successful in maintaining wholesome standards and in attempting some new work on a small scale. In reality the so-called "new work" is probably an outgrowth of regular social service functions connected with out-patient and mental hygiene clinics conducted by certain state hospitals.

There appears to be a growing interest on the part of various social agencies in mental hygiene activities, leading one to believe that a definite need exists for more extensive psychiatric service outside the institutions. Effective clinic service demands a fairly adequate clinic personnel particularly if individual patients are to receive satisfying social consideration of their cases. Because of the pressure of hospital duties, the mental hygiene clinic social worker is obliged to curtail her activities and limit her time for clinic social case work. This situation constitutes a real handicap to a type of service that is necessary in the promotion of mental health of clinic patients. Community agencies, on the whole, are cooperative and helpful but they are not equipped for this special type of social work that requires skill in dealing with social problems of a psychiatric nature. It is also felt by some agencies that clinics established by the state should be equipped by the same for any kind of health measure that requires special skill.

Reference has been made to some "new work" that appears to be an outgrowth of some of the state hospitals, mental hygiene or child guidance clinic work. A comparatively new development is noted in the gradually increasing interest in psychiatric clinics on the part of juvenile court judges. This is particularly true in regard to the Medfield State Hospital Clinic that is used by the judge of the local juvenile court in one of the larger cities of the state. Several other hospitals are interested in similar work thereby rendering a very real service that is probably not otherwise available.

The recognition by the courts of the value of child guidance clinics in dealing with juvenile offenders is not only interesting, it is challenging. Requests for psychiatric social assistance in matters pertaining to social adjustments of young offenders should receive skilled service from our clinics. However, here again we are confronted with the problem of inadequate social service clinic personnel that is able to give but very limited time and attention to important work. Perhaps in no field is there a greater need for constructive psychiatric social work than in the field of delinquency, particularly juvenile delinquency.

In previous reports frequent reference has been made to the supervision work of our state hospitals. The original purpose of social work in institutions was directly related to the need of supervision of out-patients and was doubtless the chief reason for its establishment. It was hoped that by means of social service earlier discharges of patients with supervision would be of considerable value from economic, therapeutic and humane viewpoints. This type of service is just as fundamentally sound today as it was years ago when it first received consideration although it seems not to have developed as extensively as one might expect or desire. There are doubtless many reasons for this situation, chief among them being, perhaps, the diversified duties of the social worker. In addition to the regular functions of the social service, many miscellaneous duties are assigned and are doubtless considered necessary from an administrative viewpoint. While many of these additional duties may be more or less necessary or desirable, one wonders if such services should be given at the expense of social supervision in its various phases. There appears to be no real reason why all these needs should not be met in a fairly efficient manner. It seems quite obvious that supervision work aims toward a special goal, viz., community care and responsibility of certain mental patients.

In the Division of Mental Deficiency, three social workers are engaged in community supervision of committed and non-committed (voluntary) persons who have been adjudged mentally deficient and in need of supervision. Although this work is at present conducted on a very small scale, there are great potentialities contained in the general plan. There appears to be ample reason to believe that an extension of this work might go far in solving some of the problems of the unadjusted or maladjusted mentally deficient person in the community. In view of the fact that state schools are overcrowded and that long waiting lists for admission exist it would appear that a well-organized state plan for community supervision would be the most logical move to make at this time from a social viewpoint. Here again, the community would assume partial responsibility for its unfortunate citizens.

Conference Work. In order to secure a fair degree of uniformity in social service throughout the institutions and divisions connected with the department, the conference method has been used for many years and has proven its worth in the type of service that may be secured from any institution in the state. Informal conferences are held with social workers who feel the need of guidance or assistance in matters pertaining to social work procedures, policies, ethics, community relationships, student training and related matters. Formal conferences are held monthly with state hospital social workers; bi-monthly meetings with state school social workers and weekly conferences with social workers of Mental Deficiency Division whose social work is under the immediate direction of the Social Service Office. Occasionally a general conference of all the social workers in the service is held usually with a speaker or lecturer. For many years general conferences were held monthly but since 1932, they have been held irregularly for financial reasons. The conference program for the year was as follows:

December 1935: Presentation of a dementia praecox case by Miss Esther C. Cook — Boston Psychopathic Hospital with a view to stating the methods used in the social treatment of the case.

January 1936: Three questions presented by Miss Mary Killam Metropolitan State Hospital — used as a basis for discussion of certain underlying principles or policies of psychiatric social work in the state hospital.

March 1936: General Conference — Dr. Winfred Overholser, Commissioner of the Department, addressed group.

April 1936: General Discussion. Case Work Procedures.

November 1936: "Social Service Personnel Needs of our State Hospitals." Address by Dr. Joseph Barrett, Assistant Commissioner.

In connection with the educational work of the social service, student training has been a definite activity since 1918. Students from the Schools of Social Work connected with Smith College, Boston University and Simmons College are assigned by the schools to certain state hospital social service departments that are equipped for student training. Three students from Boston University were placed with the Division of Mental Hygiene in October 1935 and remained until June 1936. For several years, the Department of Mental Diseases has conducted a student training course in psychiatric social work, students being placed through the department for nine months' periods in selected training centers in hospitals. The original purpose of this course was intended to meet an emergency need that existed in state hospitals for trained social workers, the schools of social work being unable to supply the demand for institution social workers. The emergency for which this work was established no longer exists although the service has been, in the main, beneficial to students and to institutions.

As there are now four schools of social work in Massachusetts that wish to use our training centers for their students, it was decided early in the summer of 1936 to confine student training in institutions to students who are connected with the four schools of social work: Smith College, Boston University, Boston College and Simmons College.

The distribution of social service students for 1935 and 1936 is as follows:

Distribution of all students for the year:

Hospital	*D. M. D.*	*Smith College*	*Simmons College*	*Boston University*	
Boston Psychopathic	–	2	–	1	
Boston State Hospital	3	–	–	–	
Danvers State Hospital	2	–	–	–	
Foxborough State Hospital	3	–	–	–	
Grafton State Hospital	1	–	–	–	
Medfield State Hospital	2	–	–	–	
Metropolitan State Hospital	2	–	–	–	
Worcester State Hospital	–	3	1	–	
Worcester Child Guidance Clinic	–	2	–	–	
Division of Mental Hygiene	–	–	–	3	
Totals	13	7	1	4	— 25

Personnel — Social Service Division, November 30, 1936

INSTITUTIONS AND DIVISIONS	*Paid Social Workers*	*Student Social Workers*	*Resignations*	*Vacancies*
State Hospitals:				
Boston Psychopathic Hospital	6	3	–	–
Boston State Hospital	4	3	–	–
Danvers State Hospital	4	2	–	–
Foxborough State Hospital	2	3	–	–
Gardner State Hospital	2	–	1	–
Grafton State Hospital	1	1	–	–
Medfield State Hospital	2	2	–	–
Metropolitan State Hospital	2	2	–	–
Monson State Hospital	2	–	1	–
Northampton State Hospital	2	–	–	–
Taunton State Hospital	3	–	–	–
Westborough State Hospital	3	–	–	–
Worcester State Hospital	4	4	–	–
State Schools				
Belchertown State School	3	–	–	–
Walter E. Fernald State School	3	–	–	–
Wrentham State School	2	–	–	–
Total in institutions	45	20	2	–
Divisions:				
Division of Mental Deficiency	3	–	–	–
Division of Mental Hygiene	6	3	–	–
Total in divisions	9	3	–	–
Grand Total	54	23	2	0

NOTE: — Although no vacancies existed at the close of the year, the following transfers have been made: one social worker from Medfield to Danvers; one social worker from the Boston State Hospital to the Division of Mental Deficiency and one provisional appointment at the Gardner State Hospital to fill the vacancy caused by the resignation of the senior social worker.

In summing up the outstanding features of the year's work in the Social Service Division, one is impressed with the excellency of the service of institution and division social workers in spite of difficulties and handicaps attendant upon a multiplicity of duties and pressure of work, both in institution and community. One regrets that a certain degree of incompleteness or superficiality in case work must be inevitable under existing conditions.

It is hoped that the new work connected with some of our juvenile courts may develop gradually and effectively. Inasmuch as the initiative comes from the court, it is felt that the request contains a real challenge for practical social work with young offenders who present social problems of a psychiatric nature. In so far as known, there are no other available resources of this kind outside the larger cities.

The department student training course has apparently fulfilled the purpose for which it was established in meeting the emergency needs for institution social workers. There appears to be no adequate reason for continuing the course beyond the close of the student year which ends in June 1937. The schools of social work will doubtless need all the available training centers in our state hospitals for their students for 1937 and 1938. This arrangement will confine all the student training to those who are connected with regular schools of social work.

For the coming year, it is hoped that the social service personnel will be sufficiently increased in institutions that are extending psychiatric service into the community. This is considered to be an outstanding need in certain institutions and in the Division of Mental Hygiene.

In closing this year's report, it is a pleasure to acknowledge the support and assistance that have been so generously given by department and state hospital officials. Appreciation of this service is hereby expressed.

The fine spirit of team work on the part of the entire Social Service Department is matched only by their loyalty and enthusiasm for the social welfare of the patients who are entrusted to them for the special service which they are equipped to render.

Respectfully submitted,
Hannah Curtis,
Director of Social Service.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:

The year 1936 brings to a close the thirteenth year of the Program of the Division of Mental Hygiene and a review of the activities of the past year, as well as those of all preceding years, presents evidence of steady and active growth, both as regards the scope and the quality of the service rendered. The program in its general outline does not differ greatly from that of the previous year in that its main objectives have been clinical, educational and research, all tending to contribute something worth while to our understanding of mental disease.

The progress of the clinical activities within the Division of Mental Hygiene presents an interesting and encouraging picture in review of their achievements. At the time the clinics were first organized, Massachusetts was unique in this particular development of preventive work. There were no established procedures nor trained personnel available for undertaking the task, few if any standardized techniques had been devised for dealing with the problem with which we were confronted; in short, a challenge had been presented with no previously known method of attack. It was therefore necessary for the Division to proceed to develop its own techniques and methods, and train its own personnel (as well as train personnel for similar work that was later to be inaugurated in other states). The state has finally created for itself an enviable position in the field of mental hygiene and its leadership is recognized by the requests received from other states who propose to follow in the organization of similar work.

Obviously, progress in such a fertile and unexplored field has had, of necessity, to be gradual and guarded. Only by such conservative advance has it been possible to construct a solid foundation of accomplishment. Having built up such a foundation, it is now possible to evaluate and classify material and procedures, in order to discriminate between the methods which are profitable and practical and those which are not, to determine the worthwhile goals and to mobilize the most efficient and expedient methods by which these goals can be attained. The relationship between early behavior difficulties of children and later nervous disorders and delinquency is a recognized fact, and carefully tested procedures are being utilized in the diagnosis and treatment of these incipient behavior problems. Treatment has been emphasized more in its qualitative, than its quantative, aspects, and only those forms of treatment have been employed which, through research and experience, have been found to be practical and efficient. The Division, while it has been keenly interested in and has followed carefully all the current forms of therapy, has utilized only those methods and concepts which have been found to be practicable in dealing with fairly large groups of cases with a reasonable expenditure of money.

During the past year, there has been no increase in the number of clinics, although there continue to be frequent requests for the establishment of units in sections of the State not yet receiving the service. Particularly in the western part of the state and on the Cape are the needs urgent. The budget, however, has not permitted expansion of the program in this direction. A measure of the demand for greater clinical resources may be found in the fact that as our clinic staffs are increased or extra days added in certain sections of the state, the clinic continues to be inadequate to satisfactorily meet the requests of the large number of cases referred.

While the organization and general procedure are fundamentally the same in all the clinics, there are, however, several interesting differences in the individual setups; these differences being determined, to some extent, by the location and the communities which the clinic serves. An illustration of this point may best be seen in a comparison between those clinics operating as an essential part of a hospital program, and those functioning in a community where they have a close cooperation with the school system.

The clinics at the New England Medical Center and the New England Hospital for Women and Children differ somewhat from other clinics both as regards their mode of procedure, as well as in the matter of physical set-up. In both of these units, the clinics function as an integral part of a children's medical service, where a mental appraisal of the child is obtained, hand-in-hand with the physical investigation. In this way, many children are seen whose parents would be loath to consult a psychiatrist in a segregated mental clinic. These parents readily cooperate, however, when they find the clinic as a part of a general hospital organization. The close relationship of physical and psychological difficulties is clearly demonstrated under such conditions and there is no line of demarcation either in the minds of the parents or the physicians, as to what is mental and what is physical and a nicely coordinated plan for treatment of the child's difficulties is instituted. The interrelated activity between our clinics and a children's medical service has manifold advantages, not only for the patient, but for the physicians themselves. Frequent conferences with the pediatricians provide an opportunity for education in the principles of both mental hygiene and pediatrics and give a fuller appreciation of the varied aspects of the case to both groups. It is now generally conceded by many of the directors of the pediatric clinics that regular pediatric service should be supplemented by psychiatric aid, not only for the purposes of diagnoses, but for treatment also, particularly in those cases where the child's physical complaint could not be explained by the facts elicited in the physical examination and laboratory tests. The treatment of physical and mental problems must be coordinated in any plan which will successfully meet the needs of the child as a whole.

The staff, in addition to conducting clinics in these hospitals, have also given generously of their time to consultations in the wards. The clinics within the hospitals, besides giving a specialized type of service to the patient, also participate in a teaching program designed for medical students, graduate nurses and social workers.

The clinics have represented a real force in the educational systems as witnessed by the fact that the schools are incorporating mental hygiene principles into their methods of teaching. As a result of mental hygiene education, many teachers have shifted their emphasis from subject matter to an interest in the child. One writer has said, "The teacher has become 'child conscious' rather than 'curriculum conscious'." Character, personality, and social development, which were formerly considered as being outside the field of education, today hold an important place in educational objectives. Their increasing realization of their responsibility in the matter of broader education of the whole child, in order to adequately prepare him for a successful adjustment to later life, has directed their attention to the value of the mental hygiene clinics as an aid in achieving the desired results. They are more and more appreciating that the child's needs extend beyond academic instruction and realize that they must include not only instruction in the more formal school subjects, but also observation and direction of personality and behavior deviations. It is in such matters as these that the clinics have served as a source of real assistance to the schools.

The introduction of mental hygiene teaching and psychiatric techniques in an educational program, not only modifies or corrects behavior problems manifest at the moment, but also contributes substantially to the possibility of the child's making a better adjustment to life in the future. It is hoped that such mental hygiene assistance as can be given to teachers will enable them to understand more about the child and that the causes of the problems presented may become better understood and constructive cooperative guidance can be given to each child according to his needs and capacities.

One of the tasks confronting teachers of the primary grades is that of estimating the capabilities of the child on entering the school, so that a curriculum may be arranged to best serve his individual needs, and also that he may be assisted in his progress toward scholastic achievements and a well-rounded out maturity. In many communities, the clinics have examined selected children before their entrance to school to determine the most satisfactory grade placement.

Another interesting and indeed beneficial service rendered by the clinics to the schools has been that which treats various educational handicaps in the form of reading disabilities and related difficulties, so frequently met with in children of the primary grades. There is a recognized relationship between behavior problems, personality defects and reading disabilities, a situation where the clinics have aided in no small measure through the special resources which it has secured from the cooperation of the Boston University Graduate School of Education. Four remedial teachers working on a volunteer basis have been provided during the past year without cost to the state. These specially trained workers have participated in the treatment programs of these particular cases, and the results have been most gratifying. This special type of service was first inaugurated as a part of a mental hygiene clinic program by the Division and has since been adapted by other psychiatric clinics who now accept it as a much needed and fundamental phase of a child guidance clinic.

Educational activities have continued to hold a prominent place in the program of the Division and have manifested a real widening of scope. The staff has cooperated in statewide programs in conjunction with the Department of Education, Department of Health, Massachusetts Child Council, Massachusetts Society for Mental Hygiene, Massachusetts Parent-Teacher Association, and other allied organizations.

Education in mental hygiene procedures has been extended to medical students, students in the field of social service, as well as teachers, all of whom have spent a prescribed period of time with the Division. In addition to this, the educational aspects of our program have continued in the direction of general community education, awakening the community to its responsibility toward the mental health of the child.

Throughout the year, conferences have been held with schools and social agencies to discuss either individual problems or the more general mental problems arising in their respective fields. By means of these conferences, progress has been made toward a smooth integrated functioning between the clinics and other agencies in the community. One of the most convincing measurements of the value of a mental hygiene clinic is the extent to which it is used in the study and treatment of cases by these agencies.

The continued monthly conferences with the schools in some of the communities where the clinics operate have served a twofold purpose; namely, a more comprehensive understanding by the school regarding the nature of the child's difficulty through the knowledge given them of the psychological aspects of the problem, and a broader understanding of the aims and purposes of the field of mental hygiene. More than this, it has provided the clinic staff with a clearer appreciation of the school environment in all its implications, and has given them a perspective that might not have been otherwise achieved; that is, through a more routine and formal approach.

Throughout the year, there have been weekly staff conferences held within the Division and attended by the entire staff. It is planned, in addition to discussing the individual cases, to consider newly developed concepts and methods of treatment, as well as to discuss outside projects which may relate to the work in the Division. Recognized leaders in different fields have contributed to make this possible. Presentation of this sort not only contributes indirectly to treatment of the children, but also serves its purpose in our program of education.

In addition to the weekly conferences participated in by the whole staff, there have also been conferences between staff members of a clinical unit. Such a procedure facilitates complete review of case material, as well as stimulating thorough and painstaking investigation to which each member makes his own particular contribution.

Keeping in mind the fact that treatment of the individual child has been one of the important objectives in the clinics' perspective, one should mention that it has been a source of satisfaction to realize that, although a greater number of cases were seen with no increase in staff, we have been able to maintain a high therapeutic standard through the year.

The following tables show the case load that has been carried by the clinics operating under the direction of the Division of Mental Hygiene, the sources from which cases are referred, the type of service rendered, the growth and development of the clinics during the past five years, and information that would be of interest to other organizations doing a similar type of work.

Table No. 1 shows that the total number of cases given service by the clinic staff was 1,042. Of this number, 94 were old cases carried over from the previous year, who did not return to clinic, but were carried by Social Service until they were closed. The balance of 948 children attended some clinic once, or many times. In all, 3,759 visits were made to clinics by these children. New cases attending clinic were 666, an increase over the previous year. There were 282 cases served in previous years who returned for further examination or treatment. Clinics are held weekly in each centre with the exception of that at the North Reading Sanatarium, which is held once a month. In all, there were 421 clinic sessions.

TABLE NO. 1. *Habit Clincs — Total Case Load Showing Number of New and Old Cases Attending Clinic, Number of Visits made by Children to Clinic, and Number of Clinic Sessions*
December 1, 1935 to November 30, 1936

	Case Load	Number of Children Attending Clinic	New Cases Attending Clinic	Old Cases Attending Clinic	Visits to Clinic by Children	Number of Clinic Sessions
Total	1,042*	948	666	282	3,759	421
Boston Dispensary	167	157	124	33	457	91
Lawrence	148	144	96	48	724	47
Lowell	94	84	58	26	271	43
New England Hospital	119	107	79	28	375	47
North Reading	32	22	19	3	30	7
Norwood	74	64	54	10	274	47
Quincy	214	191	129	62	763	47
Reading	57	50	29	21	213	48
West End	137	129	78	51	652	44

*The first column includes 94 old cases in which supervision was maintained by Social Service without further visits to clinic.

The Habit Clinics are especially designed to serve young children as it is felt that adjustments of habit and personality problems are more easily made in the pre-school period. Table No. 2 shows, however, that the demand is greater for aid with children of grammar school age than for those of pre-school age, as 75% were of school age and only 25% of pre-school age. There may be several reasons for this. It is probable that in the pre-school period difficulties are not considered of sufficient importance to seek outside aid. Another factor is that many problems do not arise until a child enters the broader environment of school life. Still another explanation is that school authorities know what service the Habit Clinics have to offer and refer parents to the clinics for help with the problems of their children.

Table No. 2. *Habit Clinics — Number and Percentage of Children Served Classified as of Pre-School and School Age*
December 1, 1935 to November 30, 1936

	Total	Pre-School Age	School Age
Boston Dispensary	167	49	118
Lawrence	148	24	124
Lowell	94	20	74
New England Hospital	119	44	75
North Reading	32	2	30
Norwood	74	13	61
Quincy	214	65	149
Reading	57	8	49
West End	137	39	98
Total Number of Cases	1,042	264	778
Percentage of Total	100%	25%	75%

The part played in this way by the school is seen in Tables 3 and 4, which show the sources of the 666 new cases referred to the clinics. Table No. 3 shows the number of cases referred by each source, and Table No. 4 shows the percentage of the total. Schools as a source of referral were 31% of the total number referred and were second only to Health Agencies, which totaled 35%. It is not surprising that the two largest sources of referral were health agencies and the schools, as six of the clinics are held in hospitals, one in a health unit, and two in school buildings.

The third largest source of new cases was Relatives and Friends, who learned of the clinics through parents of children who had been helped by the clinics or through inquiring from some agency or individual about resources for this type of service. Children's Agencies and private physicians totaled 5% each as a source of referral. Community Education refers to those cases which came as a direct result of parents learning of the Habit Clinics through articles in newspapers or through talks and lectures given on mental hygiene and child training.

The work of community education has been carried on by members of the staff and by the Massachusetts Society for Mental Hygiene and the State Department of Education. Newspapers have cooperated generously also.

Table No. 3. *Habit Clinics — Sources of New Cases*
December 1, 1935 to November 30, 1936

	Total New Cases	Health	School	Friends and Relatives	Children's Agencies	Physicians	Community Education	Family Agencies	Clinic Staff	Settlements	Churches	Court
All Clinics	666	232	205	98	35	38	20	24	5	7	1	1
Boston Dispensary	124	110	3	5	–	–	1	4	–	–	–	1
Lawrence	96	2	64	9	8	13	–	–	–	–	–	–
Lowell	58	10	8	3	14	6	14	1	–	2	–	–
New England Hospital	79	43	10	12	6	–	–	8	–	–	–	–
North Reading	19	19	–	–	–	–	–	–	–	–	–	–
Norwood	54	–	32	14	1	3	1	2	1	–	–	–
Quincy	129	13	55	38	–	14	3	3	2	–	1	–
Reading	29	2	19	5	2	1	–	–	–	–	–	–
West End	78	33	14	12	4	1	1	6	2	5	–	–

Table No. 4. *Habit Clinics — Sources of New Cases by Percentage*
December 1, 1935 to November 30, 1936

Health Agencies	35%	Family Agencies	4%
Schools	31%	Clinic Staff	8%
Relatives and Friends	15%	Settlements	1%
Children's Agencies	5%	Churches	1%
Physicians	5%	Court	1%
Community Education	3%		
Total	100%		

Table No. 5 indicates that 672 boys and 370 girls were seen. The percentage of 64% male and 36% female has remained about the same for several years. Both at home and school, boys seem to be considered more difficult problems than girls.

Table No. 5. *Habit Clinics — Number and Percentage of Children Served, Classified According to Sex*
December 1, 1935 to November 30, 1936

	Total	Male	Female
Boston Dispensary	167	104	63
Lawrence	148	99	49
Lowell	94	62	32
New England Hospital	119	66	53
North Reading	32	22	10
Norwood	74	45	29
Quincy	214	142	72
Reading	57	37	20
West End	137	95	42
Total number of cases	1,042	672	370
Percentage of Totals	100%	64%	36%

Table No. 6 shows the total case load of 1,042 and the number and percentage of cases receiving different types of service. On a first visit to clinic it is not always possible to determine what type of service is suitable, so some cases remain temporarily unclassified. These cases are indicated in the last column and form only 1% of the total. Full Service cases are those where examination and treatment are given by the psychiatrist, psychologist and psychiatric social worker, and, if needed, by the speech specialist or remedial teachers. This Full type of service was given in 807 cases, being 77% of the total. In 742 cases the Habit Clinic Social Service took the responsibility not only for obtaining a complete psychiatric and social history in the community, but also for social treatment. In 65 cases, or 6% of the total, another agency was already serving the family more or less intensively and wished to continue their responsibility for social treatment. In most of these cooperative cases the Habit Clinic social worker took a complete history.

It has been a policy of the Clinics to give full service to every child referred unless there is a special reason for not doing so. Those not given Full Service are called Special Service Cases. This type of service was given to 224 cases, or 22% of the total.

Table No. 6. *Habit Clinics — Types of Service Rendered*
December 1, 1935 to November 30, 1936

	Total Case Load	Full Service			Special Service			Temporarily Unassigned to Classification
		Total	Responsibility		Total	Responsibility		
			Clinic	Cooperative		Clinic	Cooperative	
Boston Dispensary	167	131	127	4	36	33	3	–
Lawrence	148	87	86	1	59	58	1	2
Lowell	94	61	51	10	30	25	5	3
New England Hospital	119	108	108	–	11	11	–	–
North Reading	32	27	1	26	5	1	4	–
Norwood	74	61	58	3	12	11	1	1
Quincy	214	161	151	10	48	47	1	5
Reading	57	45	43	2	12	12	–	–
West End	137	126	117	9	11	7	4	–
Total	1,042	807	742	65	224	205	19	11
Percentage of Totals	100%	77%	71%	6%	22%	20%	2%	1%

Table No. 7 shows the reasons for classifying cases as Special Service.

Diagnostic Service was given 184 cases, or 82%, of the Special Service cases and 40 cases, or 18%, received treatment. Numerous cases are referred for diagnosis and recommendations only and when that service has been rendered, the case is closed. In this group there were 55 cases. There were 8 cases found to be receiving treatment elsewhere or were referred to another medical agency or institution. In 4 cases, the family moved or were too far away to return to clinic for treatment. There were 35 cases in which the families were not interested in receiving help, or it seemed unlikely that they would benefit by treatment. Twleve children were too dull to benefit by treatment and 70 were definitely feeble-minded, and, therefore, not eligible for service in the Habit Clinics.

The treatment cases in this group were classified as special, rather than full service cases, because a complete history was not obtained. In 32 cases, the history was not considered necessary for various reasons, as follows: some were infants, and sufficient information for treatment purposes could be obtained in a clinic interview; some children's problems cleared up in two or three visits to clinic; and others came for special educational problems, such as a reading disability. In 2 cases, no complete history was obtained as the family were already known to the clinic. In 6 cases, the children were in institutions and no members of the family could be contacted.

TABLE NO. 7. *Habit Clinics — Special Service Cases, Showing Reason for This Classification*
December 1, 1935 to November 30, 1936

	DIAGNOSTIC SERVICE							TREATMENT SERVICE				Total Diagnostic and Treatment Service
	Consultation Requested	Treated Elsewhere	Family Not Available	Family Not Interested	Patient Dull	Patient Feebleminded	Total	History Not Necessary	Family known To Clinic	Family Not Available	Total	
Boston Dispensary	8	3	2	5	–	8	26	8	2	–	10	36
Lawrence	10	–	–	14	2	28	54	1	–	4	5	59
Lowell	8	–	–	10	1	10	29	–	–	1	1	30
New England Hospital	2	–	–	–	–	5	7	4	–	–	4	11
North Reading	4	–	–	–	–	1	5	–	–	–	–	5
Norwood	5	2	–	–	1	2	10	1	–	1	2	12
Quincy	12	1	1	6	4	7	31	17	–	–	17	48
Reading	3	2	–	–	1	5	11	1	–	–	1	12
West End	3	–	1	–	3	4	11	–	–	–	–	11
Total	55	8	4	35	12	70	184	32	2	6	40	224

Table No. 8 is designed chiefly to show how many cases are served each month. In the first three columns, the figures for each month are correct, but they cannot be added to obtain a total for the year, as some children return month after month. The first column shows the open cases in each month.

The average per month was 413 open cases. Of these, a monthly average of 224 attended clinic and 192 did not attend clinic for various reasons. Although this number of cases did not attend clinic each month, that does not mean that they were inactive. Most of them were receiving service of some kind. The average number of open cases per month was 413. Of these 341 were being served, and 72 were not. In other words, 83% received service each month, and 17% remained inactive, often because it was considered wise for a family to try out a suggested program for a period of a month or two before seeking further guidance or because the social service was too overburdened to make a contact.

The last five columns, give the same material as that given in Table No. 1, except that in this table the classification is by months instead of by clinic centers. There is no duplication in these figures, so that the annual totals can be obtained. Old cases are only counted on their first visit to clinic during the year. The figures in the fourth and sixth columns give only a partial picture for each month, as they do not include the old cases previously seen during the year.

Table No. 8. *Habit Clinics — Clinic Statistics for Each Month December 1, 1935 to November 30, 1936*

Months	Number of Active Cases Each Month			Clinic Attendance			Visits to Clinic by Children	Clinic Sessions
	*Total Number of Cases	*Attending Clinic	*Not Attending Clinic	Total Number of Children	New Cases	Old Cases		
December	366	205	161	205	45	160	283	35
January	387	231	156	112	57	55	366	41
February	366	193	173	54	44	10	270	36
March	402	202	200	68	59	9	325	37
April	421	223	198	78	66	12	359	43
May	451	248	203	80	73	7	385	37
June	466	230	236	74	66	8	346	36
July	440	234	206	59	53	6	394	43
September	434	230	204	70	65	5	324	41
October	432	247	185	90	83	7	374	41
November	419	223	196	58	55	3	333	31
Total Numbers				948	666	282	3,759	421

*With duplication as most cases are carried for more than one month.
Number of old cases in which supervision was maintained by Social Service without visits to clinic —94.
Number of cases who attended clinic—948.
Number of Active Cases—1,042.

The fifth column shows the number of new cases served each month. The largest numbers come in October and May, and the lowest in the stormy month of February and the busy holiday month of December.

Every case in the Habit Clinics receives attention from the social service workers, who act both as clinic managers and social case-workers.

It might be argued that the first function could be administered by a clerk or office worker of some type. Experience shows, however, that the social worker's background of training, experience and knowledge of human beings and their motives is invaluable in this position. It is also of great value to the continuity of the case work process. The social worker is the first person met by the client, she is the person to whom she goes for further appointments, the one of whom she asks questions, and the one to whom she returns to naturally on each visit to clinic and feels free to bring up problems about the social life of the family. In these clinic contacts, much of the social case treatment is carried on after the social worker has made her initial visit to the home and school of the patient, where she obtains as complete a picture as possible of the actual emotional and environmental situation in which the child lives.

Table No. 9. *Habit Clinics — New Cases Served Over a Period of Five Years in Nine Clinic Centers*

	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End	Total
1932	57	70	85	77	13	51	89	61	54	594
1933	202	96	65	87	18	47	121	69	90	795
1934	127	83	78	81	18	41	109	66	78	681
1935	121	77	60	64	22	32	129	46	92	643
1936	124	96	58	79	19	54	129	29	78	666
Total	631	422	346	388	90	225	577	271	392	3,379

Table No. 9 gives a survey of the number of new cases served in each clinic center over a period of five years, showing a total of 3,379 children. The total number in 1932 includes 37 new cases seen in Beverly, Holyoke and Northampton. These clinics were transferred to the care of the staff at State Hospitals early in that year. 1933 was the peak year as far as number of new cases is concerned. This is chiefly due to the fact that the number of clinic sessions was doubled at Boston Dispensary in order to meet the demands for service. The demands in Quincy have also been so great that at times intake had to be stopped. This difficulty has been met by having two psychiatrists there. The other clinics have followed a more or less even tenor.

Table No. 10 gives the statistic totals for all the clinics for the past five years. From the total of each column it can be easily computed that the average case load per year is 1,022, the average intake of new cases, 676, the average number of visits by children to clinic is 3,400, and the average number of clinic sessions 407 per year.

The peak case load of 1,091 in 1933 is largely accounted for by the increase in new cases, which has been commented on in connection with Table No. 9. In column No. 3 it will be seen that in 1936 there have been more visits made by children to clinic than ever before. There have been 194 more than in the peak year of 1933, and 442 more than in 1935.

Table No. 10. *Habit Clinics, 1932–1936*

Years	Case Load	New Cases	Visits by Children to Clinic	Clinic Sessions
1932	889	594	2,857	385
1933	1,091	795	3,565	399
1934	1,053	681	3,492	414
1935	1,035	643	3,317	418
1936	1,042	666	3,759	421
Total	5,110	3,379	16,990	2,037

Table No. 11. *Habit Clinics — Number of Visits to Clinic by Children in Each Clinic Centre Over a Period of Five Years and Total*

Year	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End	Total
1932	181	663	314	294	26	237	318	277	410	2,857
1933	630	694	216	327	43	305	510	339	501	3,565
1934	514	533	359	384	28	245	519	331	579	3,492
1935	371	550	348	373	27	200	580	259	609	3,317
1936	457	724	271	375	30	274	763	213	652	3,759
Total	2,153	3,164	1,508	1,753	154	1,261	2,690	1,419	2,751	16,990

Table No. 11 shows the number of visits by children to clinic in each clinic centre for the past 5 years, together with the totals. At Boston Dispensary 2,153 visits have been made. The greatest number was in 1933 when the clinic sessions were increased. At that time, cases for referral had been accumulating for some time, so an unusual number were accepted. Since then there has been a decrease in referrals as only the current cases are seen. In Lawrence, 3,164 visits were made, the largest number being in 1936, an increase of 174 over the previous year. This is due to the fact that more intensive treatment is being given and many children are being seen weekly. This is especially true of the cases seen by the speech specialist. In Lowell, 1,508 visits were made, 1,753, in New England Hospital, 154, in North Reading, and 1,261, in Norwood. There are no very outstanding changes in numbers from year to year in the above four clinics. In Quincy and West End there has been a continual increase since 1932. In Quincy, four factors have operated — there have been increased numbers of new cases accepted, there are two psychiatrists at each clinic session, more intensive treatment is being given, and children are seen more frequently, and in the past year graduate students from Boston University have been coaching children, who were handicapped in learning to read, and needed specialized tutoring. In West End, the increased attendance is largely due to the remedial teaching being done and increased work with children with speech defects, owing to the fact that students from Emerson College are supplementing the work of the speech specialist.

The volume of work in the Habit Clinics is increasing and has reached the capacity possible with the present staff of five social workers engaged in clinic work.

It is well to keep in mind that although the importance of the mental health of the child is no longer a debatable question and that the services rendered by a state to the various communities in the management and better understanding of undesirable habits, personality traits, and delinquent trends amply justifies the cost, it is important that careful follow-up studies be made of not only the successes, but the failures which pass through the various clinics and that from time to time the varied psychiatric and psychological techniques which are utilized in our efforts to understand and treat behavior problems be carefully checked.

During the past year several researches have been carried out in an effort to determine what actually happened to a group of cases having been studied at the Child Guidance Clinics and having been discharged as "Improved" and another similar group having the same type of treatment and having been discharged as "Unimproved". Such a study has presented many interesting problems and has contributed much to our knowledge of the type of case that is most likely to be benefitted by clinic contact, the length of time they should be studied at the clinic, and how closely they should be followed up after they are discharged. This paper is already completed and is to be published in the near future.

Another research project of importance is concerned with the reliability of psychological examinations in certain groups of children and under unusual conditions. It has been brought out that the first psychological examination, especially in problem children, is often felt to express inadequately the intellectual abilities of the child. This may be due to his behavior problem, poor environmental opportunities, poor training or other factors. A careful study of the environmental situations from which these children come, the emotional attitude of the child at the time of the examination, and a general survey of their opportunities for acquiring information has brought out the fact that in a fairly large percentage of these cases repeated psychological examinations are necessary in order to determine with a fair degree of accuracy what we have a right to expect from these children from an intellectual point of view and that there are certain dangers which should be recognized in placing too much importance upon intellectual quotients without due regard to other factors which are equally important in our effort to interpret the inherent intellectual endowment of the child.

There exists between the Department of Mental Diseases, Tufts College Medical School and the New England Health Center a relationship that has proved of considerable value to certain of the state hospitals which have taken on, for the purpose of training, fourth year medical students from Tufts College Medical School. This cooperative effort has not only served the purpose of sending graduates out into the community who have a better knowledge of state institutions and the varied services which they render to the Commonwealth, but it has also stimulated interest in the medical students to enter the field of psychiatry and has made it possible for the state institutions to obtain internes and later on, assistant physicians who are better equipped for the needs of the hospitals and the patients than they would otherwise obtain.

Dr. Arthur Berk, who has been teaching clinical psychiatry to the medical students at Tufts College Medical School, has also been interested in clinical research activities which bear a direct relation to mental health and are primarily concerned with treatment in out-patient clinics. Dr. Berk, during the past year, has been working on a rational method of treating epileptics in the Out-patient Department of the Boston Dispensary. There is a fast increasing number of these patients who have occasional convulsions that under therapy and social service supervision, can carry on in the home and in varied types of occupation if adequately supervised. Otherwise a very large percentage of these patients would become institutionalized. Dr. Berk has also been making a follow-up study of the well-adjusted group of children who were investigated three years ago. Both of these researches are in the process of being prepared for publication.

As the clinics for children are now organized, the psychologist examines every new case in an effort not only to determine the intellectual equipment of the child, but to pick up those special abilities and disabilities which are important in helping the child make a better adjustment to life. With the social worker and psychiatrist, she makes her contribution in our effort to obtain a better understanding of the parents as well as the child.

The general plan and character of the psychological work has not changed during the past year. An effort has been made, however, to conserve time and reduce the cost of the examinations to a minimum by appreciating the fact that certain cases need very intensive study and not infrequently repeated examinations; while the time spent on others can be reduced to a minimum. The tests in use at the clinics include the following:

1. The Stanford Revision of the Binet-Simon Scale. This is always used when applicable. Because of its wide acceptance in children's work, it affords convenient points of reference for the further study or discussion of any child problem. It correlates well with success in school, and analysis of its record sheet often throws light on school problems. It affords an excellent program for a somewhat extended interview with the child, in the course of which he often reveals significant personality traits. This scale, however, is not applicable for the youngest children, is unsatisfactory for some of the rather self-conscious adolescents, and is inadequate for children of any age who have defective speech or a foreign language handicap, or whose verbal reactions are emotionally inhibited.

2. The Gesell Developmental Schedules. These are probably the best available guide in judging mentality at any rate up to eighteen months.

3. The Merrill-Palmer Scale. This is mainly a performance scale and as the rule for scoring allows for refusals and omissions, it may, on occasion, be treated as a purely non-verbal scale. In the case of pre-school children, too immature for the Stanford-Binet, the Merrill-Palmer gives a useful indication of their mental development, though no non-verbal tests can adequately measure the higher intellectual processes. In other cases, some of these tests are extremely helpful in setting a shy or timid child at ease, and paving the way for satisfactory responses to verbal tests. In a third group of cases, they serve as performance tests so often do, to round out the picture and provide a check on the validity of verbal tests.

4. Performance Tests for older children:

Porteus Mazes
Healy Pictorial Completion Test I
Healy Pictorial Completion Test II
Mare-and-Foal Picture Form Board
Cube Imitation Test
Manikin
Kent-Kohs Color Cubes
Lincoln Hollow Square
Healy Construction Puzzle A
Goodenough Drawing Test

5. Supplementary Verbal Tests:

Massachusetts State School Tests
Metropolitan Achievement Tests
Detroit Word Recognition Tests
Van Wagenen Reading Readiness Test
Gray Oral Reading Paragraphs
Scaled Information Test (J.B.F.)
Van Alstyne Picture Vocabulary Test

The psychological staff consists of a chief psychologist and three assistants, all four being part-time workers. There is a two-fold advantage in organizing this work on a part-time basis. It makes for flexibility by increasing the number of workers, so that numerically this arm of the service is not very different from the social service and the psychiatric. This is practically important since it is desirable to be able to hold clinics simultaneously or in quick succession at points a good many miles apart. A more important consideration is the securing of examiners with adequate preparation for the work.

There has been but one change in the personnel during the past year. The death of Miss Margaret J. Saunders has deprived the clinics of a psychologist of unusual ability and wide experience. The vacancy has been filled by the appointment of Miss Louise C. Barker who comes to the Division of Mental Hygiene after a long experience as the psychologist in the public schools of Arlington.

The Division of Mental Hygiene, when it was first organized, planned to operate clinics throughout the state in an effort to demonstrate their usefulness and then turn them over to the state hospitals to continue as an integral part of their community activities. The clinic in Springfield was taken over by the Monson State Hospital; Northampton and Holyoke by the Northampton State Hospital; Beverly by the Danvers State Hospital; and so on. This plan has only been successful in part. It has only succeeded where the superintendent of the state hospital has recognized the need and has been in a position to staff these clinics with an adequately trained personnel. It has been demonstrated beyond all doubt that we cannot expect the state hospitals to operate these clinics with the by-products of their hospital staff. The needs of these clinics for children are not those of the institution either in the interest, training or experience of the personnel which make up the staff. If this type of service is to be rendered by the state to the various communities in which state institutions are located, it is absolutely necessary that each institution be provided with funds with which to secure adequately trained psychiatrists, psychologists, and social workers and that the clinic personnel should not have duties connected with the institution. Only in this way can we expect to get whole-hearted cooperation from the superintendents of the institutions in the development of community activities. It is too much to expect an already over-burdened hospital staff to embark upon these extra-institutional demands with any degree of enthusiasm even if they were trained and interested in this particular field of psychiatry.

The psychiatric and psychological approach to the child is quite different from that which is made to the adult. The social situations which cause us concern with reference to the school child are not those in which we would be interested were we thinking of patients on visit from a state hospital. Both types of work require specially trained and experienced personnel. The personnel to provide for any real extension of the mental hygiene work, does not exist at the moment and the necessity for developing training centers for such workers is obvious. Massachusetts has trained and sent to other states, psychiatrists, psychologists, and social workers who have contributed much to the development of the work throughout the country. It is now our task to so develop the work within the state that we may benefit by the services of those we have trained.

Research Activities

The pathological and biochemical researches have been carried on in the laboratories of the various state hospitals, often in cooperation with the laboratories of general hospitals and educational institutions. At the Boston State Hospital Dr. Abraham Myerson with a competent staff of workers has been directing researches which have been financed by the Department of Mental Diseases and the Commonwealth Fund. At the Worcester State Hospital Dr. R. G. Hoskins has been directing the research activities under a special grant received from the Memorial Fund for Neuro-endocrine Research and the Rockefeller Foundation. Dr. Harry C. Solomon, in charge of the Department of Therapeutic Research at the Boston Psychopathic Hospital, has also received grants from the Division of Mental Hygiene. Various other institutions, notably the Monson State Hospital, have carried on independent research activities.

The impetus that was given to research activities by the appointment of a Committee on Research of which Dr. Abraham Myerson was made chairman, has been felt throughout the Massachusetts hospital service. An attempt has been made to evaluate, coordinate, and advise those physicians interested in research projects. Several meetings were held throughout the year by the Committee on Research and joint meetings were held between the Committee on Research and individual workers.

Dr. Abraham Myerson submits the following report on the work carried out in the laboratories of the Boston State Hospital. The work at the laboratory has continued along five main lines:

I. The development of the autonomic pharmacology: Here we have reached a most important place. We are now able to predict results obtained in a way entirely impossible when we started our experiments. We can safely say that cholinergic stimulation, that is stimulation by acetylbeta-methylcholine chloride (mecholyl), increases the alkalinity of the secretions of the body, such as the sweat, the tears, saliva, and the gastric juices; lowers blood pressure; increases the heart rate (this being a paradoxical result) which is explained afterwards; and dilates blood vessels probably throughout the larger part of the organism. The effect on the heart is now being studied and we have some remarkable electrocardiograms.

We also know that the esterases of the body destroy and inhibit mecholyl, thus putting an end to cholinergic stimulation. Physostigmin and prostigmin inhibit or destroy the esterases, so the effect of these two drugs is to enhance cholinergic activity. Thus, it is possible by using small doses of prostigmin to use smaller doses of mecholyl and obtain tremendous physiological results. The pulse rate is definitely lowered when prostigmin is used together with mecholyl, and this is a point of great physiologic importance and likely of therapeutic value.

So far as the sympathetic drugs are concerned, we know that adremo-ergic stimulation, as emplified by adrenalin, ephedrin, and especially in our experiments benzedrine, tends to increase the acidity of the gastric juices, raise the blood pressure, constrict blood vessels, and in the case of benzedrine slow the heart and relax the gastrointestinal musculature, this being at present its most important therapeutic use. Whatever effect benzedrine has tends to be increased by atropin or hyoscin, since these paralyze the parasympathetic or cholinergic activities. We have obtained some very interesting results on the gall bladder which indicate strongly that benzedrine and atropin will form useful drugs for the relaxation of spasm and irritation of the gall bladder and its ducts.

Of some importance directly related to psychiatry is the effect of benzedrine on fatigue and mood. This drug is quite useful in the neuroses, especially of the type in which there is gastrointestinal spasm, and particularly fatigue and depression in the morning which tends to get better as the day wears along. In this type of case, the effect is such that a better hold is obtained on one patient and his reorganization can be undertaken with more confidence both on his part and that of the physician. In other words, by changing mood temporarily, it enables confidence to enter into the life of the patient and to make him more receptive to the injunctions and directions of the physician.

II. Micro-incineration and mineral studies: The laboratory has been busily engaged in the development of a new techinque, the micro-incineration method. By the utilization of this method, now incorporated in papers in press, it is possible to state, first, that the minerals are important factors in the metabolism of the nerve cells; second, that this metabolism is highest, or at least the minerals are present in greater amount, in youth than in old age; in other words, that old age is associated with the disappearance and an inactivity of minerals. Third, in certain inflammatory processes, the minerals appear to be increased in amount. In multiple sclerosis, the minerals are increased in the early phases of the pathological process, become more scanty as the plaque grows older. The iron metabolism is especially interesting in the case of thrombosis and hemorrhage.

We are now engaged in a collaborative research with the Massachusetts Institute of Technology. Up to this point we have been able to make only rough qualitative studies of the mineral metabolism. They have been engaged to push the work in a more scientific direction by making it possible to study the minerals qualitatively and, to a certain extent, quantitatively as well. In other words, where our micro-incineration method gives us a rough estimate of the amount of mineral and allows us to identify a few of the mineral deposits, the method now being evolved will enable us to identify ten mineral substances as well as to give a rough estimation of the amount of each mineral. This arrangement with the Massachusetts Institute of Technology is on a financial basis, and they are being paid for their work out of research funds.

III. During this past year Dr. Leo Alexander and Dr. A. C. B. Campbell finished a piece of work on the allergy of the nervous system, by which they have been enabled to demonstrate that when an animal is rendered sensitve to a foreign substance, that injection of that foreign substance into the brain creates far more hemorrhage and reaction than when the body has not been rendered so sensitive. This research bears importantly on certain types of encephalitis, and especially of hemorrhagic type, which have hitherto had no explanation.

An important piece of work is in progress, which deals with the effect upon the blood forming organs of malnutrition and other common disorders of diet. This animal experimentation is mainly directed towards discovering the mineral changes which take place under such conditions and represent on the whole a new direction of research.

IV. The director has formulated a relationship between the neuroses and certain of the mental diseases in a paper which appeared in the September issue of the American Journal of Psychiatry. This formulation attempts to trace the transition between normal reaction to emotion, fatigue, frustration and desire, reactions which appear in the various types of neuroses and which finally express themselves by a transition from a neurosis to what the director calls the neuro-psychoses. The neuro-psychosis appears when hypochondriasis, for example, becomes somatic delusion. It appears likewise when the feeling of unreality, which is so common in the severe neuroses passes over into falsification of reality. It manifests itself when the general attitude of the patient, "I am sick" becomes transformed into the general declaration, "I am being punished", or in rarer instances, "I am being persecuted".

During the next year, clinical case histories, in which this relationship, which is too often over-looked and has received only a very limited attention in psychiatry, will be published in the form of a monograph. The importance of this concept lies in the fact that it offers the hope that more attention to certain of the neuroses, their physiology and their psychology, will lessen the incidence of certain of the psychoses.

V. In 1934 the director was appointed by the American Neurological Association chairman of a committee to investigate the sterilization problem, and he appointed as his associates, Dr. James B. Ayer, Dr. Tracy J. Putnam, Dr. Clyde B. Keeler, and Dr. Leo Alexander. In June of 1935 a report was submitted to the American Neurological Association on this subject. The reception was so enthusiastic that it was decided that it would be well to amplify the report into a book, so that it might be accessible to the general scientific public. This was done, and the book appeared in October, entitled, "Eugenical Sterilization — A Reorientation of the Problem."

This report deals with the laws and shows that the compulsory laws in this country are not, or perhaps cannot be, enforced, and that laws based on voluntary selective sterilization are the ones that stand the best chance of reinforcement. The report further shows that the current statements concerning the alleged increase of mental disease, the prolificity of the feebleminded and of the insane and the general increasing biological damage, which is the stock in trade of the propaganda of the eugenists, is not at all true. When the proper corrections are made for the age of the population, it can be shown that in Massachusetts, New York, and many of the foreign countries, there has been either a decrease in mental disease and certainly no increase. The main place of increase is in the senile and arteriosclerotic cases, and this is due to several factors: (1) the increasing age of the population, and (2) the improvement of hospitals so that people are willing to send their old relatives to the institutions.

This book further examines the studies which have been done and concludes that none of them is anywhere near the standard demanded of scientific work. It is concluded that there probably is a hereditary factor in dementia praecox and manic-depressive psychosis; that there certainly is some hereditary factor in a large number of cases of feeblemindedness; that there is no substantial hereditary factor in epilepsy or crime, at least by the proof at the present time adduced. The committee makes certain recommendations for sterilization but mainly recommends that substantial and organized research be done in this important field of work.

The propriety of including this report and book in the report of the laboratory research activities rests upon the fact that the bulk of the work done by this committee was done by the director and by Dr. Leo Alexander, aided by the secretary of the research division, Miss Mollie S. Levin.

Altogether it has been an exceedingly fruitful year. This is due to the fact that collaboration was the keynote of the work. The staff of the hospital furnished patients and thus aided very substantially. Dr. Purcell G. Schube has become an active member of the research division. The director here voices his thanks to the superintendent and the staff of the hospital for their collaboration.

The following papers were read during the past year:

1. The Emotions. March 4, 1936, before the American Dental Society (A. Myerson).
2. The Physiological and Psychological Effects of Benzedrine. March 19, 1936 before the Boston Society of Psychiatry and Neurology. (A. Myerson).
3. The Pharmacology of the Autonomic Nervous System. April 24, 1936 before the Boston Dispensary Medical Staff (A. Myerson).
4. Clinical Approach to the Pharmacology of the Autonomic Nervous System. May 5, 1936 before the St. Louis Medical Society, St. Louis, Mo. (A. Myerson).
5. The Mineral Content in Cerebral Lesions as Demonstrated by the Micro-Incineration Method. May 6, 1936 before the American Psychiatric Association, St. Louis, Mo. and June 1, 1936 before the American Neurological Association, Atlantic City, N. J. (L. Alexander, A. Myerson, and D. Goldman).
6. The Effects of the Sympathomimetic Drug Benzedrine on the Viscera and the Mood of Man. September 2, 1936 before the American Psychological Association at Hanover, N. H. (A. Myerson).
7. The Neuroses. September 22, 1936 before the Connecticut Medical Society, New Haven, Conn. (A. Myerson).
8. Pharmacology of the Autonomic Nervous System. October 1, 1936 before the North Bronx Medical Society, Bronx, N. Y. (A. Myerson).
9. Human Autonomic Pharmacology. October 6, 1936 before the Neurological Supper Club, Harvard Medical School. (A. Myerson).
10. The Physical Side of the Neuroses. October 21, 1936 before the Academy of Physical Medicine. (A. Myerson).
11. Autonomic Pharmacology. November 6, 1936 before the Beth Israel Hospital staff. (A. Myerson).
12. Experimental Autonomic Pharmacology of the Human Being. November 19, 1936. Before the Southern Medical Association, Baltimore, Md. (A. Myerson).

The following papers were published during the past year:

1. Studies in the dynamics of the human cranio-vertebral cavity. Am. J. of Psychiat., 92, 4:791–815, Jan., 1936. (Julius Loman and Abraham Myerson).
2. Visualization of the cerebral vessels by direct intracarotid injection of thorium dioxide (thorotrast). Am. J. of Roent. and Radium Therapy, 35, 2:188–193, Feb., 1936. (Julius Loman and Abraham Myerson).
3. Relation of trauma to mental diseases. Am. J. of Psychiat., 92, 5:1031–1038, Mar., 1936. (Abraham Myerson).
4. Effect of alterations in posture on the intra-arterial blood pressure in man. I. Pressure in the carotid, brachial and femoral arteries in normal subjects. II. Pressure in the carotid artery in arteriosclerosis, during syncope and after the use of vasodilator drugs. Arch. of Neurol. and Psychiat., 35, 6:1216–1232, June, 1936. (Julius Loman, William Dameshek, Abraham Myerson, and David Goldman).
5. Benzedrine sulfate and its value in spasm of the gastro-intestinal tract. J.A.M.A., 107, 1:24–26, July 4, 1936. (Abraham Myerson and Max Ritvo).
6. Physiologic effects of benzedrine and its relationship to other drugs affecting the autonomic nervous system. Am. J. Med. Sci., 192, 4:560–574, Oct. 1936. (Abraham Myerson, Juluis Loman, and William Dameshek).
7. Neuroses and neuropsychoses. The relationship of symptom groups. Am. J. of Psychiat., 93, 2:263–301, Sept., 1936. (Abraham Myerson).
8. Eugenical Sterilization. A Reorientation of the Problem. (The Committee of the American Neurological Association for the Investigation of Sterilization: Abraham Myerson, James B. Ayer, Tracy J. Putnam, Clyde B. Keeler, Leo Alexander). The MacMillan Co., New York, October, 1936.
9. Chapter I. Psychopathology. Chapter II. Conflicts and Maladjustments Within the Normal Range, in "The Practitioners Library of Medicine and Surgery" edited by George Blumer, D. Appleton-Century Co., New York, 1936. (Abraham Myerson).
10. The mineral content in cerebral lesions as demonstrated by the micro-incineration method. (Abstract) Arch. of Neurol. and Psychiat. 36, 3:651–653, Sept., 1936. (Leo Alexander, Abraham Myerson and David Goldman).

11. Error in Psychiatry. (Chapter XIII) in "The Story of Human Error" edited by Joseph Jastrow, D. Appleton-Century Co., New York, 1936. (A. Myerson).

12. Effect of benzedrine sulfate on mood and fatigue in normal and in neurotic persons. Arch. of Neurol. and Psychiat., 36, 4:816–822, Oct., 1936. (Abraham Myerson).

13. Relationship between the cerebrospinal fluid sugar and blood sugar in untreated neurosyphilis. Am. J. Psychiat., 93:139–153, July, 1936. (Purcell G. Schube).

14. Caffein intoxication: report of a case the symptoms of which amounted to a psychosis. New England J. Med., 215:616–620, October 1, 1936. (M. C. McManamy and Purcell G. Schube).

15. A Study of the use of Coramine in dealing with the effects of barbituric acid derivatives. New England J. Med., 214:926–929, May 7, 1936. (Purcell G. Schube).

16. The colon in mental diseases. 1. Dementia Praecox. Am. J. Digestive Diseases and Nutrition, 3:528–533, Oct., 1936. (Purcell G. Schube).

The following papers are in press and will appear shortly:

1. Physiologic effects of acetyl-beta-methylcholin (mecholyl) and its relationship to other drugs affecting the autonomic nervous system. Am. J. Med. Sci. (Abraham Myerson, Julius Loman and William Dameshek).

2. The effect of acetyl-beta-methylcholin (mecholyl) on the atonic colon. Am. J. Radiology. (Abraham Myerson, Purcell G. Schube and Max Ritvo).

3. The mineral content in cerebral lesions as demonstrated by the micro-incineration method. Arch. of Neurol. and Psychiat. (Leo Alexander, Abraham Myerson and David Goldman).

4. Local anaphylactic lesions in the brain in guinea-pigs. (Leo Alexander and A. Colin P. Campbell).

5. General and local sweating produced by acetyl-beta-methylcholin chloride (mecholyl). Am. J. Med. Sci. (Abraham Myerson, Julius Loman and Max Rinkel).

6. The autonomic pharmacology of the gastric juices. New England J. Med. (Abraham Myerson, William Dameshek and Max Rinkel).

7. Cysts and tumors of the cerebellar pontine angle and their relation to the lateral recesses of the fourth ventricle. Assoc. for the Research in Nervous and Mental Disease; Annual Volume, 1935, Williams and Wilkins Co., Baltimore. (Leo Alexander).

8. The reaction of certain psychotic types to alcohol: preliminary report. J. Nervous and Mental Diseases (C. E. Trapp and Purcell G. Schube).

9. Involutional melancholia: its treatment with Theelin. Arch. of Neurol. and Psychiat. (Purcell G. Schube, M. C. McManamy, C. E. Trapp & G. F. Houser).

10. Cerebral hemorrhages following lumbar spinal puncture. J. Nervous and Mental Diseases. (Purcell G. Schube and Naomi Raskin).

11. Variation in the blood cholesterol over a time period. J. Lab. and Clin. Med. (Purcell G. Schube).

12. Blood cholesterol in the manic-depressive psychosis. J. Lab. and Clin. Med. (Purcell G. Schube).

Dr. Harry C. Solomon submits the following report on the research work that has been under way at the Boston Psychopathic Hospital.

For many years we have been devoting a great deal of time and effort in studying the methods of treatment of syphilis of the central nervous system, particularly general paresis. At the present time it is no longer a question of whether anything can be done to modify the course of general paresis, because it has been established without question that the disease can be arrested in probably the majority of cases, and that approximately 40% of the patients can be returned to their former efficiency in the community. The problem now reduces itself to the question of the most efficient and most economical means of treating these cases. Both the fever and chemo-therapy have been shown to have a considerable value. In the past several years we have devoted ourselves to an attempt to establish what method of fever production and what combination of fever and chemo-therapy would be most practical. At the present time we are dealing with four methods of fever production, namely, (1) malaria, (2) typhoid vaccine, (3) diathermy, and (4) air conditioning unit, viz., the Kettering hypertherm. The matter of evaluating the relative merits of these four methods must take a number of years. This is inevitable in the very nature of the problem.

While making such evaluations of both the clinical effects and the changes in the spinal fluid, we have devoted ourselves to a study of the physiological changes occurring in fever. This has been done for two reasons; first, to obtain evidences as to which method is best tolerated by the patient, and second, to learn about the human physiology as a result of the marked changes in the body that occur when fever is induced.

The particular processes we have studied, most of them done simultaneously in order to give a better picture of the problem, include the following: changes in systolic and diastolic blood pressure, venous pressure, respiration, electrolytes of the blood, serum protein of the blood, blood volume, metabolic rate, and the rate of blood flow. Several papers have been published from the clinic dealing with some of these changes. Possibly of particular interest is the study in blood volume, which has not been published as yet. This work was done in conjunction with Dr. Gibson of the Peter Bent Brigham Hospital, who has developed a dye method of determination of blood volume. To briefly summarize the situation:—with any form of fever, where sweating occurs, there is a concentration of the blood, or, in other words, a reduced amount of fluid in the vascular system. In the case of malaria fever and fever induced by typhoid vaccine, the amount of concentration is the least of any method we have studied and is in the neighborhood of 5%. Where diathermy alone is used, that is, where there is no insulation of the patient by a hot air blanket, the concentration of the blood is approximately 10% or under. With diathermy and the hot air blanket, the concentration is somewhat greater, running up as high as 15 and rarely to 20%; and in the case of the Kettering hypertherm, the concentration is as marked as 30%. This concentration of blood is one evidence of a marked physiological change, taking place in the body, and is closely related to the amount of discomfort and the danger of treatment.

During the year several other studies have been made. One that was published and was of considerable practical importance, indicates that where tryparsamide has been used for a considerable period prior to the induction of fever, the results are more satisfactory than any other combination of treatment that we have yet found. This is a lead for further studies.

Dr. Darrow spent three months in the Department and made a study in conjunction with Dr. Schwab, of the olfactory sense in a group of patients by the Elsberg method. Results of this study will soon be published.

Dr. Malletz, who succeeded Dr. Darrow, occupied himself with two particular studies: one, dealing with the spinal fluid changes following malaria therapy, which study gives in very graphic form the story of the changes in the cerebrospinal fluid over a period of years in a large group of patients, and indicates what may be expected to take place in patients thus treated. The second study in which Dr. Malletz took a large hand, but which had been going on for some time, deals with the question of the interpretation of the increase in the total protein of the cerebrospinal fluid. From time to time it has been found that certain patients show an abnormal range of total protein in the spinal fluid which cannot be readily explained. A group of such cases was gathered and the patients reexamined after a period of from two to ten years in order to determine at a later date what the clinical status of the patient might be. This has been a very illuminating study. Several have turned out to be instances of brain tumor, brain abscess, encephalitis, and degenerative conditions. A relatively high percentage of the cases turned out to be definitely of the dementia praecox group. This particular group of cases, classified after a period of years as dementia praecox, offers a lead into further studies of the changes in this disorder.

During the year a neuropathological laboratory has been established with the assistance of private funds. No work of any importance has been accomplished as yet, but rather the laboratory has got itself organized in order to afford the opportunity to balance the work more adequately. In the meantime, Dr. S. H. Epstein, who has been connected with the work of the Department, and paid through funds from the Division of Mental Hygiene, is on a year's leave of absence. Dr. Epstein secured a Rockfeller Fellowship and is studying neuro-pathology abroad, chiefly in the laboratory of Dr. Greenfield of the National Hospital in London. He will return in May and devote a considerable portion of his time to the neuropathological work.

Dr. Frank D'Elseaux has continued his studies in the physiology of patients with mental disorders, aided in part by funds from the Division of Mental Hygiene. The primary aim of these studies is to get a better understanding of the intimate physiological relationships of the various systems of the body with particular consideration of the changes that may occur in the psychoses. A brief summary of the work is as follows. The acid base balance of certain psychiatric patients has been studied and compared with the normal. The majority of the patients studied have been classified as schizophrenic, and some as depressed. In the patients that did not seem to fit into the schizophrenic group, the findings were much the same as in the normal group. On the other hand, some of the schizophrenics showed an abnormal state of acid base balance associated with compensatory changes working to overcome these abnormal states, while others showed an abnormal state of acid base balance unassociated with any compensatory activity. Some of the patients who were followed over several months, showed fluctuations in their acid base balance which appeared to be related to changes in their clinical condition. Without going into elaborate details of the very complicated subject, it may suffice to say that these studies would seem to indicate that there are definite changes in the body physiology in schizophrenic patients which in some instances, at least, seem to vary directly with changes in the progress of the psychosis. While this work is still in its infancy, it gives promise of affording a more adequate understanding of the physiological side of the psychotic patient.

The following report of the dementia praecox research project conducted at the Worcester State Hospital is submitted by Drs. R. G. Hoskins and F. H. Sleeper.

During the past year Dr. F. H. Sleeper, for the past seven years Resident Director of Research, has been unable to actively pursue research activities due to his appointment as Assistant Superintendent. He has, however, maintained supervision of the business details of the Research Service. Dr. R. G. Hoskins has continued as Director of the entire research program dealing with schizophrenia, which is subsidized by the Division of Mental Hygiene of the Department of Mental Diseases, the Memorial Foundation for Neuro-endocrine Research, the Rockefeller Foundation, and the Worcester State Hospital. Dr. Wilbur R. Miller, psychiatrist, was granted a year's leave of absence in September to study neurology at the National Hospital, Queen Square, London. Dr. Eilhard von Domarus, psychiatrist, resigned to accept another position in May, 1936. Dr. D. Ewen Cameron, formerly in charge of the reception service of the Provincial Mental Hospital, Brandon, Manitoba, and author of "Objective and Experimental Psychiatry", was appointed psychiatrist on February 1, 1936. Dr. Robert Fuchs, who came to us from Johns Hopkins Hospital, was appointed research internist in July, 1936.

During the past year we have continued our investigations of the disordered homeostasis present in schizophrenic patients. We have utilized to advantage our regulated temperature and humidity laboratory for this purpose. Early in the experiments it was discovered that control observations on normal individuals as revealed by the literature were either lacking or inadequate. Inasmuch as Dr. H. Freeman wished to investigate temperature control in schizophrenics, we found it necessary to obtain our own control data for normal individuals on skin temperature, oxygen consumption rate, body temperature, oral and rectal, and the rate of excretion of insensible perspiration.

In this field many technical difficulties have to be overcome, modifications made of old equipment, new applications made of apparatus used in other fields, and even the invention of new apparatus. In the determination of insensible perspiration by use of the Sauter silk balance a major objection has been the swaying of the balance from extraneous causes or upon removal of the weights on the other pan of the scale. Dr. Nickerson constructed an electro-magnetic damper which has completely canceled any movement of the balance caused by extraneous sources without affecting the sensitivity of the apparatus. We can now get accurate changes in weight recorded over periods as short as half a minute. Friction in the graphic recording of the findings has been reduced to a minimum. Dr. H. Freeman has devised a highly satisfactory method of determining the weight loss on the Sauter scale while doing the oxygen consumption rate simultaneously. Nickerson and Freeman have shown that prolonged exposure to high humidity at 24° C. leads to a decrease in the oxygen consumption rate, and even more so, conditions of 40° C. at low humidity, 19.5.

The differences in skin temperature between the right and left sides in nine symmetrically located areas were studied in twenty normal and twenty schizophrenic individuals at half-hour intervals for three and one-half hours, with environmental conditions at 24° C. and twenty per cent relative humidity. The schizophrenic patients showed less than normal ability to maintain bilateral symmetry of temperature but the two sides of the body are sufficiently similar to obviate the necessity of measuring both sides in future studies.

Twenty normal subjects and twenty schizophrenic patients were studied, nude, in the basal state at a room temperature of 24° C. and humidity at twenty per cent for three and one-half hours. Skin temperatures were taken seven times during this period at nineteen skin points. It was found that the adaptation of the skin and body temperatures to this cool condition of the schizophrenic patients differs from the normal, in certain levels of skin temperature, the extremities cool more rapidly, the temperatures of certain parts of the body decrease by a less consistent pattern, skin temperatures are more affected by changes in air velocity. These differences afford further evidence of defective adaptation in the schizophrenic subject. Similar studies were carried out at a warm temperature (32° C.). It was found that the schizophrenic in his adaptation to heat is as abnormal as in his adaptation to cold.

Studies have been made of the oxygen consumption rate and rate of excretion of insensible perspiration at 30° C. and twenty per cent relative humidity, with simultaneous studies of skin and body temperatures. It is now possible to determine the effect of basality as well as of environmental conditions on these various characteristics. These studies, as well as investigations on the effect of humidity, of cold, of heat, and of thyroidization on the variables mentioned above, have not been sufficiently analyzed to make final conclusions, but we believe the results will prove highly meaningful.

During the last year schizophrenic patients and paired normal control subjects had their blood lactate determinations made after running up and down stairs, and the lactic acid, oxygen and carbon dioxide, and hydrogen-ion concentration of the blood determined before exercise. It was found that for a given amount of work, the patients accumulated a greater amount of lactic acid than do the controls. Furthermore, patients required a longer period of rest than did the normals for the lactate to reach a normal level. This discrepancy is regarded as a fundamentally important datum.

The oxidation problem has been further studied by determining the oxygen and carbon dioxide content of venous and arterial blood of patients and normal subjects under comparable conditions of basality. Previous studies had shown that the volume of blood in the schizophrenic is somewhat less than normal, and that when the patient is in a basal state the passage of blood through the tissues is abnormally slow. Without going into details, we may say that under basal conditions in normal subjects the use of oxygen was determined entirely by metabolic factors in the tissues. In schizophrenic patients, however, we found that the more oxygen that was supplied, the more was used, and vice versa. The abnormal relationship between the blood gases was submerged during exercise, but the relative rigidity of the carbon dioxide itself was maintained. The schizophrenic in this regard reacts more like a physical-chemical mechanism than like a finely controlled organism.

Dr. Looney has continued his investigations on the glutathione content of the blood in normal and schizophrenic subjects in relationship to the lactate content of the blood. Dr. Nickerson has completed a Warburg apparatus, and preliminary studies are under way with the ultimate object of determining the oxidative capacity of isolated bits of living tissue obtained at operation, and also blood serum and cerebrospinal fluid.

Dr. H. Freeman, in a regulated temperature-humidity laboratory, is making an investigation of the specific dynamic action of the amino acid glycine. Studies directed toward the refractoriness to oxidative stimulation in schizophrenic subjects have been made and will be discussed in the ensuing report.

For the past three years observations have been made upon the influence of a commercial glycerine extract of adrenal gland. We reported previously that in most schizophrenic subjects this material caused a rise in blood pressure. Hoskins and Freeman have shown that the weight of the normal subject is not significantly influenced by such extract in standard dosage, but that of the schizophrenic is definitely increased. The systematic differences brought out by these studies between the schizophrenic and normal individuals are a challenge. The material we have used has a tendency to correct the depressed circulation and to improve the nutrition of the patients. An understanding of the mechanisms of these effects might aid significantly in a better understanding of the physiology of the psychotic. Dr. Looney for the past year has been attempting to isolate the active pressor principle in this material. Several active preparations have been obtained, but it has not yet been possible to get them consistently.

Frequent references occur in the literature as to the possibility of a deficiency in the production of the androgenic hormones as an etiological factor in schizophrenia. Various active preparations are on the market and several of these have been utilized during the past year. The results to date have not been striking.

Two studies of the influence of thyroid medication are being made. The first of these, investigation of the thyroid hormone as a factor in psychodynamics, was started two years ago. Several patients have now been studied at length, and the results will soon be published. During the past year eight deteriorated patients were placed on prolonged heavy dosage of desiccated thyroid substance by Dr. Cohen and Dr. Hoskins. Careful psychiatric observations were made and a large volume of data accumulated. It has been discovered that the chronic deteriorated type of schizophrenia is characterized by a remarkably high tolerance to thyroid substance, as measured either by physiological or by psychiatric changes. It is apparent that the high tolerance is not due to defective absorption but possibly is due to low reactivity of the body tissues, as thyroxin by vein must be administered in large doses to get any significant physiological response. The possibility of a humoral thyroid antagonist is being investigated as a possible explanation of the phenomenon. In connection with other thyroid studies Drs. Hoagland and Rubin of Clark University are investigating the effects of thyroid substance on encephalograms. We have at our disposal ample supplies of the maturity principle of the anterior pituitary gland and a polyvalent extract presumably containing most or all of the anterior pituitary principles. We are making moderately intensive investigations of the effect of this material on schizophrenic subjects.

Last March Dr. D. Ewen Cameron started the treatment of schizophrenic patients with large doses of insulin. To our knowledge, this is the first time that this treatment was used in the United States. Preliminary results are definitely promising, and we are giving increased attention to it. We are not satisfied with the explanation of its action, and are making intensive studies directed toward a more satisfactory explanation of the effect of this treatment. Dr. Hoagland and Dr. Rubin have been investigating the Berger rhythm in these patients also.

In the Annual Report for last year Mr. Shakow, the Chief Psychologist, outlined an integrated program designed to test the functional capacity of schizophrenics throughout the gamut ranging from the simple knee jerk at one end to complex mental and behavioristic activities at the other. This program has been continued. During the current year researches have been completed which deal with the effect of varying the warning interval on reaction time. It was shown that whereas the normal subject can get "set" for a given activity and hold the "set" for a considerable period in spite of distracting circumstances, the schizophrenic has notably less capacity. A study was also made of the comparative ability of schizophrenic and normal subjects to adapt to disturbing situations. In this connection the so-called psychogalvanic reaction was used as an index, noises as the disturbing factor. Adaption in the patients was shown to be much impeded. Schizophrenic and normal subjects were also compared in their reactivity to disagreeable skin stimulation, using cardiotachometer readings as an index.

The Biometrics department has prepared analyses and interpretive memoranda for various members of the research group, aggregating some four hundred typewritten pages. The major analyses include those of blood gas data, variations of circulation time, reactions to disagreeable stimuli, bilateral symmetry of skin temperatures, effects of environmental variables upon skin temperatures, reaction to adrenal cortex medication, topographical distribution of skin temperatures, effects of hyperthyroidization on physiological and metabolic functions, analysis of imagery of schizophrenic patients, and analyses of reactions to the Rorschach test. Many minor tabulations and analyses were completed. Original researches include a variety of biometric analyses and a considerable amount of technical theoretical work as applied to the schizophrenic problem.

By the use of special techniques it is now definitely established that the schizophrenic subject as compared with the normal individual shows excessive variation in the following features: all nitrogenous constitutents of the blood and urine, blood cholesterol, lactate, potassium, potassium — calcium ratio, sugar, blood pressure and circulation time, skin temperature, and body weight. On the other hand, blood calcium and the carbon dioxide of the blood are found to be held within abnormally rigid limits. Presumably these findings indicate adaptational difficulties.

During the past year Dr. A. Angyal has been interested particularly in empirical syndromization, and he has been able to isolate a certain syndrome which occurs in approximately 12 per cent of the schizophrenic population studied. The patients all showed a variety of somatic complaints which included sensation of lightness or heaviness of the body, sensation of levitation, an impression of expansion or shrinking of the body, and of an airy substance passing through and emanating from the body. The normal person has, as a part of his conception of himself as an individual, a mental picture of his own body as a totality. This picture includes the posture of the various parts. Under the influence of the unnatural sensations mentioned above, the patient's perception of his "postural model" disintegrates. Dr. Angyal has been able to throw considerable light on the sensory-neurological basis of the somatic complaints. In a report of this sort it is impossible to go into detail further regarding this syndrome. For further details see, "The Perceptual Basis of Somatic Delusions in a Case of Schizophrenia," Archives of Neurology and Psychiatry, *34:* 270, 1935; "The Experience of the Body-Self in Schizophrenia," same journal, *35:* 1,029, 1936; and "Phenomena Resembling Lilliputian Hallucinations in Schizophrenia," also in the Archives of Neurology and Psychiatry, *36:* 34, 1936. The possibility of an organic brain pathology with lesions of the interparietal region of the brain may explain the symptomatology. During the last few months Dr. Angyal has been working on plans for a comprehensive integrating study of the data that have been and are being secured by the Research Service as a whole. He has made for several years a broad survey of the field of psychiatry, and has attempted to revise and clarify basic concepts and devise a method of synthesis which will allow the unification of physiological, psychological, and sociological data in a common scheme. The material of the contemplated monograph covering this work is to be presented in a series of lectures at the Phipps Clinic, Johns Hopkins Hospital, early in 1937.

During the year Dr. Miller completed a study on the "Psychogenic Factors in the Polyuria of Schizophrenia", which was published in the Journal of Nervous and Mental Diseases, *84:* 418, October, 1936.

Another major project in the psychiatric department is Dr. Cohen's study of schizophrenic deterioration. From a psychological point of view, special attention has been given to the matter of imagery in a group of twenty-one patients and a comparable group of normal controls investigated under similar experimental conditions. Details of this study will be given in the next Annual Report. The first step of the physiological approach to the problem of deterioration was to study the effects of thyroid given in large doses to a selected group of patients.

The deteriorated patient was characterized by low responsivity. Details will be reported shortly in the literature.

Dr. Cameron's time has been spent almost entirely on the investigation of the insulin treatment of schizophrenia. It is believed that several years' research will be necessary to permit a determination of the best methods of using the treatment and final evaluation of its therapeutic possibilities. The method, however, does look definitely promising and worthy of the most intensive investigation.

The following articles were published during the year on the Research Service:

1. Psychopathic Personalities — Eugen Kahn, Lloyd J. Thompson, and Louis H. Cohen, Practitioner's Library of Medicine and Surgery, Vol. IX: Chapt. III. pp. 57–104, D. Appleton-Century Co. 1936.
2. Schizophrenia — Eugen Kahn and Louis H. Cohen, Ibid. Chapt. XLVI. pp.1145–1192, 1936.
3. Psychological Government and the High Variability of Schizophrenic Patients. J. McVicker Hunt, Ph. D., Am. Jour. Psych. *48:* 64, Jan. 1936.
4. An Endocrine Approach to Psychodynamics. R. G. Hoskins, Psychoanalytic Quarterly. *5:* 87, Jan. 1936.
5. A Method of the Estimation of Average Heart Rates from Cardiochronographical Records. E. Morton Jellinek and John W. Fertig, Jour. of Psych. *1:* 193, Feb. 1936.
6. Peripheral Venous Blood Pressure in Schizophrenic and in Normal Subjects. Charles M. Krinsky and Jacques S. Gottlieb, Arch. Neur. & Psychiat. *35:* 304, February, 1936.
7. Is the Pressor Effect of Glycerin Extract of Adrenal Glands due to Epinephrine? R. G. Hoskins and J. S. Gottlieb, Endocrinology, *20:* 188, March, 1936.
8. Physiological Factors in Personality. R. G. Hoskins, Occupations, The Vocational Guidance Magazine, Sec. 1, May, 1936.
9. The Blood Pressure-Raising Principle of Adrenal Cortex Extracts. Joseph M. Looney and Matthew C. Darnell, Journal Biol. Chem. Proc. Am. Soc. Biol. Chem. *114:* 1x ii May, 1936.
10. Endocrine Factors in Behavior. R. G. Hoskins, Ph. D., M. D., Journal-Lancet, *56:* 249, May, 1936.
11. A Comparative Physiologic, Psychologic ,and Psychiatric Study of Polyuric and Non-Polyuric Schizophrenic Patients. Francis H. Sleeper, M.D. and E. M. Jellinek, M. Ed., Jour. Nerv. & Ment. Dis. *83:* 557, May, 1936.
12. The Experience of the Body-Self in Schizophrenia. Andras Angyal, M. D., Ph. D., Arch. Neur. & Psychiat. *35:* 1029, May, 1936.
13. Relationship of the Systolic to the Diastolic Blood Pressure in Schizophrenia: The Effect of Environmental Temperature. Jacques S. Gottlieb, M.D., Arch. Neur. & Psychiat. *35:* 1256, June, 1936.
14. Measurements of the Consistency of Fasting Oxygen Consumption Rates in Schizophrenic Patients and Normal Controls. E. Morton Jellinek, Biometric Bulletin, *1:* 1: 15, June, 1936.
15. The Use of Interaction in the Removal of Correlated Variation. John W. Fertig. Biometric Bulletin, *1:* 1, June, 1936.
16. The relationship of muscle tonus changes to vibratory sensibility. Louis H. Cohen and Stanley B. Lindley (in "Psychological Studies of Human Variability" in Honor of Professor Raymond Dodge, edited by Walter Miles). Psychol. Monog. *47:* No. 212, 83, 1936.
17. The way of experiencing as a psychiatric concept. Eugen Kahn and Louis H. Cohen. Ibid. Psychol. Monog., *47:* 212, 381, 1936.
18. Phenomena resembling Lilliputian hallucinations in Schizophrenia. Andras Angyal. Arch. Neur. & Psychiat. *36:* 34, July, 1936.
19. Studies of Motor Function in Schizophrenia. I. Speed of Tapping. David Shakow and Paul E. Huston. Jour. Gen. Psychol. *15:* 63, July, 1936.
20. Speech Perseveration and Astasia-Abasia following Carbon Monoxide Intoxication. Louis H. Cohen, M.D., Jour. Neur. & Psychopath. *17:* 41, July, 1936.

21. Weight Changes Following the Use of Glycerin Extract of Adrenal Cortex R. G. Hoskins and H. Freeman. Endocrinology *20:*565, July, 1936.
22. Some Implicit Common Factors in Diverse Methods of Psychotherapy. Saul Rosenzweig. Am. Jour. Orthopsychiat. *6:* 412, July, 1936.
23. Pacemakers of Human Brain Waves in Normals and in General Paretics. Hudson Hogland. Amer. Jour. Physiol. *116:* 604, August, 1936.
24. A Method Facilitating the Application of the "Chi Squared" Test to Certain Problems Arising in Social Psychology. Forrest E. Linder and Margaret V. Leary. Jour. Soc. Psych. *7:* 363, August, 1936.
25. On a Method of Testing the Hypothesis that an Observed Sample of n Variables and of Size N has been Drawn from a Specified Population of the Same Number of Variables. John W. Fertig. Annals of Mathematical Statistics. *7:* 113, Sept. 1936.
26. Psychogenic Factors in the Polyuria of Schizophrenia. Wilbur R. Miller, M.D., Jour. Nerv. & Ment. Dis. *84:* 418, Oct., 1936.

The year has been a most productive one. Morale on the service has remained at a high level. It is felt that significant progress has been made.

Worcester Child Guidance Clinic

The following report of the Child Guidance Clinic of the Worcester State Hospital is submitted by the Director, Dr. William E. Kirkpatrick.

During the past year, the Child Guidance Clinic has rendered service to 349 children. This includes much more service than is implied in the total number of cases which have been handled. In every case the parents have been interviewed, some of them many times and it is often the case that they are in need of much more treatment than their children. There has been a reduction in total number of children seen throughout the year due to the large number of cases which were closed in 1934–1935 (400) due to changes in the professional staff. It is unwise and often impossible to transfer children from social workers and psychiatrists who are leaving the Clinic to other staff members who are replacing them. The intake is practically the same — 188 cases in 1935 and 182 cases in 1936. Many more cases have been carried over into 1937. There are several reasons for this, chief among which is the better selection of the material with which we are to work. The staff recognizes that treatment techniques have as yet not been devised which will be equally applicable to all types of cases. We must frankly face the fact that some situations in light of our present knowledge are untreatable and that more research is necessary before these children can be helped. In some cases there is little demand on the part of parents; they come to the Clinic in response to pressure excited by the school or some social agency.

Two research projects have been completed. In the closing of cases, we often think in terms of the problems presented at the time the child was referred and the eventual outcome. "Case Closing: A Retrospective Study in Treatment" is an intensive study of 35 cases and it has already been of value to the staff in the selection of its material. The second study, "First Interviews as a Guide to Treatment" has been of similar value. Retrospective studies of success and failure will eventually make possible a more thorough treatment.

A total of 45 children were referred from the Juvenile Court. A new plan has been inaugurated whereby the Juvenile Court Probation Officer has done an intensive piece of case work with a selected group of boys under the supervision of the Chief Social Worker at the Clinic. It has been unnecessary to commit any of these boys to a correctional institution. This confirms our opinion that probation should be good social case work — no more no less — and that when intelligently applied it becomes an extremely useful method of controlling anti-social behavior.

In community relationships, the Clinic has continued to render service to the Oakdale Training School for Boys, the Worcester Girls' Club, the Children's Friend Society, and the Associated Charities. The weekly treatment clinics at the Shrewsbury and Sterling public schools have been well supported and children who otherwise would be more or less neglected have had the advantage of clinic study. As soon as this type of school service can be intelligently extended without interfering with the clinic program, we would like to do so.

The training of psychiatric social workers for the child guidance field is being continued with little change. We have four students in social work sent here for field work from Smith College and Simmons College. Members of the staff have participated actively in the teaching program at the hospital in courses given for nurses and occupational therapy workers. There has been a decrease in the number of public lectures given by staff members and this is in keeping with the clinic policy of giving this service where it will do the most good. In order that the community may have a better understanding of the activities of the Clinic, a motion picture, "Just Children", has been filmed and favorably received whenever shown. This picture depicts the child in conflict with his parents, his acceptance, study and treatment at the Clinic. It answers a long felt need for a better method of acquainting people with the work of the Clinic.

Annual Service Report

	Total
I. Report of Case Load:	
A. *Carried Cases:*	
1. Cases carried over from last year	159
2. Intake a. New cases accepted	182
b. Old cases reopened	
(1) last closed before present year	7
(2) last closed within present year	1
3. Total cases open at some time in this year	349
4. Cases taken from service	31
5. Cases carried forward to next year	318
B. *Closed Cases Followed Up (not reopened)*	49
C. *Applications Rejected*	4
D. *Applications Withdrawn*	10
II. Type of Service Classification:	
A. *New Accepted Cases:*	
6. Full service a. Clinic staff cases	87
b. Cooperative cases	95
c. Full service not a or b	0
7. Special service (Advice)	0
8. Mental Health Study	0
9. Total new cases accepted	182
B. *Total Cases Open at Some time in the Year:*	
10. Full service a. Clinic staff cases	149
b. Cooperative cases	129
c. Full service not a or b	29
11. Special service (advice)	42
12. Total cases open at some time this year	349
C. *Cases Taken from Service:*	
13. Full service a. Clinic staff cases	19
b. Cooperative cases	12
c. Full service not a or b	0
14. Special service (advice)	0
15. Mental Health Study	0
16. Total cases closed during this year	31

III. Sources Referring New Accepted Cases:	*Full*	*Special*	*Total*
17. Agencies a. Social	25	18	43
b. Medical	4	4	8
18. Schools a. Public	4	1	5
19. Juvenile Court		45	45
20. Private physicians	4	7	11
21. Parents, Relatives	48	22	70
22. Total new cases accepted	85	97	182

IV. SUMMARY OF WORK WITH OR ABOUT PATIENTS:

	Total
A. *By Psychiatrists:*	
1. Interviews with patients a. for examination	194
b. for treatment	599
2. Interviews about patients	181
3. Physical examinations by clinic staff members	14
B. *By Psychologists:*	
1. Interviews with patients a. for examination	184
b. for re-examination	15
c. for treatment	480
2. Interviews about patients	66
C. *By Social Workers:*	
1. Interviews in clinic	823
2. Interviews outside clinic	484
3. Telephone calls	879
D. *Number of Cases Given Initial Staff Conference:*	
1. Full service a. Clinic staff cases	92
b. Cooperative cases	64
2. Special service	12
E. *Number of Open Cases Given Service During Year by Workers* (approx)	500
F. *Referral Interviews*	103

V. PERSONNEL REPORT: (Average staff during year)

	Full-time	*Part-time*
A. *Regular Staff* a. Psychiatrist	2	
b. Psychologists	2	
c. Social workers	2—3	
d. Clerical workers	2	1
B. *Staff in Training* a. Social Workers	2—4	

VI. OPERATING SCHEDULE:

A. Schedule of clinic days and hours:

9 to 5 daily
9 to 12 Sat.

B. Schedule of attendance of psychiatrists:

9 to 5 daily
9 to 12 Sat.

EDUCATIONAL SERVICES:

	Total
Number of lectures and courses given by Dr. Kirkpatrick	17
by Miss Walton	6
by Dr. Hill	3
by Miss Clark	7

COMMITTEE MEETINGS AND CONFERENCES ATTENDED BY STAFF MEMBERS:

No.	*Month*	*Occasion*
1	February	American Orthopsychiatric meeting, Cleveland, Ohio.
5	March	Psychiatric Round Table
1	May	American Psychiatric Meeting, St. Louis
1	July	International Conference of Social Work, London, England
1	July	International School of Social Work, London, England
1	July–August	Smith College School for Social Work

VISITORS TO CLINIC — OTHER THAN INTERESTED IN INDIVIDUAL PATIENTS:

a. Number from city, 45
b. Number from outside, 24.

Miss Bertha Reynolds, Smith College School for Social Work.
Col. Edgar Erickson, Oakdale School.
Mr. Everett Kimball, Smith College School for Social Work.
Dr. Burham Jones, Clark University.
Dr. Eugene Walker, Springfield Hospital.
Dr. George Stevenson, National Committee for Mental Hygiene.

Miss Mildred Scoville, National Committee for Mental Hygiene.
Mrs. Converse, Brookfield P. T. A.

Respectfully submitted,
DOUGLAS A. THOM, M.D.
Director, Division of Mental Hygiene.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of the Department of Mental Diseases:

A report of the Division of Mental Deficiency for the year ended November 30, 1936, is respectfully submitted.

The subjects listed below are discussed in this report:

I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
  (a) Historical Sketch of Organization, 1914–1936.
  (b) Primary Reasons for Cases Being Referred to School Clinics, 1936.
  (c) Intellectual Status of First Examinations, 1936.
  (d) Intellectual Status of Re-Examinations, 1936.
  (e) Personnel of Clinics, 1936, by Institution.
  (f) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1936.
  (g) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928–1936.
  (h) First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1936, by Place of Residence and Sex.
  (j) Total Examinations, 1926–1936, Inclusive, by Clinic.
  (k) Total Towns Examined, 1926–1936, Inclusive, by Clinic.
II. Incidence of Retardation, 1936.
III. Central Registry for Mental Defectives.
  (a) Type of Contact in Mental Defectives Reported to Central Registry, 1936.
  (b) Age, I. Q., and Sex of Mental Defectives Reported to Central Registry, 1936.
  (c) Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1936.
IV. Research in Mental Deficiency.
V. Publications.
VI. Social Service Division.
  (a) Community Supervision.
  (b) Case Records.
  (c) The Socialization of the Mental Defective.
VII. Analysis of Waiting Lists to All State Schools, 1936.
VIII. Recommendations.
Graph I. Number of Clinic Examinations, 1915–1936.
Graph II. Cumulative Graph of Clinic Examinations, 1915–1936.
Graph III. Residence of Applicants on Waiting Lists of State Schools, 1936: Rates per 100,000 Estimated Population of Same County.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS

(*a*) *History*

During the year 1936 the Division continued its direction of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for twenty-two years, and have been state-wide in their function since 1921, or a period of fifteen years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time an adequate state-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, former Commissioner of Education, took an active part in framing the law relating to retarded children, and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

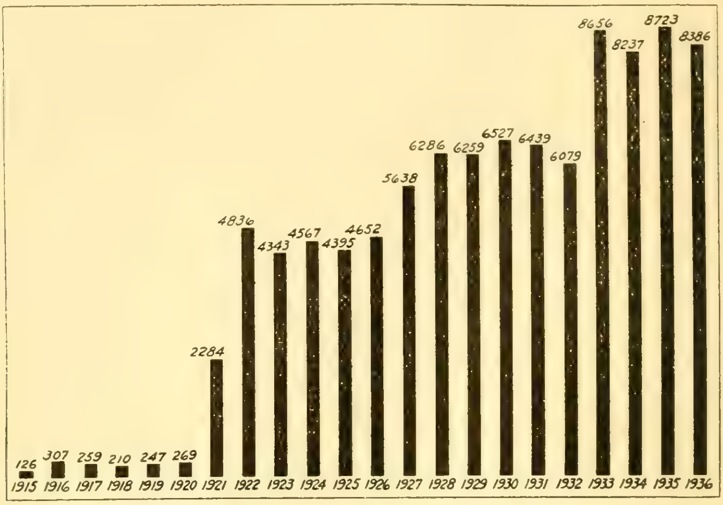
> Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "The School Committee of every town shall annually ascertain, *under regulations prescribed by the Department of Education and the Department of Mental Diseases,* the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931)."

It will be noted that radical changes in the school clinic law were effected during 1931. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically "*A child appearing to be mentally retarded in any less degree may,* upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations," etc. This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress. This change is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded".

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

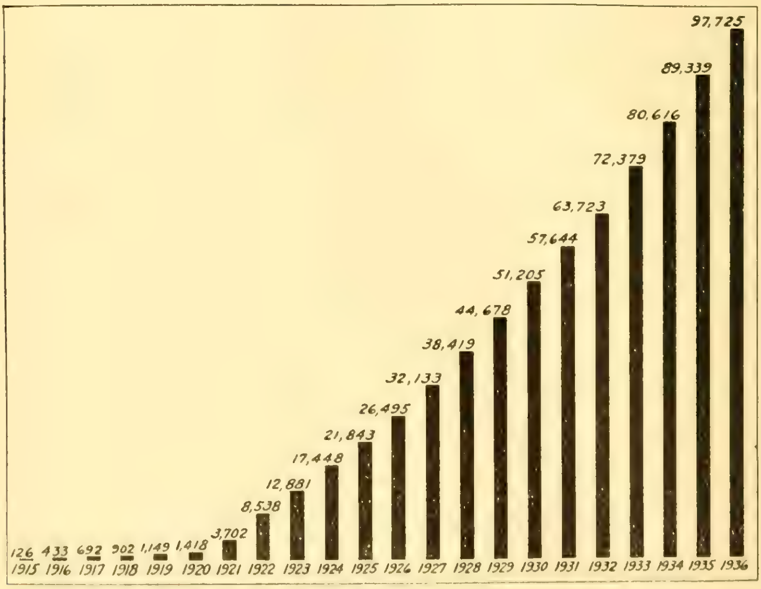
1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933, also, we note a substantial increase in the number of examinations due, of course, to the change in the law in 1931.



GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915–1936

Graph II outlines the accumulation of examinations. It shows that a total of 97,725 examinations of retarded children have been conducted by the clinics dur-the twenty-two years of operation.



GRAPH II. — CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915–1936

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents, with clinic psychiatrists and clinic social workers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. School superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the placement of retarded children in special classes. Now they are proving to be less critical as they recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various state hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) *Primary Reasons for Cases Being Referred to School Clinics, 1936: All Institutions*

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table 1 we present the primary reasons for cases being referred to our school clinics during the year 1936. Of the 8,386 children examined during the year, 72 per cent were referred because of retardation; 16 per cent because of some school problem; 2 per cent had personality difficulties; 1 per cent were behavior problems; 1 per cent were a physical problem; and .4 per cent were social problems. Roughly, 72 per cent of cases were referred because of retardation, and 28 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation, behavior and personality problems. The females show larger proportions in school problems, physical and social problems. As is to be expected, retardation makes up a smaller proportion in first examinations, 68 per cent as contrasted with 85 per cent in the re-examinations. School problems make up 19 per cent of first examinations and but 7 per cent of re-examinations; behavior problems 1.7 per cent of first examinations and 1.2 per cent of re-examinations; personality difficulties 2.5 per cent of first examinations and 2.0 per cent of re-examinations; and social problems .3 per cent of first examinations and .7 per cent of re-examinations.

The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly it was expected that all of our children would be referred to the clinic because of retardation. In fact, that was the primary reason for the creation of the clinics. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

TABLE 1. — *Primary Reasons for Cases Being Referred to School Clinics*[1]*, 1936, all Institutions*

	Sex	Total		Retardation		School Problem		Behavior Problem		Physical Problem		Personality Problem		Social Problem		Psychiatric Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations	Male	4,278	100.0	2,997	70.1	773	18.1	87	2.0	70	1.6	120	2.8	12	.3	4	.09	213	5.0	2	.04
	Female	2,190	100.0	1,412	64.5	502	22.9	26	1.2	36	1.6	41	1.9	7	.3	–	–	164	7.5	2	.09
	Both	6,468	100.0	4,409	68.2	1,275	19.7	113	1.7	106	1.6	161	2.5	19	.3	4	.06	377	5.9	4	.06
Re-examinations	Male	1,373	100.0	1,162	84.6	103	7.5	20	1.5	17	1.2	34	2.5	8	.6	3	.2	26	1.9	–	–
	Female	545	100.0	473	86.8	39	7.2	3	.5	8	1.5	4	.7	6	1.1	1	.2	11	2.0	–	–
	Both	1,918	100.0	1,635	85.3	142	7.4	23	1.2	25	1.3	38	2.0	14	.7	4	.2	37	1.9	–	–
Total Examinations	Male	5,651	100.0	4,159	73.6	876	15.5	107	1.9	87	1.5	154	2.7	20	.4	7	.1	239	4.2	2	.03
	Female	2,735	100.0	1,885	68.9	541	19.8	29	1.1	44	1.6	45	1.6	13	.5	1	.03	175	6.4	2	.07
	Both	8,386	100.0	6,044	72.1	1,417	16.9	136	1.6	131	1.6	199	2.4	33	.4	8	.09	414	4.9	4	.04

[1] The one outstanding reason is recorded in each case.

TABLE 2. — *Intelligence Quotient of 6,468 First Examinations by School Clinics for Year Ended November 30, 1936*

CLINIC	Total			I. Q. 0–.69			I. Q. .70–.79			I. Q. .80–.89			I. Q. .90–1.09			I. Q. 1.10 plus			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . .	367	267	100	110	77	33	113	82	31	96	70	26	45	36	9	3	2	1	–	–	–	.76	.76	.75
B. Psychopathic .	89	59	30	14	11	3	17	11	6	29	16	13	27	19	8	2	2	–	–	–	–	.84	.84	.84
Boston State . .	304	208	96	54	30	24	92	53	39	93	72	21	64	52	12	–	–	–	1	1	–	.80	.82	.76
Danvers . . .	595	437	158	168	112	56	195	137	58	137	111	26	73	58	15	10	10	–	12	9	3	.76	.77	.73
Foxborough . .	312	224	88	62	36	26	84	59	25	95	69	26	63	52	11	8	8	–	–	–	–	.81	.82	.76
Gardner . . .	344	219	125	45	30	15	94	58	36	82	51	31	90	65	25	32	15	17	1	–	1	.85	.85	.85
Grafton . . .	1,187	669	518	54	29	25	129	74	55	273	165	108	563	316	247	167	84	83	1	1	–	.94	.93	.94
Medfield . . .	221	154	67	52	28	24	92	67	25	52	41	11	25	18	7	–	–	–	–	–	–	.76	.77	.73
Monson . . .	291	196	95	101	61	40	124	79	45	47	37	10	18	18	–	1	1	–	–	–	–	.73	.74	.69
Northampton .	201	139	62	27	19	8	52	38	14	58	41	17	59	40	19	3	1	2	2	–	2	.83	.83	.85
Taunton . . .	599	392	207	124	70	54	173	125	48	136	97	39	135	84	51	31	16	15	–	–	–	.81	.81	.82
Walter E. Fernald .	948	622	326	336	197	139	403	269	134	147	110	37	55	45	10	2	–	2	5	1	4	.72	.73	.70
Westborough . .	77	52	25	16	10	6	20	15	5	15	11	4	23	14	9	1	1	–	2	1	1	.82	.81	.82
Worcester . .	168	121	47	32	18	14	56	44	12	47	32	15	28	24	4	4	2	2	1	1	–	.80	.81	.77
Wrentham . . .	676	459	217	147	82	65	207	138	69	190	147	43	94	70	24	21	13	8	17	9	8	.77	.78	.73
Div. Men. Hygiene	89	60	29	30	17	13	21	15	6	38	28	10	–	–	–	–	–	–	–	–	–	.74	.75	.71
Total . .	6,468	4,278	2,190	1,372	827	545	1,872	1,264	608	1,535	1,098	437	1,362	911	451	285	155	130	42	23	19	.81	.81	.80
Per cent . .	100.0	100.0	100.0	21.2	19.3	24.9	28.9	29.6	27.8	23.7	25.7	20.0	21.1	21.3	20.6	4.4	3.6	5.9	.7	.5	.8			

(c) *Intellectual Status of First Examinations, 1936*

Table 2 records the intellectual status of first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 19.3 per cent were diagnosed as mentally defective (I.Q. 0-.69) while 24.9 per cent of the girls fell in this grouping. However, it will be noted that in the borderline, dull and average groups the males presented higher proportions than the females. Higher proportions of females are being diagnosed as mentally defective. The average I.Q. for both sexes, however, was .81. Apparently retardation in school work is more likely to be associated with mental defect among girls than boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degrees of intellectual development. This is not necessarily so among the boys. They show school retardation associated with all degrees of intelligence, the high as well as the low.

In .7 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. If the psychiatrist doubts the mental status of the child, he defers his diagnosis and requests that the child return for another examination on the next visit of the clinic.

(d) *Intellectual Status of Re-Examinations, 1936*

Table 3 records the intellectual status of all re-examinations, divided into intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases in which various factors suggest re-examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are observed in Table 3. Of the total re-examinations of boys, 36.5 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 47.9 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeblemindeda mong there-examinations than was noted in the first examinations. However, in the borderline, dull and average groups the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I.Q. of boys re-examined was .73, while that of the girls was .71.

(e) *Personnel of Clinics, 1936, by Institutions*

Table 4 presents an outline of the psychiatrists, psychologists and social workers on the staffs of the various traveling clinics for the year 1936. At this point the Director wishes to express his appreciation for the excellent work done by the various clinics during the past year. In retrospect, it is interesting to observe the marked change in attitude on the part of the officials of the various school systems since the inauguration of the traveling school clinic system on a state-wide basis in 1921. At that time the difficulties encountered by the various clinics were many. However, as time has gone by, school superintendents, school boards and boards of selectmen have come to a far better understanding of what our work is meaning in the placement of retarded and backward children. Over the years, criticisms have been replaced by repeated words of commendation.

TABLE 3. — *Intelligence Quotient of 1,918 Re-Examinations by School Clinics for Year Ended November 30, 1936*

CLINIC	Total			I.Q. 0–.69			I. Q. .70–.79			I. Q. .80–.89			I. Q. .90–1.09			I. Q. 1.10 plus			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	211	152	59	85	56	29	76	57	19	37	27	10	13	12	1	–	–	–	–	–	–	.72	.73	.69
Boston Psychopathic	4	1	3	1	–	1	2	1	1	–	–	–	1	–	1	–	–	–	–	–	–	.77	.75	.78
Boston State	122	77	45	43	22	21	48	33	15	26	17	9	5	5	–	–	–	–	–	–	–	.72	.74	.70
Danvers	122	88	34	55	36	19	44	32	12	16	14	2	7	6	1	–	–	–	–	–	–	.70	.72	.67
Foxborough	160	118	42	71	47	24	49	41	8	27	18	9	13	12	1	–	–	–	–	–	–	.72	.73	.69
Gardner	148	113	35	42	28	14	43	36	7	38	30	8	20	16	4	5	3	2	–	–	–	.78	.78	.76
Grafton	124	76	48	13	8	5	31	17	14	37	26	11	34	21	13	9	4	5	–	–	–	.86	.85	.86
Medfield	130	92	38	66	40	26	49	37	12	13	13	–	2	2	–	–	–	–	–	–	–	.68	.70	.64
Monson	170	127	43	93	70	23	61	43	18	16	14	2	–	–	–	–	–	–	–	–	–	.67	.67	.67
Northampton	104	77	27	17	11	6	36	27	9	29	21	8	20	17	3	2	1	1	–	–	–	.80	.81	.78
Taunton	77	56	21	39	25	14	17	14	3	19	15	4	2	2	–	–	–	–	–	–	–	.70	.71	.66
Walter E. Fernald	224	162	62	127	85	42	50	41	9	39	30	9	5	4	1	–	–	–	3	2	1	.67	.68	.65
Westborough	12	8	4	5	4	1	5	3	2	1	1	–	–	–	–	–	–	–	1	–	1	.69	.68	.70
Worcester	80	66	14	32	25	7	31	25	6	12	11	1	5	5	–	–	–	–	–	–	–	.72	.72	.68
Wrentham	230	160	70	74	45	29	88	61	27	40	31	9	16	15	1	1	1	–	11	7	4	.73	.75	.70
Div. Mental Hygiene	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	1,918	1,373	545	763	502	261	630	468	162	350	268	82	143	117	26	17	9	8	15	9	6	.73	.73	.71
Per cent	100.0	100.0	100.0	39.8	36.5	47.9	32.8	34.1	29.7	18.2	19.5	15.0	7.5	8.5	4.8	.9	.7	1.5	.8	.7	1.1			

Officials who have bitterly opposed the special class have changed their attitude completely and cannot say enough for this important advance in the educational field. It is probably unnecessary to say that the Department and the clinics are very appreciative of the various voluntary expressions of commendation that have been received. The clinic workers have been laboring in a field which has been fraught with difficulties. Daily our clinics and the workers connected with them have had to meet difficult and trying situations. The way they have handled duties assigned them has earned the commendation of all concerned. There is little doubt but that clinics dealing with children meet some of the most difficult situations confronting any type of clinic. They have to deal not only with the child himself but the parents and, in some cases, the entire family. In addition, they have the grave responsibility of making a diagnosis and rendering advice which may be very significant in the life of the child. The way in which the many trying problems are handled and disposed of reflects a great deal of credit on the clinic personnel.

TABLE 4. — *Personnel of Traveling School Clinics, by Institution, for Year Ended November 30, 1936*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown	Herbert L. Flynn, M.D.	Catherine A. Burnham	Dorothy I. Peeso
Boston Psychopathic	Mary Palmer, M.D.	Marian P. Taylor	Doris L. Day
Boston State	Alberta S. Guibord, M.D. Constance G. Hartwell, M.D.	Mrs. Edith B. James	Florence Armstrong
Danvers	Doris M. Sidwell, M.D. Flora M. Remillard, M.D.	Alice Schoenfuss Faith Kellogg Jane Sullivan Margaret Kelly Rosemary Mehan Barbara Redden	—
Foxborough	Anne L. Clark, M.D. Morris L. Sharp, M.D.	Alice M. Fleming	Rebecca Russakoff
Gardner	Janet S. Barnes, M.D.	Beatrice N. Wolfson	—
Grafton	Anna C. Wellington, M.D.	Emaline L. Kelly	—
Medfield	G. Allen Troxell, M.D. Grace T. Cragg, M.D.	Roland C. Moore	Nina Eldridge Ruth B. Jarvis Esther Odell Ethel Pokross Virginia Stratton
Monson	Calvert Stein, M.D.	Dorothy Roche	Lula P. Hayes Teresa Cotter Ruth Holmes
Northampton	Elizabeth Kundert, M.D.	Maryalys S. Parker	—
Taunton	Olga E. Steinecke, M.D.	Margaret Chapin Annie Heal	Emma S. Lowe Annie Heal
Walter E. Fernald	Esther S. B. Woodward, M.D.	G. Eva L. Stromwall	—
Westborough	Betsy Coffin, M.D.	Adelaide Proctor	Dorothy F. Smith Faith E. Page
Worcester	Lonnie O. Farrar, M.D.	David Shakow Lillian Shapiro Hazel Smith	Velma Grove Helen Gambrell Ethel M. Burnell
Wrentham	Alice M. Patterson, M.D.	Marianna Noyes	—

The school clinic work has suffered a severe loss during the past year through the death of Dr. Alberta S. Guibord of the Boston State Hospital. For many years Dr. Guibord had been carrying on the school clinic work in a highly satisfactory manner.

The various clinics report annually to the Department the cost of operation during the year. These costs include salaries, maintenance, expenses in the field, traveling expenses, supplies, etc. The average cost of each examination for the year 1936 was found to be $5.40. The total cost for fifteen clinics in conducting 8,386 examinations was $45,294.52.

(*f*) *Comparison between Intellectual Status of School Clinic First Examinations and Re-Examinations, 1936*

Table 5 shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 21.2 per cent of the group were mentally defective, while in the re-examinations 39.8 per cent fell in this classification. We also note that the re-examinations present smaller percentages in most of the higher mental classifications. The average intelligence quotient of first examinations was .81, and that for re-examinations was .73 for both sexes.

TABLE 5. — *Percentage Distribution of Intelligence Quotient Groupings of School Clinic First Examinations and Re-examinations, 1936, by Sex*

First Examinations

	Total	I. Q. 0–.69	I. Q. .70–.79	I. Q. .80–.89	I. Q. .90–1.09	I. Q. 1.10 plus	Deferred	Mean Intelligence Quotient
Male	100.0	19.3	29.6	25.7	21.3	3.6	.5	.81
Female	100.0	24.9	27.8	20.0	20.6	5.9	.8	.80
Both Sexes	100.0	21.2	28.9	23.7	21.1	4.4	.7	.81

Re–Examinations

	Total	I. Q. 0–.69	I. Q. .70–.79	I. Q. .80–.89	I. Q. .90–1.09	I. Q. 1.10 plus	Deferred	Mean Intelligence Quotient
Male	100.0	36.5	34.1	19.5	8.5	.7	.7	.73
Female	100.0	47.9	29.7	15.0	4.8	1.5	1.1	.71
Both Sexes	100.0	39.8	32.8	18.2	7.5	.9	.8	.73

Within both groups we see large numbers of females in the mentally defective classification. Among the first examinations the percentages feebleminded are 19.3 for males and 24.9 for females; in the re-examinations the same relationships are observed: 36.5 for males and 47.9 per cent for females. We expect the lower grade cases to return for re-examination, but here we note that the females return in decidedly larger proportions than the males.

(*g*) *Comparison between Intellectual Status of School Clinic First Examinations and Re-Examinations, 1928-1936, Inclusive*

Table 6 presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928-1936, inclusive. While it is dangerous to generalize, we note that there appears to be an upward trend in the intelligence of cases coming up for first examination from 1928 to 1936. The startling increase in average I. Q. for 1933 is to be expected inasmuch as problem as well as retarded children were being referred for examination. In 1928, 43.8 per cent of first examinations were mentally defective. In 1929 this was diminished to 35.9 per cent, but in 1930 increased to 38.7 per cent. However, during the period 1931–1935 a steady decrease is noted as follows: 1931 — 32.1 per cent; 1932 — 30.9 per cent; 1933 — 23.9 per cent; 1934 — 22.6 per cent; and in 1935 — 20.7 per cent. For the year 1936 an increase is observed to 21.2 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929 this was raised to .73; in 1930 it fell one point to .72; but for the years 1931–1935, inclusive, it increased steadily, the average I. Q.'s being .73, .74, .79, .79, and .81, respectively. In 1936, this average remained at .81.

Among the re-examinations 54.8 per cent were mentally defective in 1928; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent; in 1931, 46.7 per cent; in 1932, 45.4 per cent; in 1933 an increase to 46.6 per cent; and in 1934 and 1935 a drop to 40.4 and 37.7 per cent, respectively. The year 1936 showed an increase to 39.8 per cent.

The average I. Q. for 1928 was .66; for 1929, .70; for 1930, 1931 and 1932, .69; for 1933 and 1934, .70; and for 1935 and 1936, .73. We see here a suggestion that the mental status of cases coming up for both first examination and re-examination tends to show an upward trend.

(*h*) *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1936, by Place of Residence and Sex.*

Table 7 reveals that a total of 8,386 examinations were conducted by all clinics during the year 1936. Of these 6,468 or 77.1 per cent were first examinations and 1,918 or 22.9 per cent were re-examinations. The sex difference is noticeable in that 5,651 or 67.4 per cent of all examinations were males and 2,735 or 32.6 per cent were females.

Table 6. — *Intellectual Status of School Clinic First and Re-examinations for the Years 1928–1936 Inclusive*

First Examinations

		Total	I. Q. 0–.69	I. Q. .70–.79	I. Q. .80–.89	I. Q. .90–1.09	I. Q. 1.10 plus	Diagnosis Deferred	Average I. Q.
1928	Number .	4,916	2,150	1,206	769	327	16	448	
	Per cent .	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929	Number .	4,923	1,772	1,437	722	407	34	551	
	Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930	Number .	5,224	2,025	1,569	799	362	23	446	
	Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931	Number .	5,015	1,610	1,536	960	371	16	522	
	Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932	Number .	4,461	1,377	1,336	928	395	19	406	
	Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933	Number .	6,569	1,571	1,609	1,365	1,209	180	635	
	Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79
1934	Number .	6,445	1,459	1,563	1,303	1,177	153	790	
	Per cent .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79
1935	Number .	6,636	1,371	1,893	1,688	1,446	182	56	
	Per cent .	100.0	20.7	28.5	25.4	21.8	2.7	.9	.81
1936	Number .	6,468	1,372	1,872	1,535	1,362	285	42	
	Per cent .	100.0	21.2	28.9	23.7	21.1	4.4	.7	.81

Re-Examinations

		Total	I. Q. 0–.69	I. Q. .70–.79	I. Q. .80–.89	I. Q. .90–1.09	I. Q. 1.10 plus	Diagnosis Deferred	Average I. Q.
1928	Number .	1,370	746	357	158	56	2	51	
	Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929	Number .	1,336	624	367	179	70	8	88	
	Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930	Number .	1,303	648	390	165	48	1	51	
	Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931	Number .	1,424	664	430	208	38	1	83	
	Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932	Number .	1,618	734	539	201	53	–	91	
	Per cent .	100.0	45.4	33.3	12.4	3.3	–	5.6	.69
1933	Number .	2,087	973	588	290	97	3	136	
	Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70
1934	Number .	1,792	725	539	234	83	3	208	
	Per cent .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70
1935	Number .	2,087	787	695	425	166	6	8	
	Per cent .	100.0	37.7	33.3	20.4	7.9	.3	.4	.73
1936	Number .	1,918	763	630	350	143	17	15	
	Per cent .	100.0	39.8	32.8	18.2	7.5	.9	.8	.73

Of all examinations 2,559 or 30.5 per cent were recommended for special classes: 30.3 per cent of the males and 31.0 per cent of the females. Three hundred ninety or 4.7 per cent of the total were recommended for placement within a state school: 3.8 per cent of the males and 6.3 per cent of the females. *A total of 2,559 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having first examinations during 1936 is now 5,993, we can see the great need for additional special class provision.

Several interesting sex differences are demonstrated in Table 7. In the total children coming up for examination the boys outnumber the girls in a 2:1 ratio. In the first examinations the ratio is approximately 2:1. In the re-examinations the boys show a decidedly higher proportion, the ratio being 2.5:1. In the total number recommended for special class the males again present the 2:1 ratio. However, in cases recommended for placement in a state school the boys make a better

TABLE 7. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1936, by Place of Residence and Sex*

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS			RE-EXAMINATIONS			TOTAL EXAMINATIONS			RECOMMENDATIONS								
											For Special Class			For Institutional Care*			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Abington	Taun.	30	23	7	3	2	1	33	25	8	13	8	5	–	–	–	20	17	3
Acton	Wor.	17	10	7	3	–	3	20	10	10	10	5	5	2	–	2	8	5	3
Acushnet	Taun.	38	25	13	–	–	–	38	25	13	24	12	12	1	1	–	13	12	1
Agawam	Mon.	41	26	15	16	13	3	57	39	18	34	18	16	1	–	1	22	21	1
Amesbury	Dan.	7	6	1	1	–	1	8	6	2	6	5	1	–	–	–	2	1	1
Andover	Dan.	55	44	11	21	15	6	76	59	17	35	31	4	3	1	2	38	27	11
Ashburnham	Gard.	4	2	2	–	–	–	4	2	2	1	–	1	–	–	–	3	2	1
Ashby	Gard.	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Ashland	Wor.	9	9	–	–	–	–	9	9	–	1	1	–	–	–	–	8	8	–
Athol	Gard.	11	8	3	8	7	1	19	15	4	1	1	–	1	1	–	17	13	4
Attleborough	Wren.	64	43	21	5	4	1	69	47	22	22	17	5	5	2	3	42	28	14
Avon	Taun.	7	4	3	–	–	–	7	4	3	1	1	–	1	–	1	5	3	2
Ayer	Wor.	5	2	3	2	2	–	7	4	3	5	3	2	–	–	–	2	1	1
Barnstable	Taun.	8	4	4	–	–	–	8	4	4	3	1	2	–	–	–	5	3	2
Bedford	Graf.	64	33	31	3	1	2	67	34	33	6	1	5	–	–	–	61	33	28
Bellingham	Fox.	28	18	10	4	4	–	32	22	10	13	9	4	–	–	–	19	13	6
Belmont	Graf.	43	26	17	8	5	3	51	31	20	9	5	4	1	1	–	41	25	16
Berkley	Taun.	3	2	1	1	1	–	4	3	1	2	2	–	–	–	–	2	1	1
Beverly	Dan.	43	28	15	16	14	2	59	42	17	15	10	5	2	–	2	42	32	10
Billerica	Dan.	15	10	5	17	9	8	32	19	13	20	13	7	–	–	–	12	6	6
Bolton	Graf.	12	7	5	1	1	–	13	8	5	1	1	–	–	–	–	12	7	5
Boston	Psy.	10	7	3	5	2	3	15	9	6	2	2	–	–	–	–	13	7	6
Braintree	Fox.	27	20	7	5	4	1	32	24	8	11	7	4	2	1	1	19	16	3
Brewster	W.E.F.	10	7	3	–	–	–	10	7	3	5	2	3	1	1	–	4	4	–
Bridgewater	Fox.	27	17	10	11	8	3	38	25	13	11	5	6	4	2	2	23	18	5
Brockton	Wren.	72	46	26	40	26	14	112	72	40	23	12	11	10	4	6	79	56	23
Brookline	Psy.	1	–	1	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–
Buckland	North.	2	2	–	1	1	–	3	3	–	–	–	–	1	1	–	2	2	–
Burlington	Dan.	8	7	1	5	5	–	13	12	1	10	9	1	–	–	–	3	3	–
Cambridge	Wren.	142	93	49	27	24	3	169	117	52	52	36	16	18	7	11	99	74	25
Canton	Fox.	14	11	3	6	6	–	20	17	3	11	11	–	1	–	1	8	6	2
Carlisle	Graf.	8	3	5	–	–	–	8	3	5	–	–	–	–	–	–	8	3	5
Carver	Taun.	5	3	2	–	–	–	5	3	2	5	3	2	–	–	–	–	–	–
Charlemont	North.	4	3	1	1	1	–	5	4	1	2	1	1	1	1	–	2	2	–
Chelsea	Wren.	67	51	16	41	27	14	108	78	30	19	11	8	11	6	5	78	61	17

Chesterfield	Bel.	–	–	–	2	2	–	2	2	–	1	1	–	1	1	–	–	–	–
Chicopee	Mon.	32	23	9	23	17	6	55	40	15	32	25	7	1	–	1	22	15	7
Cohasset	Fox.	9	7	2	4	4	–	13	11	2	2	1	1	–	–	–	11	10	1
Colrain	North.	8	5	3	1	1	–	9	6	3	1	–	1	1	–	1	7	6	1
Concord	Graf.	176	103	73	12	7	5	188	110	78	3	3	–	1	–	1	184	107	77
Conway	Bel.	6	5	1	–	–	–	6	5	1	6	5	1	–	–	–	–	–	–
Danvers	W.E.F.	12	5	7	2	2	–	14	7	7	10	4	6	1	–	1	3	3	–
Dedham	Wren.	43	33	10	9	5	4	52	38	14	22	17	5	4	3	1	26	18	8
Deerfield	Bel.	8	7	1	1	–	1	9	7	2	5	4	1	1	1	–	3	2	1
Dighton	Taun.	5	5	–	–	–	–	5	5	–	2	2	–	–	–	–	3	3	–
Douglas	Wor.	13	10	3	–	–	–	13	10	3	6	5	1	–	–	–	7	5	2
Dracut	Dan.	5	5	–	3	2	1	8	7	1	5	4	1	–	–	–	3	3	–
Dudley	West.	10	7	3	–	–	–	10	7	3	1	1	–	2	2	–	7	4	3
Duxbury	Taun.	9	5	4	–	–	–	9	5	4	5	3	2	–	–	–	4	2	2
East Bridgewater . .	Fox.	5	3	2	7	5	2	12	8	4	1	–	1	1	1	–	10	7	3
East Brookfield. . .	Wor.	3	1	2	5	5	–	8	6	2	4	4	–	–	–	–	4	2	2
Easthampton . . .	Bel.	12	9	3	11	9	2	23	18	5	12	7	5	1	1	–	10	10	–
East Longmeadow . .	Bel.	11	7	4	2	2	–	13	9	4	4	4	–	2	1	1	7	4	3
Erving	Gard.	4	4	–	3	3	–	7	7	–	1	1	–	1	1	–	5	5	–
Everett	Boston	116	70	46	61	42	19	177	112	65	50	30	20	9	2	7	118	80	38
Fairhaven	Taun.	18	11	7	16	14	2	34	25	9	18	13	5	2	2	–	14	10	4
Fall River	W.E.F.	148	94	54	6	5	1	154	99	55	48	31	17	27	18	9	79	50	29
Falmouth	Taun.	35	19	16	–	–	–	35	19	16	11	6	5	3	1	2	21	12	9
Fitchburg	Gard.	196	124	72	70	51	19	266	175	91	21	11	10	–	–	–	245	164	81
Florida	North.	2	2	–	–	–	–	2	2	–	1	1	–	–	–	–	1	1	–
Foxborough . . .	Fox.	1	1	–	16	13	3	17	14	3	4	3	1	–	–	–	13	11	2
Framingham . . .	Wren.	35	24	11	6	6	–	41	30	11	16	9	7	3	2	1	22	19	3
Franklin	Wren.	7	6	1	6	3	3	13	9	4	6	3	3	–	–	–	7	6	1
Freetown	Taun.	13	11	2	1	–	1	14	11	3	6	5	1	–	–	–	8	6	2
Gardner	Gard.	19	13	6	21	18	3	40	31	9	15	9	6	2	2	–	23	20	3
Gloucester . . .	Dan.	44	28	16	–	–	–	44	28	16	21	17	4	2	–	2	21	11	10
Grafton	Graf.	93	56	37	13	7	6	106	63	43	21	12	9	–	–	–	85	51	34
Granby	Bel.	25	18	7	–	–	–	25	18	7	9	6	3	–	–	–	16	12	4
Great Barrington . .	North.	1	1	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–
Greenfield	Bel.	38	30	8	37	27	10	75	57	18	11	5	6	6	3	3	58	49	9
Groton	Graf.	18	9	9	1	–	1	19	9	10	–	–	–	–	–	–	19	9	10
Hamilton	Dan.	3	2	1	–	–	–	3	2	1	–	–	–	–	–	–	3	2	1
Hanover	Taun.	10	7	3	2	–	2	12	7	5	4	3	1	–	–	–	8	4	4
Hanson	Taun.	3	1	2	1	1	–	4	2	2	2	2	–	–	–	–	2	–	2
Harvard	Graf.	13	7	6	–	–	–	13	7	6	1	1	–	1	1	–	11	5	6
Haverhill	Dan.	13	11	2	–	–	–	13	11	2	2	1	1	–	–	–	11	10	1
Hawley	North.	4	2	2	2	1	1	6	3	3	1	1	–	–	–	–	5	2	3
Heath	North.	3	2	1	1	1	–	4	3	1	–	–	–	–	–	–	4	3	1
Hingham	Fox.	50	31	19	15	10	5	65	41	24	7	5	2	–	–	–	58	36	22
Hinsdale	Bel.	5	5	–	–	–	–	5	5	–	2	2	–	–	–	–	3	3	–
Holbrook	Taun.	1	1	–	1	1	–	2	2	–	1	1	–	–	–	–	1	1	–
Holyoke	Bel.	105	76	29	61	53	8	166	129	37	34	26	8	23	17	6	109	86	23

Table 7. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1936, by Place of Residence and Sex* — Continued

City or Town	Institution Traveling School Clinic	First Examinations			Re-Examinations			Total Examinations			Recommendations								
											For Special Class			For Institutional Care			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Hopkinton	Wor.	16	9	7	–	–	–	16	9	7	4	1	3	–	–	–	12	8	4
Hudson	Graf.	31	17	14	–	–	–	31	17	14	8	1	7	–	–	–	23	16	7
Hull	Fox.	2	2	–	10	5	5	12	7	5	3	1	2	1	–	1	8	6	2
Kingston	Taun.	16	11	5	4	4	–	20	15	5	3	2	1	–	–	–	17	13	4
Lancaster	Graf.	27	13	14	5	2	3	32	15	17	3	1	2	1	–	1	28	14	14
Lawrence	Dan.	97	69	28	1	1	–	98	70	28	41	29	12	4	2	2	53	39	14
Leicester	Wor.	9	5	4	13	10	3	22	15	7	11	6	5	1	1	–	10	8	2
Lenox	North.	20	17	3	–	–	–	20	17	3	5	4	1	–	–	–	15	13	2
Leominster	Graf.	176	104	72	37	24	13	213	128	85	22	9	13	4	2	2	187	117	70
Leverett	Gard.	1	–	1	1	–	1	2	–	2	–	–	–	1	–	1	1	–	1
Lexington	Graf.	264	134	130	28	20	8	292	154	138	17	10	7	–	–	–	275	144	131
Littleton	Graf.	41	21	20	6	3	3	47	24	23	2	1	1	–	–	–	45	23	22
Longmeadow	Mon.	18	12	6	12	10	2	30	22	8	2	1	1	–	–	–	28	21	7
Lowell	Dan.	3	2	1	–	–	–	3	2	1	–	–	–	1	–	1	2	2	–
Ludlow	Mon.	16	8	8	15	13	2	31	21	10	15	7	8	1	1	–	15	13	2
Lunenberg	Gard.	2	1	1	1	1	–	3	2	1	–	–	–	–	–	–	3	2	1
Lynn	W.E.F.	64	46	18	5	5	–	69	51	18	48	36	12	4	2	2	17	13	4
Mansfield	Fox.	2	1	1	6	3	3	8	4	4	3	2	1	–	–	–	5	2	3
Marblehead	Dan.	56	43	13	1	1	–	57	44	13	41	33	8	–	–	–	16	11	5
Marion	Taun.	48	29	19	6	4	2	54	33	21	7	5	2	–	–	–	47	28	19
Marlborough	Wren.	31	25	6	15	10	5	46	35	11	14	10	4	3	1	2	29	24	5
Marshfield	Taun.	1	1	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–
Mattapoisett	Taun.	4	2	2	7	4	3	11	6	5	6	4	2	–	–	–	5	2	3
Maynard	Graf.	18	9	9	–	–	–	18	9	9	5	2	3	–	–	–	13	7	6
Medford	Med.	57	41	16	74	51	23	131	92	39	46	31	15	5	2	3	80	59	21
Melrose	Med.	63	47	16	25	18	7	88	65	23	7	4	3	–	–	–	81	61	20
Mendon	Fox.	17	15	2	–	–	–	17	15	2	5	4	1	–	–	–	12	11	1
Merrimac	Dan.	4	4	–	5	4	1	9	8	1	6	5	1	2	2	–	1	1	–
Methuen	Dan.	9	7	2	1	1	–	10	8	2	6	6	–	1	1	–	3	1	2
Middleborough	Taun.	19	14	5	7	6	1	26	20	6	16	11	5	–	–	–	10	9	1
Milford	Wren.	24	15	9	6	6	–	30	21	9	14	9	5	2	2	–	14	10	4
Milton	Fox.	29	19	10	5	3	2	34	22	12	7	4	3	–	–	–	27	18	9
Montague	North.	58	38	20	35	25	10	93	63	30	12	8	4	3	1	2	78	54	24
Nahant	Dan.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–

Nantucket	Taun.	22	16	6	–	–	–	22	16	6	13	8	5	1	1	–	8	7	1
Natick	Graf.	100	65	35	11	6	5	111	71	40	7	4	3	1	1	–	103	66	37
Needham	Fox.	12	11	1	6	2	4	18	13	5	10	8	2	–	–	–	8	5	3
New Bedford	W.E.F.	101	71	30	7	5	2	108	76	32	80	59	21	3	1	2	25	16	9
New Braintree	Wor.	1	1	–	3	3	–	4	4	–	2	2	–	–	–	–	2	2	–
Newbury	Dan.	3	2	1	2	2	–	5	4	1	4	4	–	–	–	–	1	–	1
Newburyport	Dan.	39	26	13	7	6	1	46	32	14	30	18	12	–	–	–	16	14	2
New Marlborough	North.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–
North Adams	North.	77	53	24	58	43	15	135	96	39	19	13	6	6	5	1	110	78	32
Northampton	Bel.	14	13	1	31	14	17	45	27	18	16	10	6	9	5	4	20	12	8
North Andover	Dan.	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
North Attleborough	Wren.	9	9	–	9	6	3	18	15	3	5	4	1	3	1	2	10	10	–
Northborough	Wor.	3	3	–	–	–	–	3	3	–	1	1	–	–	–	–	2	2	–
Northbridge	Graf.	48	26	22	–	–	–	48	26	22	–	–	–	–	–	–	48	26	22
North Brookfield	Wor.	2	1	1	10	9	1	12	10	2	6	6	–	–	–	–	6	4	2
North Reading	Psy.	31	23	8	1	–	1	32	23	9	3	3	–	1	1	–	28	19	9
Norton	Fox.	5	3	2	–	–	–	5	3	2	3	2	1	–	–	–	2	1	1
Norwell	Taun.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–
Norwood	Fox.	24	17	7	28	21	7	52	38	14	11	7	4	1	1	–	40	30	10
Orange	Gard.	20	11	9	23	18	5	43	29	14	11	7	4	1	–	1	31	22	9
Palmer	Mon.	51	35	16	32	21	11	83	56	27	50	34	16	2	2	–	31	20	11
Peabody	Dan.	106	77	29	3	1	2	109	78	31	66	41	25	5	5	–	38	32	6
Pembroke	Taun.	16	15	1	–	–	–	16	15	1	4	4	–	2	2	–	10	9	1
Pepperell	Wor.	4	4	–	1	1	–	5	5	–	4	4	–	–	–	–	1	1	–
Peru	Bel.	4	4	–	–	–	–	4	4	–	3	3	–	–	–	–	1	1	–
Petersham	Gard.	3	2	1	–	–	–	3	2	1	1	–	1	–	–	–	2	2	–
Pittsfield	Bel.	73	46	27	24	16	8	97	62	35	23	16	7	4	2	2	70	44	26
Plymouth	Wren.	59	32	27	11	9	2	70	41	29	15	10	5	–	–	–	55	31	24
Princeton	Wor.	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	2	2	–
Quincy	Wren.	153	100	53	35	20	15	188	120	68	50	27	23	4	2	2	134	91	43
Randolph	Taun.	14	9	5	–	–	–	14	9	5	6	5	1	–	–	–	8	4	4
Raynham	Taun.	6	5	1	1	1	–	7	6	1	3	2	1	–	–	–	4	4	–
Reading	Psy.	50	30	20	–	–	–	50	30	20	3	2	1	–	–	–	47	28	19
Rehoboth	Taun.	20	16	4	–	–	–	20	16	4	9	7	2	2	–	2	9	9	–
Revere	W.E.F.	116	76	40	22	18	4	138	94	44	76	53	23	6	2	4	56	39	17
Rochester	Taun.	4	4	–	–	–	–	4	4	–	3	3	–	–	–	–	1	1	–
Rockland	Taun.	7	5	2	3	1	2	10	6	4	3	2	1	2	–	2	5	4	1
Rockport	Dan.	6	5	1	1	1	–	7	6	1	4	4	–	–	–	–	3	2	1
Royalston	Gard.	2	1	1	1	1	–	3	2	1	–	–	–	–	–	–	3	2	1
Salem	W.E.F.	60	47	13	9	8	1	69	55	14	30	24	6	12	8	4	27	23	4
Salisbury	Dan.	14	9	5	10	6	4	24	15	9	19	13	6	1	–	1	4	2	2
Saugus	Dan.	19	13	6	–	–	–	19	13	6	1	–	1	4	3	1	14	10	4
Scituate	Taun.	7	5	2	–	–	–	7	5	2	4	2	2	1	1	–	2	2	–
Seekonk	Taun.	147	89	58	11	7	4	158	96	62	10	6	4	1	1	–	147	89	58
Sharon	Fox.	11	6	5	11	9	2	22	15	7	4	3	1	–	–	–	18	12	6
Shelburne	North.	15	11	4	6	4	2	21	15	6	3	1	2	2	1	1	16	13	3
Shirley	Wor.	1	1	–	6	5	1	7	6	1	4	3	1	1	1	–	2	2	–

TABLE 7. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1936, by Place of Residence and Sex* — Concluded

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS			RE-EXAMINATIONS			TOTAL EXAMINATIONS			RECOMMENDATIONS								
											For Special Class			For Institutional Care			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Shrewsbury	Wor.	20	15	5	5	3	2	25	18	7	9	5	4	–	–	–	16	13	3
Somerset	W.E.F.	16	13	3	6	4	2	22	17	5	18	14	4	–	–	–	4	3	1
Somerville	Boston	189	139	50	61	35	26	250	174	76	49	29	20	12	7	5	189	138	51
Southborough	Wor.	3	1	2	8	7	1	11	8	3	3	3	–	–	–	–	8	5	3
Southbridge	West.	48	32	16	10	6	4	58	38	20	14	8	6	2	–	2	42	30	12
South Hadley	Bel.	33	23	10	18	13	5	51	36	15	12	7	5	2	2	–	37	27	10
Southwick	Bel.	–	–	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–
Sterling	Wor.	11	10	1	1	1	–	12	11	1	6	5	1	–	–	–	6	6	–
Stockbridge	North.	1	–	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–
Stoneham	Med.	8	5	3	4	3	1	12	8	4	7	4	3	1	1	–	4	3	1
Stoughton	Fox.	10	8	2	10	10	–	20	18	2	9	7	2	1	1	–	10	10	–
Stow	Graf.	8	4	4	–	–	–	8	4	4	–	–	–	–	–	–	8	4	4
Sudbury	Wor.	1	1	–	5	5	–	6	6	–	2	2	–	–	–	–	4	4	–
Sunderland	Bel.	4	3	1	2	2	–	6	5	1	2	2	–	1	1	–	3	2	1
Swampscott	Dan.	19	12	7	18	13	5	37	25	12	13	9	4	–	–	–	24	16	8
Swansea	W.E.F.	16	13	3	3	–	3	19	13	6	9	7	2	2	1	1	8	5	3
Templeton	Gard.	8	5	3	4	3	1	12	8	4	1	–	1	–	–	–	11	8	3
Tisbury	Taun.	44	28	16	–	–	–	44	28	16	6	5	1	–	–	–	38	23	15
Townsend	Gard.	5	4	1	2	1	1	7	5	2	1	1	–	1	–	1	5	4	1
Tyngsborough	Dan.	3	3	–	–	–	–	3	3	–	–	–	–	–	–	–	3	3	–
Upton	Graf.	14	12	2	–	–	–	14	12	2	3	2	1	–	–	–	11	10	1
Uxbridge	Wor.	31	25	6	3	3	–	34	28	6	22	17	5	–	–	–	12	11	1
Wakefield	Med.	52	33	19	23	16	7	75	49	26	45	30	15	1	1	–	29	18	11
Walpole	Fox.	12	8	4	12	8	4	24	16	8	5	1	4	–	–	–	19	15	4
Waltham	W.E.F.	63	34	29	44	34	10	107	68	39	45	27	18	20	13	7	42	28	14
Ware	Bel.	18	12	6	8	5	3	26	17	9	17	13	4	5	1	4	4	3	1
Wareham	Taun.	18	7	11	2	1	1	20	8	12	13	4	9	1	–	1	6	4	2
Warren	Wor.	11	7	4	10	8	2	21	15	6	15	12	3	–	–	–	6	3	3
Washington	Bel.	2	1	1	–	–	–	2	1	1	2	1	1	–	–	–	–	–	–
Watertown	W.E.F.	61	44	17	17	11	6	78	55	23	31	23	8	6	2	4	41	30	11
Wayland	Wor.	2	1	1	–	–	–	2	1	1	1	1	–	1	–	1	–	–	–
Webster	West.	20	14	6	2	2	–	22	16	6	5	5	–	–	–	–	17	11	6
Wellesley	Fox.	33	23	10	1	1	–	34	24	10	4	3	1	–	–	–	30	21	9
Wendell	Gard.	2	2	–	2	2	–	4	4	–	2	2	–	1	1	–	1	1	–

West Boylston . . .	Wor.	2	2	–	3	2	1	5	4	1	–	–	–	–	–	–	5	4	1
West Bridgewater . .	Taun.	5	3	2	–	–	–	5	3	2	4	3	1	–	–	–	1	–	1
West Brookfield . .	Wor.	5	4	1	2	2	–	7	6	1	5	4	1	–	–	–	2	2	–
Westfield	Mon.	77	53	24	40	28	12	117	81	36	59	37	22	1	1	–	57	43	14
West Newbury . .	Dan.	6	6	–	9	6	3	15	12	3	9	8	1	–	–	–	6	4	2
Weston	Med.	11	8	3	2	2	–	13	10	3	2	2	–	1	–	1	10	8	2
Westport	Taun.	17	10	7	–	–	–	17	10	7	12	7	5	–	–	–	5	3	2
West Springfield . .	Mon.	56	39	17	32	25	7	88	64	24	31	20	11	5	3	2	52	41	11
Weymouth. . . .	Fox.	37	31	6	4	3	1	41	34	7	10	6	4	–	–	–	31	28	3
Whately	Bel.	2	2	–	–	–	–	2	2	–	2	2	–	–	–	–	–	–	–
Whitman	Taun.	10	10	–	11	9	2	21	19	2	4	4	–	5	4	1	12	11	1
Wilbraham . . .	Bel.	7	5	2	6	3	3	13	8	5	5	3	2	1	1	–	7	4	3
Williamsburg . . .	Bel.	4	3	1	6	4	2	10	7	3	6	5	1	3	1	2	1	1	–
Wilmington . . .	Dan.	36	30	6	1	1	–	37	31	6	30	24	6	2	2	–	5	5	–
Winchendon . . .	Gard.	62	38	24	11	8	3	73	46	27	16	11	5	1	–	1	56	35	21
Winchester . . .	Med.	22	15	7	–	–	–	22	15	7	11	7	4	–	–	–	11	8	3
Winthrop	Wren.	10	5	5	16	13	3	26	18	8	3	–	3	1	1	–	22	17	5
Woburn	Med.	1	1	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–
Worcester	W.E.F.	277	168	109	105	71	34	382	239	143	162	102	60	39	18	21	181	119	62
Worthington . . .	Bel.	–	–	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–
Yarmouth	W.E.F.	15	13	2	–	–	–	15	13	2	7	6	1	1	1	–	7	6	1
Total		6,468	4,278	2,190	1,918	1,373	545	8,386	5,651	2,735	2,559	1,712	847	390	216	174	5,437	3,723	1,714
Per cent . . .		77.1	75.7	80.1	22.9	24.3	19.9	100.0	100.0	100.0	30.5	30.3	31.0	4.7	3.8	6.3	64.8	65.9	62.7

*Children recommended for institutional care are usually kept in special classes until their admission can be arranged.

showing, the ratio dropping to 1.2:1. Conduct in boys plus mental retardation has been suggested as the reason for the larger numbers being referred for examination in the observed 2:1 ratio. However, the relatively smaller proportion of boys recommended for admission to state schools interferes with the acceptance of conduct as the deciding factor. This situation turns us to a consideration of other factors. We may assume that the environmental and social stresses are practically the same for both sexes. With conduct and environment ruled out of consideration we are forced to turn to other possibilities. Is there some factor in the personality or adaptability of males rendering difficult their adjustment to the present school curriculum? It is possible, of course, that the present curriculum or scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, the boys find it much more difficult to adjust to that life period spent in the public schools and become retarded in their school work in approximately a 2:1 ratio as compared with the girls.

(*j*) *Total Examinations, 1926-1936, by Clinic*

Table 8 outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926–1936, inclusive. In considering these last eleven years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic, a total of 15,059 cases for the eleven years. The clinic of the Wrentham State School is second with 8,875 examinations; the clinic of the Grafton State Hospital is third with a total of 7,502 examinations during this period; Northampton is fourth, with 6,931 cases; Foxborough State Hospital is fifth, with 5,129 examinations; and Boston State Hospital is sixth with 4,876 examinations. The foregoing clinics are to be particularly commended for their activities, inasmuch as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

TABLE 8. — *Total School Clinic Examinations Conducted for the Years 1926–1936 Inclusive*

CLINIC	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Belchertown	–	–	251	114	474	522	401	846	544	736	578
Boston Psycho.	271	121	141	130	81	126	113	200	57	104	93
Boston State	355	527	441	502	454	397	410	527	439	398	426
Danvers	162	132	176	255	338	343	324	425	433	646	717
Foxborough	300	431	303	485	375	445	515	612	642	549	472
Gardner	122	58	125	164	107	125	261	343	318	282	492
Grafton	66	–	343	327	240	384	295	1,369	1,556	1,611	1,311
Medfield	70	298	510	419	239	322	360	234	341	324	351
Monson	384	398	225	395	494	439	304	514	398	525	461
Northampton	708	876	1,000	581	769	523	443	697	582	447	305
Taunton	90	230	360	292	324	353	309	335	339	522	676
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284	1,166	1,208	1,172
Westborough	–	26	85	–	34	78	117	78	71	80	89
Worcester	110	402	197	300	114	37	265	293	371	265	248
Wrentham	603	726	637	777	882	907	607	899	980	951	906
Div. Men.Hygiene	–	–	–	–	–	–	–	–	–	75	89
Total	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656	8,237	8,723	8,386

In comparing the number of examinations for the two years 1935 and 1936, we notice increases for the following clinics: Boston State, Danvers, Gardner, Medfield, Taunton and Westborough.

(*k*) *Total Towns Examined, 1926–1936*

Table 9 gives the number of towns in which clinics were conducted during 1936. Between 1926 and 1936 the total number of towns in which examinations were held increased from 113 to 247, the largest number of towns being examined during 1935. The state-wide nature of the school clinic examining plan is clearly outlined in this figure. In 1936 the clinics were visiting 61 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Table 9. — *Number of Towns in Which School Clinics were Conducted, 1926–1936, Inclusive*

Clinic	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Belchertown	–	–	4	4	4	7	6	26	20	23	21
Boston Psychopathic	1	1	1	1	1	1	1	2	2	2	4
Boston State	2	3	2	2	2	2	2	2	2	3	2
Danvers	7	9	7	15	15	9	10	18	13	29	26
Foxborough	7	13	14	12	13	15	16	17	21	22	20
Gardner	11	9	12	8	13	9	9	12	19	17	15
Grafton	2	–	10	11	10	17	11	20	18	18	18
Medfield	2	5	7	7	2	7	10	10	10	12	7
Monson	4	4	3	4	3	6	6	7	7	7	7
Northampton	40	34	36	28	6	18	20	18	24	19	13
Taunton	4	19	15	17	15	20	16	20	25	34	34
Walter E. Fernald	18	25	24	24	26	24	20	18	21	16	13
Westborough	–	1	3	–	1	2	4	3	4	5	3
Worcester	5	26	7	24	15	4	25	21	31	27	22
Wrentham	10	13	11	11	13	13	10	12	15	13	13
Total	113	162	156	168	139	154	166	206	232	247	218

Many inquiries from other states directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most states of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. Incidence of Retardation, 1936

Table 10 presents a summary of facts in connection with 215 towns in which first examinations were held by one of our clinics during the year 1936. It presents the school population in the grammer grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1936. As first examinations only are included we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 353,598 children. Of the total of 215 cities, towns and villages having a first examination, 127 were maintaining a total of 371 special classes, or one special class to approximately every 953 children of the total school population. Eighty-eight smaller communities with a total population of 29,954 children were not maintaining special classes. While 40 per cent of the communities examined were not maintaining special classes, we observe that 91 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which interfere with the establishment of special classes. In column 9 we observe that the percentage of the total school population referred for retardation during 1936 for the entire group was 1.82 per cent. However, in the towns having no special classes the percentage of the school population referred as retarded for 1936 was 2.97 per cent.

Table 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1936: Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population* (a) *in Special Classes,* (b) *Referred to Psychiatric Clinics,* (c) *Diagnosed as Retarded, by Place of Residence*

(1)	(2)	(3)	(4)	(5)	(6) 5÷3	(7)			(8)			(9)			(10) 7+8+9 ÷ 3	(11) 7÷3	(12) 8+9 ÷ 3
City or Town	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	First Examinations by Traveling Clinics Diagnosis									Per Cent of School Population, 1936		
						Mentally Defective			Not Mentally Defective			Deferred			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
						T.	M.	F.	T.	M.	F.	T.	M.	F.			
Abington	Taun.	747	–	–	–	7	4	3	23	19	4	–	–	–	4.01	.93	3.08
Acton	Wor.	342	–	–	–	4	2	2	12	8	4	1	–	1	4.97	1.17	3.80
Acushnet	Taun.	585	1	15	2.56	21	12	9	17	13	4	–	–	–	6.49	3.59	2.90
Agawam	Mon.	1,387	2	37	2.66	13	7	6	28	19	9	–	–	–	2.95	.93	2.02
Amesbury	Dan.	826	2	31	3.75	6	6	–	1	–	1	–	–	–	.84	.72	.12
Andover	Dan.	1,068	2	36	3.37	10	6	4	45	38	7	–	–	–	5.14	.93	4.21
Ashburnham	Gard.	291	–	–	–	2	2	–	2	–	2	–	–	–	1.38	.69	.69
Ashby	Gard.	125	–	–	–	–	–	–	1	–	1	–	–	–	.80	–	.80
Ashland	Wor.	356	–	–	–	–	–	–	9	9	–	–	–	–	2.52	–	2.52
Athol	Gard.	1,653	1	13	.78	3	3	–	8	5	3	–	–	–	.66	.18	.48
Attleboro	Wren.	3,036	1	18	.59	23	13	10	39	28	11	2	2	–	2.10	.75	1.35
Avon	Taun.	304	–	–	–	2	1	1	5	3	2	–	–	–	2.30	.66	1.64
Ayer	Wor.	465	–	–	–	2	–	2	3	2	1	–	–	–	1.07	.43	.64
Barnstable	Taun.	1,369	2	41	2.99	2	–	2	6	4	2	–	–	–	.58	.14	.44
Bedford	Graf.	393	1	16	4.07	4	1	3	60	32	28	–	–	–	16.28	1.02	15.26
Bellingham	Fox.	602	1	17	2.82	4	2	2	24	16	8	–	–	–	4.65	.66	3.99
Belmont	Graf.	3,755	2	24	.63	1	–	1	42	26	16	–	–	–	1.14	.02	1.12
Berkley	Taun.	236	–	–	–	–	–	–	3	2	1	–	–	–	1.27	–	1.27
Beverly	Dan.	2,858	1	49	1.71	6	2	4	37	26	11	–	–	–	1.50	.21	1.29
Billerica	Dan.	1,272	1	16	1.25	6	4	2	6	5	1	3	1	2	1.17	.47	.70
Bolton	Graf.	97	–	–	–	–	–	–	12	7	5	–	–	–	12.37	–	12.37
Boston	Psycho.	*98,341	–	–	–	5	3	2	5	4	1	–	–	–	–	–	–
Braintree	Fox.	2,829	3	42	1.48	5	2	3	22	18	4	–	–	–	.95	.17	.78
Brewster	W.E.F.	101	–	–	–	–	–	–	10	7	3	–	–	–	9.90	–	9.90
Bridgewater	Fox.	1,108	2	35	3.15	8	–	8	19	17	2	–	–	–	2.43	.72	1.71
Brockton	Wren.	7,525	4	71	.94	13	6	7	57	39	18	2	1	1	.95	.17	.78
Brookline	Psycho.	*4,149	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Buckland	North.	202	–	–	–	–	–	–	2	2	–	–	–	–	.99	–	.99
Burlington	Dan.	401	–	–	–	–	–	–	8	7	1	–	–	–	1.99	–	1.99

Cambridge	Wren.	11,210	14	217	1.93	55	31	24	81	59	22	6	3	3	1.26	.49	.77
Canton	Fox.	545	1	15	2.75	4	3	1	10	8	2	–	–	–	2.56	.73	1.83
Carlisle	Graf.	86	–	–	–	2	1	1	6	2	4	–	–	–	9.30	2.32	6.98
Carver	Taun.	211	1	14	6.63	3	1	2	2	2	–	–	–	–	2.36	1.42	.94
Charlemont	North.	126	–	–	–	–	–	–	4	3	1	–	–	–	3.17	–	3.17
Chelsea	Wren.	5,556	5	103	1.85	11	7	4	52	42	10	4	2	2	1.20	.19	1.01
Chicopee	Mon.	4,949	7	114	2.30	19	16	3	13	7	6	–	–	–	.64	.38	.26
Cohasset	Fox.	410	1	11	2.68	4	3	1	5	4	1	–	–	–	2.19	.97	1.22
Colrain	North.	266	–	–	–	2	–	2	6	5	1	–	–	–	3.00	.75	2.25
Concord	Graf.	877	1	13	1.48	4	2	2	172	101	71	–	–	–	20.06	.45	19.61
Conway	Bel.	153	–	–	–	4	3	1	2	2	–	–	–	–	3.92	2.61	1.31
Danvers	W.E.F.	1,616	2	27	1.67	8	2	6	4	3	1	–	–	–	.74	.49	.25
Dedham	Wren.	2,271	1	9	.39	5	2	3	38	31	7	–	–	–	1.89	.22	1.67
Deerfield	Bel.	458	–	–	–	3	3	–	5	4	1	–	–	–	1.74	.65	1.09
Dighton	Taun.	621	1	15	2.41	1	1	–	4	4	–	–	–	–	.80	.16	.64
Douglas	Wor.	392	–	–	–	–	–	–	13	10	3	–	–	–	3.31	–	3.31
Dracut	Dan.	1,202	1	25	2.07	3	3	–	2	2	–	–	–	–	.41	.25	.16
Dudley	West.	588	1	10	1.70	3	2	1	7	5	2	–	–	–	1.70	.51	1.19
Duxbury	Taun.	308	1	10	3.24	1	–	1	8	5	3	–	–	–	2.92	.32	2.60
East Bridgewater	Fox.	629	1	15	2.38	1	–	1	4	3	1	–	–	–	.79	.16	.63
East Brookfield	Wor.	164	–	–	–	–	–	–	3	1	2	–	–	–	1.82	–	1.82
Easthampton	Bel.	1,034	1	15	1.45	5	2	3	7	7	–	–	–	–	1.16	.48	.68
East Longmeadow	Bel.	513	1	4	.77	5	4	1	6	3	3	–	–	–	2.14	.97	1.17
Erving	Gard.	224	–	–	–	3	3	–	1	1	–	–	–	–	1.78	1.34	.44
Everett	Boston	7,436	6	84	1.12	23	14	9	93	56	37	–	–	–	1.55	.30	1.25
Fairhaven	Taun.	1,612	1	19	1.17	7	4	3	11	7	4	–	–	–	1.11	.43	.68
Fall River	W.E.F.	13,053	21	449	3.43	95	59	36	51	35	16	2	–	2	1.13	.73	.40
Falmouth	Taun.	1,264	4	31	2.45	12	7	5	23	12	11	–	–	–	2.76	.94	1.82
Fitchburg	Gard.	3,406	3	50	1.46	12	8	4	184	116	68	–	–	–	5.75	.35	5.40
Florida	North.	79	–	–	–	1	1	–	1	1	–	–	–	–	2.53	1.27	1.26
Foxboro	Fox.	776	1	14	1.80	–	–	–	1	1	–	–	–	–	.12	–	.12
Framingham	Wren.	3,557	–	–	–	9	5	4	26	19	7	–	–	–	.98	.25	.73
Franklin	Wren.	1,174	1	16	1.36	2	2	–	5	4	1	–	–	–	.59	.17	.42
Freetown	Taun.	314	1	8	2.54	2	2	–	11	9	2	–	–	–	4.14	.64	3.50
Gardner	Gard.	1,725	1	18	1.04	9	7	2	10	6	4	–	–	–	1.10	.52	.58
Gloucester	Dan.	2,882	3	45	1.56	16	10	6	28	18	10	–	–	–	1.52	.55	.97
Grafton	Graf.	902	1	10	1.10	6	3	3	87	53	34	–	–	–	10.31	.66	9.65
Granby	Bel.	136	–	–	–	5	3	2	20	15	5	–	–	–	18.38	3.68	14.70
Great Barrington	North.	844	1	12	1.42	1	1	–	–	–	–	–	–	–	.11	.11	–
Greenfield	Bel.	2,187	2	61	2.78	8	6	2	30	24	6	–	–	–	1.73	.36	1.37
Groton	Graf.	329	–	–	–	–	–	–	18	9	9	–	–	–	5.47	–	5.47
Hamilton	Dan.	301	1	10	3.32	1	–	1	2	2	–	–	–	–	.99	.33	.66
Hanover	Taun.	470	1	18	3.82	–	–	–	10	7	3	–	–	–	2.12	–	2.12
Hanson	Taun.	326	1	24	7.36	–	–	–	3	1	2	–	–	–	.92	–	.92
Harvard	Graf.	104	–	–	–	3	3	–	10	4	6	–	–	–	12.50	2.88	9.62
Haverhill	Dan.	5,004	5	108	2.15	4	2	2	9	9	–	–	–	–	.25	.08	.17
Hawley	North.	70	–	–	–	–	–	–	4	2	2	–	–	–	5.71	–	5.71

TABLE 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1936: Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population* (a) *in Special Classes,* (b) *Referred to Psychiatric Clinics,* (c) *Diagnosed as Retarded, by Place of Residence* — Continued

(1)	(2)	(3)	(4)	(5)	(6) 5÷3	(7)			(8)			(9)			(10) 7+8+9 ÷ 3	(11) 7÷3	(12) 8+9 ÷ 3
						FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS									PER CENT OF SCHOOL POPULATION, 1936		
CITY OR TOWN	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
						T.	M.	F.	T.	M.	F.	T.	M.	F.			
Heath	North.	79	–	–	–	–	–	–	3	2	1	–	–	–	3.79	–	3.79
Hingham	Fox.	997	1	12	1.20	1	1	–	49	30	19	–	–	–	5.01	.10	4.91
Hinsdale	Bel.	200	–	–	–	2	2	–	3	3	–	–	–	–	2.50	1.00	1.50
Holbrook	Taun.	447	–	–	–	–	–	–	1	1	–	–	–	–	.22	–	.22
Holyoke	Bel.	5,147	8	146	2.83	38	28	10	65	48	17	2	–	2	2.04	.74	1.30
Hopkinton	Wor.	370	–	–	–	1	–	1	15	9	6	–	–	–	4.32	.27	4.05
Hudson	Graf.	945	1	18	1.90	3	–	3	28	17	11	–	–	–	3.28	.32	2.96
Hull	Fox.	373	1	11	2.94	–	–	–	2	2	–	–	–	–	.53	–	.53
Kingston	Taun.	378	1	11	2.91	–	–	–	16	11	5	–	–	–	4.23	–	4.23
Lancaster	Graf.	314	–	–	–	2	1	1	25	12	13	–	–	–	8.59	.63	7.96
Lawrence	Dan.	7,569	5	73	.96	35	25	10	61	43	18	1	1	–	1.28	.46	.82
Leicester	Wor.	670	–	–	–	5	2	3	4	3	1	–	–	–	1.34	.74	.60
Lenox	North.	393	–	–	–	6	5	1	14	12	2	–	–	–	5.08	1.52	3.56
Leominster	Graf.	2,511	2	61	2.42	9	5	4	167	99	68	–	–	–	7.00	.35	6.65
Leverett	Gard.	120	–	–	–	–	–	–	1	–	1	–	–	–	.83	–	.83
Lexington	Graf.	1,864	3	46	2.46	6	4	2	258	130	128	–	–	–	14.16	.32	13.84
Littleton	Graf.	205	–	–	–	2	2	–	39	19	20	–	–	–	20.00	.98	19.02
Longmeadow	Mon.	853	1	7	.82	1	–	1	17	12	5	–	–	–	2.11	.12	1.99
Lowell	Dan.	*10,951	–	–	–	2	1	1	1	1	–	–	–	–	–	–	–
Ludlow	Mon.	1,432	2	33	2.30	9	3	6	7	5	2	–	–	–	1.11	.63	.48
Lunenburg	Gard.	359	–	–	–	–	–	–	2	1	1	–	–	–	.55	–	.55
Lynn	W.E.F.	11,992	16	260	2.16	25	13	12	38	32	6	1	1	–	.53	.21	.32
Mansfield	Fox.	1,069	1	17	1.59	1	–	1	1	1	–	–	–	–	.18	.09	.09
Marblehead	Dan.	1,237	–	6	.48	9	6	3	45	35	10	2	2	–	4.52	.72	3.80
Marion	Taun.	318	–	–	–	4	3	1	44	26	18	–	–	–	15.09	1.26	13.83
Marlborough	Wren.	1,545	3	38	2.45	9	7	2	22	18	4	–	–	–	2.00	.58	1.42
Marshfield	Taun.	278	–	–	–	1	1	–	–	–	–	–	–	–	.35	.35	–

Mattapoisett . . .	Taun.	262	–	–	–	3	2	1	1	–	1	–	–	–	1.52	1.14	.38
Maynard . . .	Graf.	912	–	–	–	1	–	1	17	9	8	–	–	–	1.97	.11	1.86
Medford . . .	Med.	9,244	9	147	1.59	16	9	7	41	32	9	–	–	–	.61	.17	.44
Melrose . . .	Med.	2,831	4	55	1.94	20	10	10	42	26	6	1	1	–	2.22	.70	1.52
Mendon . . .	Fox.	206	–	–	–	4	4	–	13	11	2	–	–	–	8.25	1.94	6.31
Merrimac . . .	Dan.	328	–	–	–	–	–	–	3	3	–	1	1	–	1.21	–	1.21
Methuen . . .	Dan.	2,675	1	16	.59	5	5	–	4	2	2	–	–	–	.33	.18	.15
Middleboro . .	Taun.	1,228	1	9	.73	3	1	2	16	13	3	–	–	–	1.54	.24	1.30
Milford . . .	Wren.	1,881	3	32	1.70	3	1	2	20	13	7	1	1	–	1.27	.16	1.11
Milton . . .	Fox.	2,547	2	25	.98	2	–	2	27	19	8	–	–	–	1.13	.07	1.06
Montague . . .	North.	1,153	2	35	3.03	5	2	3	53	36	17	–	–	–	5.03	.43	4.60
Nahant . . .	Dan.	263	–	–	–	1	1	–	–	–	–	–	–	–	.38	.38	–
Nantucket . . .	Taun.	536	–	–	–	9	4	5	13	12	1	–	–	–	4.10	1.68	2.42
Natick . . .	Graf.	2,087	2	35	1.67	5	2	3	95	63	32	–	–	–	4.79	.24	4.55
Needham . . .	Fox.	1,977	1	9	.45	6	5	1	6	6	–	–	–	–	.60	.30	.30
New Bedford . .	W.E.F.	14,356	11	283	1.97	56	35	21	44	35	9	1	1	–	.70	.39	.31
New Braintree . .	Wor.	65	–	–	–	–	–	–	1	1	–	–	–	–	1.53	–	1.53
Newbury . . .	Dan.	213	–	–	–	–	–	–	3	2	1	–	–	–	1.40	–	1.40
Newburyport . .	Dan.	1,444	2	3	1.97	10	6	4	29	20	9	–	–	–	2.70	.69	2.01
New Marlborough .	North.	133	–	–	–	–	–	–	1	1	–	–	–	–	.75	–	.75
North Adams . .	North.	2,496	4	52	2.08	10	9	1	67	44	23	–	–	–	3.08	.40	2.68
Northampton . .	Bel.	2,617	1	11	.42	2	2	–	12	11	1	–	–	–	.53	.07	.46
North Andover .	Dan.	886	–	–	–	–	–	–	1	–	1	–	–	–	.11	–	.11
North Attleboro .	Wren.	887	1	12	1.35	3	3	–	6	6	–	–	–	–	1.01	.34	.67
Northborough . .	Wor.	314	1	10	3.18	1	1	–	2	2	–	–	–	–	.95	.32	.63
Northbridge . .	Graf.	1,392	1	17	1.22	3	2	1	45	24	21	–	–	–	3.44	.21	3.23
North Brookfield .	Wor.	230	1	5	2.17	1	1	–	1	–	1	–	–	–	.86	.43	.43
North Reading . .	Psycho.	422	1	8	1.89	3	3	–	28	20	8	–	–	–	7.34	.71	6.63
Norton . . .	Fox.	385	–	–	–	5	3	2	–	–	–	–	–	–	1.29	1.29	–
Norwell . . .	Taun.	268	–	–	–	–	–	–	1	1	–	–	–	–	.37	–	.37
Norwood . . .	Fox.	1,989	3	41	2.06	3	1	2	21	16	5	–	–	–	1.20	.15	1.05
Orange . . .	Gard.	733	1	5	.68	1	–	1	18	11	7	1	–	1	2.72	.13	2.59
Palmer . . .	Mon.	1,320	2	50	3.78	27	16	11	24	19	5	–	–	–	3.86	2.04	1.82
Peabody . . .	Dan.	3,010	1	8	.26	40	26	14	64	50	14	2	1	1	3.52	1.33	2.19
Pembroke . . .	Taun.	249	–	–	–	5	5	–	11	10	1	–	–	–	6.42	2.01	4.41
Pepperell . . .	Wor.	468	1	8	1.70	1	1	–	3	3	–	–	–	–	.85	.21	.64
Peru	Bel.	14	–	–	–	3	3	–	1	1	–	–	–	–	28.57	21.43	7.14
Petersham . . .	Gard.	107	–	–	–	–	–	–	3	2	1	–	–	–	2.80	–	2.80
Pittsfield . . .	Bel.	4,791	3	40	.83	12	7	5	61	39	22	–	–	–	1.52	.25	1.27
Plymouth . . .	Wren.	1,803	2	26	1.44	2	1	1	57	31	26	–	–	–	3.27	.11	3.16
Princeton . . .	Wor.	136	–	–	–	–	–	–	2	2	–	–	–	–	1.47	–	1.47
Quincy . . .	Wren.	11,433	8	161	1.40	15	6	9	136	94	42	2	–	2	1.33	.13	1.20
Randolph . . .	Taun.	1,338	1	7	.52	3	1	2	11	8	3	–	–	–	1.04	.22	.82
Raynham . . .	Taun.	352	–	–	–	–	–	–	6	5	1	–	–	–	1.70	–	1.70
Reading . . .	Psycho.	1,758	3	42	2.38	8	6	2	42	24	18	–	–	–	2.84	.45	2.39
Rehoboth . . .	Taun.	421	–	–	–	8	4	4	12	12	–	–	–	–	4.75	1.90	2.85
Revere . . .	W.E.F.	5,951	14	241	4.04	20	10	10	95	66	29	1	–	1	1.94	.33	1.61

TABLE 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1936: Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population* (a) *in Special Classes,* (b) *Referred to Psychiatric Clinics,* (c) *Diagnosed as Retarded, by Place of Residence* — Concluded

(1)	(2)	(3)	(4)	(5)	(6) 5÷3	(7)			(8)			(9)			(10) 7+8+9 ÷ 3	(11) 7÷3	(12) 8+9 ÷ 3
						FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS									PER CENT OF SCHOOL POPULATION, 1936		
CITY OR TOWN	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
						T.	M.	F.	T.	M.	F.	T.	M.	F.			
Rochester	Taun.	196	–	–	–	1	1	–	3	3	–	–	–	–	2.04	.51	1.53
Rockland	Taun.	1,116	1	17	1.52	1	–	1	6	5	1	–	–	–	.62	.09	.53
Rockport	Dan.	414	1	15	3.62	–	–	–	6	5	1	–	–	–	1.44	–	1.44
Royalston	Gard.	121	–	–	–	1	–	1	1	1	–	–	–	–	1.65	.82	.83
Salem	W.E.F.	3,799	5	96	2.52	29	21	8	31	26	5	–	–	–	1.57	.76	.81
Salisbury	Dan.	307	–	–	–	6	3	3	8	6	2	–	–	–	4.56	1.95	2.61
Saugus	Dan.	2,491	2	40	1.60	11	6	5	7	6	1	1	1	–	.76	.44	.32
Scituate	Taun.	582	–	–	–	4	2	2	3	3	–	–	–	–	1.20	.69	.51
Seekonk	Taun.	949	1	15	1.58	9	8	1	138	81	57	–	–	–	15.48	.94	14.54
Sharon	Fox.	564	1	14	2.48	–	–	–	11	6	5	–	–	–	1.95	–	1.95
Shelburne	North.	212	–	–	–	2	2	–	13	9	4	–	–	–	7.07	.94	6.13
Shirley	Wor.	254	–	–	–	–	–	–	1	1	–	–	–	–	.39	–	.39
Shrewsbury	Wor.	1,258	2	25	1.98	2	1	1	18	14	4	–	–	–	1.58	.15	1.43
Somerset	W.E.F.	891	1	15	1.68	9	6	3	7	7	–	–	–	–	1.79	1.01	.78
Somerville	Boston	13,276	8	139	1.04	27	16	11	161	122	39	1	1	–	1.42	.20	1.22
Southborough	Wor.	260	1	13	5.00	–	–	–	2	1	1	1	–	1	1.15	–	1.15
Southbridge	West.	1,361	3	62	4.55	12	7	5	34	24	10	2	1	1	3.52	.88	2.64
South Hadley	Bel.	991	1	14	1.41	5	3	2	28	20	8	–	–	–	3.32	.50	2.82
Sterling	Wor.	240	–	–	–	–	–	–	11	10	1	–	–	–	4.58	–	4.58
Stockbridge	North.	202	–	–	–	1	–	1	–	–	–	–	–	–	.49	.49	–
Stoneham	Med.	1,333	2	36	2.70	3	1	2	5	4	1	–	–	–	.60	.23	.37
Stoughton	Fox.	1,124	1	19	1.69	6	5	1	4	3	1	–	–	–	.88	.53	.35
Stow	Graf.	171	–	–	–	–	–	–	8	4	4	–	–	–	4.67	–	4.67
Sudbury	Wor.	207	–	–	–	1	1	–	–	–	–	–	–	–	.48	.48	–
Sunderland	Bel.	214	–	–	–	–	–	–	4	3	1	–	–	–	1.86	–	1.86
Swampscott	Dan.	1,266	2	25	1.97	1	1	–	18	11	7	–	–	–	1.50	.08	1.42
Swansea	W.E.F.	619	–	–	–	4	3	1	12	10	2	–	–	–	2.58	.64	1.94
Templeton	Gard.	579	–	–	–	1	–	1	7	5	2	–	–	–	1.38	.17	1.21

Tisbury . . .	Taun.	319	1	14	4.38	2	2	–	42	26	16	–	–	–	13.79	.62	13.17
Townsend . . .	Gard.	297	–	–	–	2	1	1	3	3	–	–	–	–	1.68	.67	1.01
Tyngsboro . . .	Dan.	216	–	–	–	–	–	–	3	3	–	–	–	–	1.38	–	1.38
Upton . . .	Graf.	275	–	–	–	3	3	–	10	8	2	1	1	–	5.09	1.09	4.00
Uxbridge . . .	Wor.	941	–	–	–	5	3	2	25	21	4	1	1	–	3.29	.53	2.76
Wakefield . . .	Med.	2,148	2	25	1.16	14	8	6	38	25	13	–	–	–	2.42	.65	1.77
Walpole . . .	Fox.	1,220	1	14	1.14	1	–	1	11	8	3	–	–	–	.98	.08	.90
Waltham . . .	W.E.F.	5,181	9	182	3.51	17	7	10	45	27	18	1	–	1	1.21	.33	.88
Ware . . .	Bel.	721	1	10	1.38	10	5	5	8	7	1	–	–	–	2.49	1.38	1.11
Wareham . . .	Taun.	1,063	4	58	5.45	5	–	5	13	7	6	–	–	–	1.69	.47	1.22
Warren . . .	Wor.	471	1	15	3.18	4	3	1	7	4	3	–	–	–	2.33	.85	1.48
Washington . .	Bel.	39	–	–	–	2	1	1	–	–	–	–	–	–	5.12	5.12	–
Watertown . .	W.E.F.	5,657	6	62	1.09	8	5	3	53	39	14	–	–	–	1.07	.14	.93
Wayland . . .	Wor.	452	–	–	–	1	–	1	1	1	–	–	–	–	.44	.22	.22
Webster . . .	West.	1,072	1	15	1.39	2	2	–	18	12	6	–	–	–	1.86	.18	1.68
Wellesley . . .	Fox.	2,072	1	15	.72	2	1	1	31	22	9	–	–	–	1.59	.09	1.50
Wendell . . .	Gard.	72	–	–	–	–	–	–	2	2	–	–	–	–	2.77	–	2.77
West Boylston . .	Wor.	357	1	15	4.20	–	–	–	2	2	–	–	–	–	.56	–	.56
West Bridgewater .	Taun.	540	–	–	–	–	–	–	5	3	2	–	–	–	.92	–	.92
West Brookfield .	Wor.	201	–	–	–	3	2	1	2	2	–	–	–	–	2.48	1.49	.99
Westfield . . .	Mon.	2,547	5	77	3.02	18	9	9	59	44	15	–	–	–	3.02	.71	2.31
West Newbury . .	Dan.	198	–	–	–	3	3	–	3	3	–	–	–	–	3.03	1.51	1.52
Weston . . .	Med.	439	–	–	–	1	–	1	10	8	2	–	–	–	2.50	.22	2.28
Westport . . .	Taun.	701	1	9	1.28	8	4	4	9	6	3	–	–	–	2.42	1.14	1.28
West Springfield .	Mon.	2,354	4	60	.25	24	13	11	32	26	6	–	–	–	2.37	1.01	1.36
Weymouth . .	Fox.	3,272	4	31	.94	11	7	4	26	24	2	–	–	–	1.13	.34	.79
Whately . . .	Bel.	188	–	–	–	2	2	–	–	–	–	–	–	–	1.06	1.06	–
Whitman . . .	Taun.	930	1	13	1.39	3	3	–	7	7	–	–	–	–	1.07	.32	.75
Wilbraham. . .	Bel.	364	1	10	1.20	3	3	–	4	2	2	–	–	–	1.92	.82	1.10
Williamsburg . .	Bel.	304	–	–	–	2	1	1	2	2	–	–	–	–	1.31	.65	.66
Wilmington . .	Dan.	830	1	10	1.20	11	7	4	25	23	2	–	–	–	4.33	1.32	3.01
Winchendon . .	Gard.	1,055	–	–	–	10	6	4	52	32	20	–	–	–	5.87	.94	4.93
Winchester . .	Med.	1,759	4	43	2.44	3	1	2	19	14	5	–	–	–	1.25	.17	1.08
Winthrop . . .	Wren.	2,554	1	14	.54	1	1	–	9	4	5	–	–	–	.39	.04	.35
Woburn . . .	Med.	3,235	2	26	.80	1	1	–	–	–	–	–	–	–	.03	.03	–
Worcester . . .	W.E.F.	26,192	31	543	2.07	94	51	43	183	117	66	–	–	–	1.05	.35	.70
Yarmouth . . .	W.E.F.	296	–	–	–	3	3	–	12	10	2	–	–	–	5.06	1.01	4.05
Grand Total .		353,598[1]				1,421	854	567	5,003	3,401	1,602	44	23	21	1.82	.40	1.42
		323,644[2]	371	5,993	1.85												

*These cities have their own examining units. However, other cases from a school source are examined by our various clinics. That the unusually large school population of these cities may not load our totals and give misleading total figures, we are not including them in the total figure at the bottom of this table.

[1] Total school population of towns having an examination by one of our clinics during 1936. This total is used in calculating the percentages of columns 9, 10, and 11.

[2] Total school population of towns having children in special classes during 1936. This total is used in calculating the percentages of column 5.

One hundred twenty-seven towns maintaining 371 special classes accommodated 5,993 children in these classes, an average of 16 children per class. Comparing this total of 5,993 children in special classes with the total school population of 353,598 we note that 1.85 per cent were in special classes during the year 1936. The 88 towns not maintaining special classes revealed a total grammar school population of 29,954 children. In these towns a total of 891 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 6,468 children were referred to the clinics for the first time during 1936. In other words, 1.82 per cent of the total school population were referred *during a single school year*. Dividing the 1.82 per cent of the total school population referred in accordance with diagnosis, we note that .40 per cent were diagnosed as mentally defective and 1.42 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 3:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 3 children of higher mental grade who do not make a success of their school work.

The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to leave the large number of high-grade cases in the unhappy half-way position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.82 per cent of the total school population served by our clinics were referred because of retardation during 1936. This figure does not cover the total number of cases of retardation which have accumulated in the particular schools. These are first examinations of a single year only. Some of the children may be referred as retarded at the age of nine years or earlier and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total number of cases of retardation is subject to an accumulation over several years, inasmuch as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .40 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates of the incidence of mental defect. Again, we must recall that this, too, is a figure for a single year, and that the actual accumulated number of mental defectives within the school system is much higher.

The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) for any one year are quite small in relation to the total school population.

Inasmuch as the clinics are finding practically the same proportion of children retarded each year, it is necessary to consider the accumulation of cases that is occuring year after year before arriving at a total figure. The determination of this total number of retarded or mentally defective who have accumulated in a school at any one time is rather difficult. Therefore, we determined to use a different approach, and compare the *new cases* of retardation or mental defect diagnosed during one year with the *new cases* entering school during the same year. We recorded the number of children actually within the first grade of the various schools, the new cases of retardation and mental defect diagnosed the same year, and calculated the percentage. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller but the error will be on the side of conservatism.

It was found that there was a total of 41,557 children in the first grades of those schools in which first examinations of retarded children were held during the year 1936. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 6,468 children were referred to all clinics because of retardation for *the first time during the year 1936*. Comparing this total of 6,468 with the 41,557 new students entering the schools, we find that new cases of retardation and mental defect discovered during 1936 are 15.5 per cent of the number entering schools during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that one child in six is retarded in some degree.

Dividing the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective during a single year are 3.4 per cent of the number of children entering school for the first time during a single year. The *new cases* diagnosed as retarded constitute 12.0 per cent of the number of children entering school for the first time. All of this, of course, is for the year 1936. We feel that these percentages of 3.4 for mental defect and 12.0 for retardation give us a much better picture of the relative amounts of these conditions actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have been having these examinations every year. In other instances the small number of cases referred is a matter of selection on the part of the superintendent. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 127 towns have provided a total of 371 special classes caring for 5,993 children. Referring to Table 7, we note that a total of 2,559 children were recommended for special classes during 1936. That is, about one half the school rooms now devoted to special classes will be needed to take care of the new cases recommended for special class care in 1936. We see the urgent need for increasing the number of special classes now available.

III. Central Registry for Mental Defectives

In 1919 the Legislature amended Chapter 123 of the General Laws establishing a registry for the feebleminded. This law was amended in 1936, and now reads as follows:

> Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section thirteen, as appearing in the Tercentenary

> Edition and inserting in place thereof the following: — *Section 13.* "The department shall establish and maintain a registry of mental defectives, and may report therefrom such statistical information as it deems proper; but the name of any person so registered shall not be made public except, upon written request therefor, to public officials or other persons having authority over the person so registered, or to charitable corporations incorporated in this commonwealth and subject to section twelve of chapter one hundred and eighty, and the records constituting the registry shall not be open to public inspection." (Approved May 22, 1936)

Dr. Walter E. Fernald for many years had expressed great interest in the carrying out of such a registry, feeling that it would give invaluable information as to the community problem of mental defect and would provide opportunity for the building up of a satisfactory plan for the care of such cases.

In 1922 institutions under this Department started sending in cards to the Registry, reporting all mental defectives examined by their traveling school clinics. For many years the traveling school clinics constituted the sole source of information on mentally defective children. In 1929 and 1930 the present Director of the Division undertook the expansion of this work with the thought of bringing into use other sources contacting mental defectives in the community. Up to that point little attention had been given the mental defectives admitted to or cared for by mental hospitals. In addition, there had been no uniform reporting on admissions to our state schools for mental defectives. Arrangements were made to have all cases of this type reported by mental hospitals, state schools and several other clinics. Each year following, additions have been made to the number of sources reporting mental defectives to the Central Registry. At the present time we are receiving reports on mental defectives from (1) traveling school clinics; (2) admissions to state hospitals; (3) admissions to state schools; (4) cases placed on the waiting lists of state schools; (5) defective delinquents examined by hospital and Department psychiatrists; (6) out-patient examinations of state hospitals; (7) out-patient examinations of state schools; (8) mental hygiene clinics; (9) habit clinics; (10) child guidance clinics; (11) adjustment clinics; (12) defective delinquents admitted to Bridgewater; (13) mentally defective prisoners examined under the Briggs Law; (14) cases referred to the Division of Mental Deficiency; (15) cases examined by the Division of Mental Hygiene; and (16) children examined by the psychological clinic of the Springfield schools.

(a) Type of Contact in Mental Defectives Reported to Central Registry, 1936.

Table 11 reports the type of contact in cases reported to the Central Registry during 1936. Reports were made by thirteen state hospitals; three state schools; the Department for Defective Delinquents at Bridgewater; Department of Mental Diseases (Briggs Law examinations); Division of Mental Deficiency, D. M. D.; Division of Mental Hygiene, D. M. D.; and the Springfield public schools. The largest number of cases was reported by the Walter E. Fernald State School, 1,067. Wrentham with 919 and Belchertown with 495 also reported large numbers. In the state hospitals Monson reported the largest number, 388; Danvers second with 351; and Taunton third with 253. The Springfield schools have been very cooperative and reported a total of 151 defectives examined in their psychological clinics during the year.

Our reports came from clinics of many different types. The fifteen traveling school clinics operating in the public schools furnished the largest number of defectives with a total of 2,313. Admissions to state schools were second in order with 755 children reported. Waiting lists of state schools are third with 586, and Defective Delinquents with 257 were fourth. These cases are examined through the law requiring the examination of juvenile delinquents or through admission to the Department for Defective Delinquents at Bridgewater.

(b) Age, I.Q., and Sex of Mental Defectives Reported to Central Registry, 1936

Table 12 outlines the age of cases reported to the Central Registry during 1936 by intelligence quotient and sex. Of the total of 5,057 cases, 3,011 or 59.5 per cent were males and 2,046 or 40.5 per cent were females. In the school clinic cases

TABLE 11. — *Type of Contact in Cases Reported to Central Registry for Mental Defectives, 1936, by Clinic*

	Total All Sources	Traveling School Clinic	Total Other Sources	Clinic for Juvenile Delinq.	Out-Patient State Hospitals	Out-Patient State Schools	Other Clinics	Admissions, etc. State Hospitals	Admissions, etc. State Schools	Waiting List State Schools
Boston Psychopathic	137	15	122	1	47	–	–	74	–	–
Boston State	153	98	55	29	–	–	–	26	–	–
Danvers	351	248	103	21	1	–	3	78	–	–
Foxborough	159	138	21	1	1	–	10	9	–	–
Gardner	143	89	54	10	5	–	21	18	–	–
Grafton	75	68	7	7	–	–	–	–	–	–
Medfield	161	128	33	6	–	–	–	27	–	–
Metropolitan	18	–	18	–	–	–	–	18	–	–
Monson	388	234	154	4	7	–	5	138	–	–
Northampton	130	49	81	17	27	–	1	36	–	–
Taunton	253	166	87	19	29	–	–	39	–	–
Westborough	46	24	22	1	–	–	–	21	–	–
Worcester	130	67	63	9	–	–	12	42	–	–
Belchertown	495	196	299	9	–	44	–	–	167	79
Walter E. Fernald	1,067	513	554	8	–	88	–	–	197	261
Wrentham	919	250	669	8	–	131	–	–	284	246
Bridgewater (Def. Delinquents)	107	–	107	–	–	–	–	–	107	–
Department (Briggs Law)	83	–	83	–	–	–	83	–	–	–
Division of Mental Deficiency	13*	–	13	–	–	–	13	–	–	–
Division of Mental Hygiene	78	30	48	–	–	–	48	–	–	–
Springfield Schools	151	–	151	–	–	–	151	–	–	–
Total	5,057	2,313	2,744	150	117	263	347	526	755	586
Per cent	100.0	45.7	54.3							

*The Division of Mental Deficiency had 56 other cases referred to it previously reported by the Division of Mental Hygiene.

TABLE 12. — *Age of Cases Reported to Central Registry for Mental Defectives, 1936, by Intelligence Quotient and Sex*

AGE GROUPS	TOTAL			0–.09			.10–.19			.20–.29			.30–.39		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0– 4	254	145	109	11	7	4	16	4	12	31	21	10	29	20	9
5– 9	927	551	376	9	4	5	36	24	12	39	22	17	74	34	40
10–14	2,061	1,289	772	14	11	3	14	6	8	40	22	18	54	27	27
15–19	1,009	625	384	8	4	4	7	4	3	20	8	12	34	21	13
20–29	400	206	194	6	3	3	9	5	4	13	4	9	16	9	7
30–39	202	98	104	3	2	1	4	2	2	13	10	3	11	5	6
40–49	117	56	61	–	–	–	1	–	1	2	1	1	6	2	4
50 plus	79	36	43	–	–	–	4	3	1	6	3	3	10	2	8
Unknown	8	5	3	–	–	–	–	–	–	–	–	–	–	–	–
Total	5,057	3,011	2,046	51	31	20	91	48	43	164	91	73	234	120	114
Per cent	100.0	100.0	100.0	1.0	1.0	1.0	1.8	1.6	2.1	3.2	3.0	3.6	4.6	4.0	5.6

AGE GROUPS	.40–.49			.50–.59			.60–.69			.70–.79			Unknown		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0– 4	29	20	9	21	15	6	22	11	11	1	–	1	94	47	47
5– 9	104	51	53	196	109	87	343	228	115	47	32	15	79	47	32
10–14	109	63	46	321	193	128	1,319	856	463	127	78	49	63	33	30
15–19	94	64	30	309	198	111	466	281	185	24	12	12	47	33	14
20–29	45	25	20	89	48	41	132	57	75	35	12	23	55	43	12
30–39	35	11	24	55	20	35	43	24	19	7	4	3	31	20	11
40–49	17	5	12	34	18	16	28	15	13	2	–	2	27	15	12
50 plus	21	7	14	14	10	4	13	8	5	–	–	–	11	3	8
Unknown	–	–	–	–	–	–	–	–	–	–	–	–	8	5	3
Total	454	246	208	1,039	611	428	2,366	1,480	886	243	138	105	415	246	169
Per cent	9.0	8.2	10.2	20.6	20.3	20.9	46.8	49.1	43.3	4.8	4.6	5.1	8.2	8.2	8.2

also we had greater amounts of retardation among the males. Here, however, we see that this same sex proportion persists in the older mental defectives being reported to the Central Registry.

In relation to intelligence we see comparatively few cases of lower mental grade being reported to the Registry, and increasing proportions as we go higher in the intellectual scale. This, of course, is to be expected as the general population shows this same general distribution. We know that there are many more persons in the community with an intelligence quotient between .60 and .69 than there are with intelligence quotients between 0 and .09. Therefore, we may expect to draw more of these higher grade cases in those being reported to the Central Registry.

In all I. Q. groups the excess of males noted in the totals is to be observed. The sex differences appear to be becoming more marked as we go higher in the intellectual scale. There are being relatively fewer high grade females reported to the Registry or, vice versa, there are relatively more males reported as we go higher in the intellectual scale.

(c) *Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1936*

Table 13 gives us a percentage distribution of the ages condensed from Table 12. Surprisingly large numbers of children are being reported at comparatively young ages. Thus in Table 13 we have 145 males and 109 females 4 years of age or less; 551 males and 376 females were between the ages of 5 and 9 years; 1,289 males and 772 females were between the ages of 10 and 14 years. From this point on we see a sharp dropping off in numbers. During the school period the intelligence of children is subjected to closer scrutiny and, therefore, we may expect larger numbers during the school ages. The cases examined under 4 years are reported, of course, by the various habit, child guidance and adjustment clinics dealing essentially with younger children. We note that the males predominate in cases reported in the groups 19 years or younger, 86 per cent of the males and 80 per cent of the females falling in these ages. Over 19, the females show larger percentages. In the group 20-29 years they present 9.5 per cent, with 6.8 per cent for the males; in the group 30-39 years 5.1 per cent, and 3.3 per cent for the males. It appears that the male mental defectives are reported to the Central Registry in the younger ages while the females show a tendency to a greater scatter throughout the age groups. There is a greater chance that male mental defectives will have their intellectual capacity interfere with their success in younger ages and thus bring them to the attention of various examining or reporting agencies. It is apparent that the female mental defectives tend to show greater success in the community and postpone the discovery of their defect until they are considerably older.

TABLE 13. — *Age of Cases Reported to Central Registry for Mental Defectives, 1936, by Sex: Numbers and Percentages*

AGE GROUP	TOTAL		MALE		FEMALE	
	No.	%	No.	%	No.	%
0- 4	254	5.0	145	4.8	109	5.3
5- 9	927	18.3	551	18.3	376	18.4
10-14	2,061	40.8	1,289	42.8	772	37.7
15-19	1,009	20.0	625	20.8	384	18.8
20-29	400	7.9	206	6.8	194	9.5
30-39	202	4.0	98	3.3	104	5.1
40-49	117	2.3	56	1.8	61	3.0
50 plus	79	1.6	36	1.2	43	2.1
Unknown	8	.1	5	.2	3	.1
Total	5,057	100.0	3,011	100.0	2,046	100.0

It is an interesting commentary on our present day civilization that a total of 5,057 cases of mental deficiency were reported to the Central Registry during a single year. This is at a rate of 115 per 100,000 of the general population. The admission rate to our state schools for mental defectives for the same year was

10 per 100,000, while the rate for cases in residence in state schools was 117. The numbers and proportions of the cases being reported as mentally defective gives us some idea of the possibilities for the future as far as mental deficiency is concerned. Quite obviously the State cannot assume the care of all of these defective children, and yet there is a rather good chance that many of them will be failures unless given a helping hand during the school period and the years immediately following. We see here the need for a state-wide supervisory group interested in and understanding the many problems connected with mental deficiency and retardation. The community adjustment of mental defectives is rarely accidental. It means intelligent direction and supervision at the hands of understanding persons. Otherwise, the economic load of caring for many thousands of failing mental defectives may become unbearable.

IV. Research in Mental Deficiency

In October, 1926, the Division inaugurated a research project in mental deficiency based upon the school clinic examinations. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Inasmuch as the material available now involves over 40,000 cases it is extremely difficult to publish the results of this work as rapidly as might be desired. As a total of over 97,000 examinations are now available, it is also highly desirable that the coding work be continued so that this rather remarkable sample might be subject to a thoroughgoing analysis. A request is being made that a new worker be allowed so that the work may be carried on more rapidly.

V. Publications

The following articles were prepared during 1936 by the Director of the Division:

Dayton, N. A.: Marriage and Mental Disease. New England Jour. Med., 125: 153–155, July 23, 1936.

Dayton, N. A. and Guthrie, Riley H.: The Incidence of the Alcoholic Psychoses in Massachusetts, 1917–1935. Read in part before the Boston Society of Neur. and Psychiat., November 19, 1936.

VI. Social Service Division

(a) *Community Supervision*

The Division of Mental Deficiency was created in 1924 under section I, Chapter 88. This act provides for commitment to the division of cases which are diagnosed as feebleminded by competent physicians, and upon investigation prove to be good risks for community supervision. This investigation is a thorough one and the social workers connected with the department eliminate so far as possible all cases of defective delinquents. These cases come from many sources, public and private agencies, and from individuals. Because of the increasing knowlege of the prevalence of mental deficiency in the community through school clinics, state clinics, mental hygiene clinics, etc., the public is concerned as to what shall be done with them. Owing to the crowded situation in the state schools for the feebleminded, many of these cases must be provided for in the community. Most private agencies do not handle these cases and many cases of mental defectives, cared for by public agencies, must be sent adrift at twenty-one unless the division is equipped to carry on. Unfortunately the division has no fund for the support of these cases and can only take on for commitment such cases as are self-supporting. However, many cases are taken on a voluntary basis, *i.e.*, without commitment through the courts, and these comprise the bulk of the case load and receive the same care and intensive treatment as those committed to the department. The division works cooperatively with other agencies in advising and assisting in this specialized field. The division feels strongly that many cases of younger children could be helped if financial aid were available. There is particular need of a training home for this younger group. many of whom come from poor homes with no standards and who are pathetically in need of a chance to learn the rudiments of home making in wholesome surroundings. Many such cases are referred to the division, but it is almost impossible to care for them as most employers feel that the problem of mental deficiency is quite enough in itself without the further strain of training, with all it entails of patience and eternally dinning into these slower minds the first principles of decent living. Such a course in simple home making would prove less expensive than commitment to a state school and would have the further advantage of making the child feel that he is part of the community and is to take his place independently when equipped to do so.

The social worker dealing with these children is hard put to it to find recreation that satisfies and is a wholesome outlet as well. Many children do not fit into group activities, others "lap it up" and each child must be considered individually. Overcoming the prejudices against this group by many agencies comprises a large part of the social worker's endeavor, and to interpreting the girl to employer and to keep the employer ever aware of the importance of realizing the limitations of the particular child she is dealing with, even though she seems far superior to the picture that visitor paints. Every visitor has had experience with the too optimistic employer, who becomes emotional about the girl who seems so capable and sensible that she sees no reason why she should not be allowed to go about "like other girls" with the usual result — bad companions or sadder still — pregnancy. Or again, the employer who is "looking for trouble" must be made to see the good qualities and the possibilities of drawing them out in the girl she employs. Above all, our chief design is to fit the particular child into the niche where he or she will become an asset rather than a liability.

(*b*) *Case Records*

The case of a girl who was wholly untrained and who came from a poor background is given as an example of what can be done with material which looked hopeless on the surface.

Bertha O. is a Lithuanian girl of nineteen, born in a small village in the western part of the state. The home, a mere shack, with meager furnishings, is in an isolated section. There are no conveniences. Water has to be drawn from a well a short distance from the house and no privacy is possible because of the crowded quarters. There were three girls in one bed, three boys in another, and the father and mother in the same room with their children.

The father never supported his children, has been repeatedly arrested for nonsupport, for bootlegging and for driving a car under the influence of liquor; is considered a great talker, but lazy and unreliable; is a heavy drinker, spending most of his earnings as a farm hand on drink and tobacco. At present, he has deserted his family and is wanted for deportation.

The mother, also Lithuanian, is considered low grade intellectually and morally. She is a slack housekeeper, very ignorant, and speaks only broken English. She assisted her daughters in being promiscuous, greeting their boy friends with: "Letty home, fifty cents, please."

Both older sisters had forced marriages; one is married to a man arrested for breaking and entering. One younger sister is committed to a school for the feebleminded; another is epileptic. None of the children were allowed to attend school regularly as father put them to work in the tobacco fields, falsifying their ages. Father had sex relations with his daughters when they reached puberty.

When visitor first saw Bertha, she was without shoes or stockings, had a torn apron for a dress and very few underclothes. Her hair was unkempt and dirty, and she presented a sad picture. She was frightened and shy, and greatly feared her father whom she reported to the police for beating her mother after a drunken brawl.

As nothing could be done for Bertha in her poor home and no agency was available for her care, Bertha was taken on as a voluntary case. Clothes were obtained from private persons and Bertha was placed in a home where there were children her own age and a woman in charge who was sympathetic and patient and who, fortunately, had a great sense of humor. Bertha was given small wages to start. As she was very shy and cried easily, she did not eat with the family group. Employer ate with her at lunch time when children were away at school and taught her how to use a knife and fork — articles heretofore unknown to her. Gradually Bertha lost her shyness but the tears fell at the slightest provocation. As she showed an aptitude for cooking, arrangements were made by us for her to attend a cooking class. This served as a safety valve and she developed into being a good cook and took delight in new dishes. Finding that she could do things like other people, and being commended for her efforts brought her out even more. At first visits were very frequent for it was hard to see possibilities in the crude, awkward girl. Because she is not a good mixer, Bertha's vacations were spent for two years with her employer and family at their summer home. Later, having met a girl whom she took a liking to, arrangements were made for her to spend two weeks with this girl in the country in a home approved by the department. These two girls were carefully supervised and given a wholesome outdoor life — swimming, automobile riding and hiking. They hit it off spendidly and had a jolly time together, each bringing out the fun in the other.

After four years it would be hard to recognize Bertha as the same girl. She is poised in manner, has a sweet speaking voice, and has been taught good value in clothes. She enjoys looking well and informed visitor one day: "I don't look much like I did when you first saw me, do I? I am pretty now."

Bertha is now an attractive young woman. She is inclined to believe that any man who speaks to her is in love with her and, therefore, has to be guided about her friendships. She is now capable of earning good wages and, barring a tendency to want sympathy at any cost, is a real asset to any home. She is devoted to children and can be depended upon to care for them as directed by her employer. She is adjusting well and having few difficulties.

The outcome of the supervision of this particular girl provides an excellent example of what can be done by community care of the mentally defective. Although thought to be an institutional case from the very beginning, this girl has been carried along in the community and is now a self-supporting member of society. With costs for institutional care mounting steadily, the outcome of this and similar cases would seem to point the way out. We may choose between community care at an approximate cost of twenty dollars per year or institutional care at approximately $450 per year.

Table 14 shows that during the year 1936, 201 cases were cared for. Of this total, 19 cases were committed to the Department of Mental Diseases, and 160 were voluntary cases. Ninety-five new cases were opened during the year, mostly referred by public and private agencies. One hundred twenty-eight cases were closed. Of this number, 42 were found to be not suitable for supervision, and 34 were adjusted in the home. A total of 1,498 visits were made by the three social workers carrying on this work. At the end of the year 168 cases were under supervision.

(*c*) *The Socialization of the Mentally Defective*

It is more apparent each year that good early training of the mentally deficient is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admission to our state schools. The urbanization of our

TABLE 14. — *Statistical Survey of Cases — Division of Mental Deficiency — Social Service — Year Ended November 30, 1936*

I			
Status — December 1, 1935:			
Committed cases	19		
Voluntary cases	160		
Pending cases	22		
		201	
Cases referred during year:			
Referred by public agencies	60		
Referred by private agencies	8		
Referred by D. M. D.	13		
Referred by individuals	5		
Reopened from previous years	9		
		95	
			296
II			
Cases closed during year:			
Cases in care of public agencies	15		
Cases in care of private agencies	12		
Investigations for Department — Briggs Law cases	6		
Cases moved: unable to locate	11		
Cases committed to institutions	1		
Investigations for Department	7		
Cases not supervisable	42		
Cases adjusted in homes	34		
			128
III			
Service rendered:			
Placement:			
Home	31		
Industry	–		
Recreation	57		
Investigation	30		
Histories	22		
			140
IV			
Status — November 30, 1936			
Committed cases	19		
Voluntary cases	125		
Pending cases	24		
			168
Summary of Visits — Three Workers			1,498

population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high grade workers who are willing to give their services for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a state-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives residing in the community. It seems advisable that we plan for a state-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of small local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our state schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in state schools will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in state schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table 10 we observed that .40 per cent of our school population were diagnosed as mentally defective *during a single year*. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1936 present a number which was 3.4 per cent of the number of children entering school for the first time during the same year. This compares the newly discovered cases of mental defect with the new children entering school for the same year.

We now have some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary educational and vocational training, we will enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented and in others they will diminish in exact proportion to the length of the training and supervision provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happily for the future of civilization this is not the case. If this linkage were a reality we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feebleminded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to train the older mental defective properly. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age, and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VII. Analysis of Waiting Lists of All State Schools, 1936

During the year 1929 the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three state schools for the mentally deficient. A brief code was outlined embracing descriptive data on these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the state schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On November 30, 1936 there were 98 cases on the waiting list of the Belchertown State School, 2,174 cases on the waiting list of the Walter E. Fernald State School, and 1,019 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three state schools was 3,291. Of these, 49.6 per cent were males and 50.4 per cent were females.

Table 15 outlines the number of cases on the waiting lists of our three state schools in accordance with place of residence. Residents of Suffolk County show the largest number of cases on the waiting lists with a total of 930. Middlesex County is second with 782; Essex third with 363; and Worcester County fourth with 325. The smallest numbers on the waiting lists are presented by Nantucket with 1 case, Dukes with 3, and Hampshire with 9 cases.

In reviewing the reasons for the urgency of admission, we note that retardation was the cause of application in 67 per cent of both sexes together. Behavior was the primary reason in 7 per cent for both sexes. Marked physical defect was the reason in 1.1 per cent of cases, and .3 per cent were social problems.

With regard to the intelligence quotient of children on the waiting lists, we note that the males exceeded the females in the imbecile group (males 24 per cent, females 22 per cent) and the not mentally defective group (males 8 per cent, females 6 per cent). The females showed a higher percentage than the males in the idiot group (females 3.6 per cent, males 3.0 per cent) and the moron group (females 34 per cent, males 27 per cent).

In reference to the ages of applicants on the waiting lists, 75 per cent of the males were under 15 years of age, while but 55 per cent of the females fell in this group. In the age group 15–19 years 15 per cent of the males and 21 per cent of the females were reported. But 4 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 17 per cent of the females. Twenty-one cases on the list were 40 years of age or over. These cases make up .6 per cent of the males and 1.1 per cent of the females. It is clear that many of the mentally defective boys get into difficulties under 15 years of age. The girls have more difficulties in the older ages.

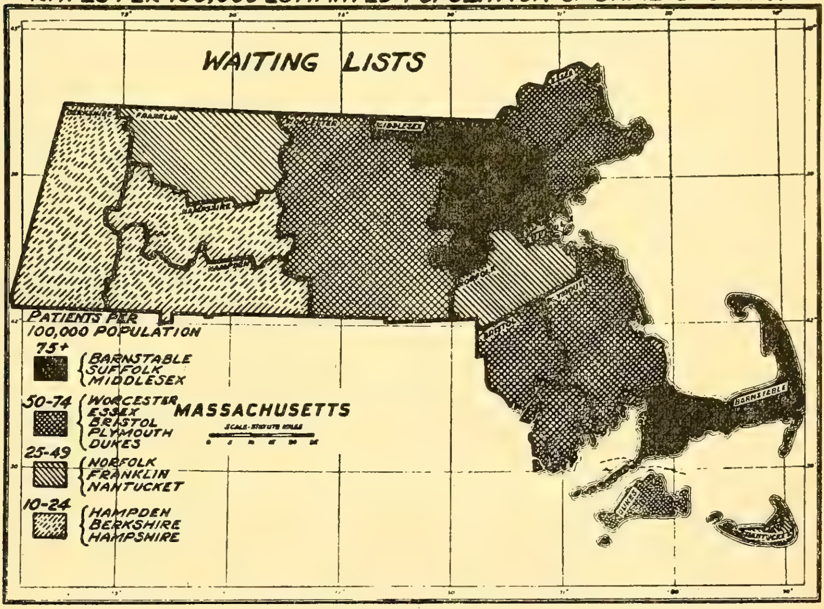
Table 15. — *Cases on the Waiting List of the Three State Schools on November 30, 1936, by County and City or Town of Residence*

County and City or Town of Residence	Number
BARNSTABLE	46
Barnstable	10
Bourne	2
Brewster	2
Chatham	1
Dennis	7
Falmouth	10
Mashpee	2
Orleans	2
Provincetown	8
Yarmouth	2
BERKSHIRE	18
Adams	4
Cheshire	1
Great Barrington	1
Lenox	1
Otis	1
Pittsfield	5
Stockbridge	1
Washington	1
Williamstown	2
Windsor	1
BRISTOL	216
Acushnet	1
Attleboro	16
Berkley	2
Dartmouth	4
Dighton	1
Easton	4
Fairhaven	10
Fall River	57
Freetown	1
Mansfield	12
New Bedford	75
North Attleboro	8
Norton	1
Rehoboth	3
Seekonk	1
Somerset	2
Taunton	14
Westport	4
DUKES	3
Gosnold	1
Oak Bluffs	2
ESSEX	363
Amesbury	15
Andover	13
Beverly	10
Danvers	10
Essex	1
Georgetown	1
Gloucester	18
Groveland	1
Hamilton	1
Haverhill	35
Ipswich	6
Lawrence	55
Lynn	68
Lynnfield	1
Manchester	1
Marblehead	4
Merrimac	4
Methuen	17
Middleton	1
Nahant	2
Newbury	1
Newburyport	24
North Andover	1
Peabody	15
Rockport	5
Rowley	3
Salem	33
Saugus	13
Swampscott	3
Topsfield	1
FRANKLIN	20
Buckland	2
Charlemont	1
Conway	2
Deerfield	1
Gill	1
Greenfield	2
Heath	2
Montague	4
Northfield	2
Orange	2
Wendell	1
HAMPDEN	50
Agawam	1
Chester	2
Chicopee	10
Granville	1
Holyoke	7
Ludlow	1
Monson	1
Palmer	3
Springfield	17
Westfield	5
West Springfield	2
HAMPSHIRE	9
Amherst	1
Belchertown	1
Chesterfield	1
Easthampton	1
Granby	3
Northampton	1
Ware	1
MIDDLESEX	782
Acton	4
Arlington	16
Ashby	1
Ashland	1
Ayer	2
Bedford	1
Belmont	17
Billerica	4
Boxborough	2
Burlington	2
Cambridge	110
Carlisle	4
Chelmsford	12
Concord	4
Dracut	1
Everett	36
Framingham	19
Holliston	1
Hopkinton	2
Hudson	13
Lexington	6
Lincoln	1
Littleton	3
Lowell	61
Malden	44
Marlborough	10
Maynard	7
Medford	48
Melrose	11
Natick	12
Newton	35
North Reading	1
Pepperell	3
Reading	12
Sherborn	2
Somerville	60
Stoneham	7
Tewksbury	84
Townsend	5
Wakefield	18
Waltham	26
Watertown	23
Wayland	2
Westford	4
Weston	1
Wilmington	6
Winchester	17
Woburn	21
NANTUCKET	1
Nantucket	1
NORFOLK	153
Bellingham	2
Braintree	4
Brookline	12
Canton	4
Cohasset	2
Dedham	6
Foxborough	3
Franklin	4
Holbrook	1
Medfield	2
Medway	2
Millis	2
Milton	13
Needham	6
Norfolk	2
Norwood	9
Plainfield	1
Quincy	35
Randolph	5
Sharon	8
Stoughton	10
Walpole	5
Wellesley	3
Westwood	3
Weymouth	8
Wrentham	1
PLYMOUTH	87
Abington	2
Bridgewater	16
Brockton	28
Halifax	1
Hanover	2
Hanson	1
Hingham	5
Hull	1
Kingston	2
Lakeville	1
Middleborough	5
Norwell	1
Plymouth	5
Rockland	2
Scituate	6
Wareham	3
West Bridgewater	1
Whitman	5
SUFFOLK	930
Boston	834
Chelsea	46
Revere	33
Winthrop	17

TABLE 15. — *Cases on the Waiting List of the Three State Schools on November 30, 1936, by County and City or Town of Residence* — Concluded

County and City or Town of Residence	Number	County and City or Town of Residence	Number	County and City or Town of Residence	Number
WORCESTER	325	Hopedale	2	Templeton	2
		Lancaster	1	Upton	3
Ashburnham	2	Leicester	2	Uxbridge	1
Athol	5	Leominster	20	Warren	1
Auburn	3	Milford	12	Webster	7
Blackstone	1	Millbury	5	Westborough	10
Bolton	1	Northbridge	4	West Boylston	5
Boylston	5	North Brookfield	1	Winchendon	3
Brookfield	1	Oxford	1	Worcester	157
Clinton	4	Phillipston	1		
Fitchburg	45	Shrewsbury	2	NON-RESIDENTS	–
Gardner	2	Southborough	2		
Grafton	3	Spencer	1	UNKNOWN	288
Harvard	4	Sterling	3		
Holden	1	Sutton	2	Grand Total	3,291

RESIDENCE OF APPLICANTS ON WAITING LISTS OF STATE SCHOOLS, 1936.
RATES PER 100,000 ESTIMATED POPULATION OF SAME COUNTY.



GRAPH III

A study was also made of the source of application by county of residence, and compared with the estimated population of these counties in 1936 (Graph III). The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 122 applicants. Suffolk was second with 101; Middlesex third with 81; Essex fourth with 71; Worcester fifth with 65; Bristol sixth with 58; and Plymouth seventh with 52. Dukes, Norfolk, Franklin, Nantucket, Hampden, Berkshire and Hampshire presented the lowest rates with 51, 47, 38, 28, 15, 14 and 12 persons on the application list per 100,000 of the population of each county, respectively.

The total of 3,291* on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional institution to care for these mentally deficient individuals.

*This total is revised monthly with consideration of all withdrawals and new additions during the month.

VIII. Recommendations

For several years the Director has been advising the social supervision of (a) special problem children in special classes and (b) retarded children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. This survey studied sample groups of children still in special classes and children who had left special classes. The findings suggested that it would be very helpful in the adjustment of these children to have a plan for their supervision while still in the public schools and after leaving. If we are to aid these children in remaining in the community, it is urgently necessary that we enlarge the scope of our supervisory activities and help these children not only while they are in public schools but until they are twenty-one. The Department of Public Welfare, for example, supervises children placed in their care until they are twenty-one, and the majority of these children are normal in respect to intelligence. How much more important it is that children who are retarded mentally should have assistance up to the same age! A recent study completed as a part of the Rockefeller Research Project in Mental Diseases and Mental Defect shows that the average cost of caring for a mentally defective child in one of our state schools is approximately $450 per year, and that each child admitted to a state school will cost the Commonwealth approximately $2,600. It is quite obvious that *all* mental defectives cannot have this amount of money devoted to their care. These rather unusual findings demonstrate the necessity of the development and expansion of a state-wide plan of supervision which will make possible and provide for the retention of mental defectives within the community.

The special class movement has been of signal benefit in the keeping of the younger retarded children in the community. Without this development in the field of education many additional thousands of children would have had to be admitted to one of our state schools. The average cost of caring for children in special classes is about $130 per child. The average school cost per normal child for the same year is about $90. Thus, the special class care of the retarded child averaged $40 higher than that of the normal child. When we compare this additional amount of $40 or the entire sum of $130 per child with the annual cost of $450 for caring for the defective child in one of our state schools, the economy of the special class movement becomes evident. The special class cares for this retarded group until they are sixteen. When they leave school this supervision is relaxed and difficulties arise. At the age of 16 the mental defective is not ready to stand on his own feet alone and unassisted. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period, and would undoubtedly keep in the community many now being admitted to state schools between the ages of 16 and 21. Community adjustment and self-support are accomplishments which are beyond many mental defectives unless a guiding hand is available. The means of providing this needed assistance should be effected at the earliest possible date.

Since 1927 the Division has been carrying on a research project based on the school clinic records. Coding of the material has been a rather slow process with only one worker, and the number of publications has been necessarily small. Over 97,000 examinations are available for study and offer an unparalleled opportunity for the study of the retarded and mentally defective child. Up to the present date about 40,000 of these records have been coded and are ready for analysis. That the work may be accelerated and these valuable facts given to the world, it is suggested that two additional research workers be placed on the Division staff.

There is great need for an appropriation to care for cases committed to this Division or cared for on a voluntary basis. The present economic situation has greatly increased the demands for social supervision of the mentally defective. Individuals and agencies are coming to us more and more with requests for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to stand this expense. The task of finding other positions for these persons has complicated our divisional problems. We are handicapped in our work by the fact that certain cases need temporary financial support to tide them over until a new position can be obtained. Otherwise, the only recourse available is admission to one of our state schools, and we have seen that this is a very expensive procedure. Such a policy is not only short-sighted from the economic standpoint but it is, in addition, a real injustice to retarded individuals who through years of effort have earned the right to remain in the community. In addition, other individuals under supervision and working for very small wages occasionally need money for the dentist, medical care and clothing. At present we are unable to aid them. The annual appropriation of a sum of $1,000 will enable us to carry out this work in an effective way.

At the end of 1936 the Division was supervising 168 cases in the community, and many of these would require admission if this supervision were not available. Applying the annual cost of $450 for state school care as outlined above, we see that the keeping of these cases in the community has been responsible for a saving of $75,600 during a single year. At a time when expenses of state school provision are becoming almost prohibitive, the enlargement of the divisional activities along the line of community supervision seems a more sensible way of caring for the thousands of mental defectives coming to our attention. We should be working toward a state-wide plan for the community supervision of mental defectives. A comprehensive plan for the supervision of mental defectives in the younger years will mean a smaller number of these individuals becoming public charges later in life.

Every three months the Division prepares a detailed analysis of the waiting list of each state school and presents it to the superintendent of the institution for his information. Our analyses of the waiting lists for admission to the three state schools have demonstrated the need for increases in institutional provision for mental defectives. The total of 3,291 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional state school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable. The state school is the nucleus around which a satisfactory plan for the care of mental defectives must be built. Without adequate provision for the institutional type of case, other efforts in the care of this group are severely handicapped.

Sincere appreciation is herewith expressed to the Commissioner for his cooperation throughout the year.

Respectfully submitted,
Neil A. Dayton, *Director.*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1936, as follows:

Visits to the Hospitals		184
Histories taken at Hospitals		5,571
Visits to relatives of patients and others for investigation:		
By outside visits	6,617	
By office calls	1,109	
By telephone	1,646	
Total investigations		9,372
Cases submitted for deportation to the U. S. Commissioner of Immigration		12
Cases submitted for deportation by the Department		74

Support Cases, not including Ex-Service Men of the World War

Cases pending November 30, 1935	884	
New Cases	2,980	
		3,864
Made Reimbursing	1,100	
Accepted as State Charges	1,853	
Pending November 30, 1936	911	
		3,864

Reimbursing Cases

Cases remaining in Hospitals November 30, 1935	2,168	
New Cases	1,440	
		3,608
Died	370	
Discharged or on visit November 30, 1936	722	
Dropped — accepted as State Charges	166	
Transferred to other Institutions	96	
Accepted by Veterans' Administration	5	
Remaining in Hospitals November 30, 1936	2,249	
		3,608

Cases of Ex-service Men of the World War Considered by the U. S. Veterans' Administration for Support between November 30, 1935 and November 30, 1936

Cases remaining in Hospitals November 30, 1935	8	
New Cases	20	
Re-opened Cases	0	
		28
Died	2	
Discharged or on visit	11	
Transferred to other State Institutions	1	
Made Reimbursing	0	
Rejected	1	
Remaining in Hospitals November 30, 1936	13	
		28
Ex-service men actually in the Hospitals November 30, 1936		465
Cases chargeable to Veterans' Administration	13	
Cases not yet chargeable (rejected or pending)	452	
		465

Attorney-General Cases

Cases pending in the office of the Attorney-General, Nov. 30, 1935	109	
Reported during the year	43	
		152
Cases closed during the year	38	
Cases pending Nov. 30, 1936	114	
		152

Summary of Work of Investigators and Clerical Force

There were 714 investigations made at various Probate Courts. In addition to their outside work, the staff of Investigators spent 5,577 hours in the office preparing for such work and reporting the results of their investigations.

Letters: — 2,512 letters were written concerning the general work of the Division and 1,044 letters concerning ex-service men and Veterans' Administration matters. Three hundred fifty-nine (359) clinical abstracts and 618 stencil forms were transmitted to the Veterans' Administration.

Documents: — 7,190 documents relating to Probate matters were handled. Five thousand eight hundred forty-four (5,844) history slips were prepared for the use of the Investigators and, including transfer records, a total of 7,350 histories were written.

Bills: — About 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to $8,472.00 were rendered to the Veterans' Administration during the year.

This report shows that the total collections on account of reimbursements for support of patients were $765,727.72. Of this amount $7,634.00 were received for the support of ex-service men of the World War, leaving a balance of $758,093.72 as the amount collected for the support of civilian cases.

Receipts for Support of Reimbursing Patients

HOSPITAL	Years ending: Nov. 30, 1935	Year ending: Nov. 30, 1936	Total since Jan. 1, 1904
Psychopathic	$350.36	$652.02	$38,962.87
Boston	99,174.80	86,138.59	1,633,375.58
Danvers	107,538.71	103,950.00	2,133,760.77
Foxborough	50,798.19	50,159.78	669,757.67
Gardner	27,313.14	23,234.55	392,735.49
Grafton	24,701.97	18,665.43	439,378.08
Medfield	35,610.60	43,684.01	752,781.75
Metropolitan	35,633.07	35,876.03	196,691.10
Northampton	98,990.53	93,059.94	1,630,663.33
Taunton	49,340.14	53,463.49	1,186,068.34
Westborough	112,895.50	124,663.70	2,106,848.64
Worcester	72,058.71	65,145.41	1,594,802.22
Monson	16,847.48	19,774.20	375,089.97
Belchertown	7,988.93	6,298.58	73,919.51
Fernald School	16,287.69	16,805.21	315,996.89
Wrentham	15,756.51	14,079.58	153,358.11
State Infirmary	4,128.26	3,572.89	92,392.51
Bridgewater	3,557.84	6,265.69	112,061.74
Hospital Cottages	145.33	238.62	2,359.88
Family Care	–	–	17,344.87
Foxborough Labor	–	–	3,370.45
Alms House	–	–	923.66
	$779,117.76	$765,727.72	$13,922,643.43

Yearly Totals from Jan. 1, 1904

From January 1, 1904 to September 30, 1904	$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers $3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)	917,593.67
Year ending November 30, 1932 (including soldiers 849.00)	819,870.81
Year ending November 30, 1933 (including soldiers 11,220.00)	778,830.53
Year ending November 30, 1934 (including soldiers 6,698.00)	754,582.59
Year ending November 30, 1935 (including soldiers 4,642.00)	779,117.76
Year ending November 30, 1936 (including soldiers 7,634.00)	765,727.72
	$13,922,643.43

Total receipts for support indicate a per capita collection for the year of $27.65.

I am submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1935, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are $13,922,643.43.

This Division has an active reimbursing list of approximately 2,252, the maximum rate in any case being $10.00 per week and the minimum rate being $1.00 per week.

Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1936

Institutions	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1936		United States Deportation Cases			Soldier Cases		
						Daily Average Number		Average Weekly Per Capita	Daily Average Number		Average Weekly Per Capita
	M.	F.		M.	F.	M.	F.		M.	F.	
Psychopathic	.63	.92	5.27	0	1	.09	–	35.00	.05	–	35.00
Boston	83.96	150.17	7.28	76	185	.10	–	35.00	.08	1.00	14.00
Danvers	94.37	173.12	7.25	107	211	–	–	–	.46	–	14.00
Foxborough	39.32	86.24	8.07	35	101	–	–	–	–	.92	14.00
Gardner	29.83	35.23	7.13	30	42	–	–	–	–	–	–
Grafton	24.30	22.78	7.86	27	16	–	–	–	–	–	–
Medfield	35.84	63.86	7.77	33	74	–	–	–	–	–	–
Metropolitan	37.54	61.65	7.74	41	76	–	–	–	–	–	–
Northampton	83.87	164.83	7.46	80	188	–	–	–	–	–	–
Taunton	46.07	94.32	7.06	40	107	–	–	–	–	–	–
Westborough	95.98	201.68	7.65	90	211	–	–	–	–	2.39	14.00
Worcester	65.00	101.66	7.61	76	119	.27	–	35.00	.43	1.04	14.00
Monson Sane	35.04	36.88	5.86	32	37	–	–	–	–	–	–
Insane	–	–	–	–	–	–	–	–	–	–	–
Belchertown	13.23	22.52	4.48	20	22	–	–	–	–	–	–
W. E. Fernald	30.87	23.49	6.28	51	38	–	–	–	–	–	–
Wrentham	38.75	23.44	5.24	36	28	–	–	–	–	–	–
Infirmary	–	10.58	7.67	0	11	–	–	–	–	–	–
Bridgewater	6.68	–	6.78	7	0	–	–	–	1.24	–	14.00
Hospital Cottages	1.31	–	3.08	3	1	–	–	–	–	–	–
Family Care	–	–	–	0	0	–	–	–	–	–	–
	762.59	1,273.37	7.28	784	1,468	.46	–	35.00	2.26	5.35	17.00

Investigations by this Division have resulted in the deportation to other states and countries of 73 patients during the year ending November 30, 1936, at a considerable saving to the tax-payers.

Respectfully submitted,
PAUL A. GREEN,
Supervisor.

ACKNOWLEDGMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the appropriation received to be used in the work of completing and publishing some of the researches conducted under previous grants. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date our research project was further extended by the Foundation for a three-year period and ended on July 1, 1934. The present grant covers the period from January 1, 1935 to December 31, 1939.

Winfred Overholser, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1936, is respectfully submitted.

In the fall of 1934 application was made to the Rockefeller Foundation for a further grant to be used for the publication of four volumes presenting the results of certain of our researches. This request was acted upon favorably by the Foundation and the sum of $26,000 was granted to the Department to be extended over the five-year period January 1, 1935 to December 31, 1939, inclusive. Four volumes are to be published through the aid of this grant.

During the past year a large amount of investigative and research work has been completed in reference to certain items to be covered in the first volume. The amount of detail involved in sorting the cards of a study of this size is tremendous. However, it is expected that this material will soon be ready for publication.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully submitted,
NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1936, is respectfully submitted.

SUMMARY OF CONTENTS, DIVISION OF STATISTICS

I. Departmental Statistics, Tables A to J. — Pages 119–129
II. Statistical Review: Subjects of Text Discussion.
  A. General Discussion of All Classes under Care. — Pages 132–138
  B. All Admissions to Mental Hospitals During 1936. — Pages 139–172
  C. All Discharges from Mental Hospitals During 1936. — Pages 173–198
  D. Deaths in Mental Hospitals During 1936. — Pages 198–220
  E. Resident Population and Patients Out of Mental Hospitals on September 30, 1936. — Pages 220–249
  F. General Discussion of All Classes under Care in State Schools. — Pages 250–255
  G. All Admissions to State Schools During 1936. — Pages 255–264
  H. All Discharges from State Schools During 1936. — Pages 264–275
  J. All Deaths in State Schools During 1936. — Pages 275–286
  K. Resident Population and Patients Out of State Schools on September 30, 1936. — Pages 286–304
III. Graphs.
  Departmental Statistics — Graphs A to C.
  Mental Diseases — Graphs 1 to 9, inclusive.
  Mental Deficiency — Graphs 10 to 16, inclusive.
IV. Detailed Tables.
  Mental Diseases — Pages 306–476
  Mental Deficiency — Pages 477–508

The Statistical Division of the Department was reorganized in 1927. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected in the thirteen State Hospitals and the three State Schools under the direction of this Department. By this means the amount of available data on our patient population, both insane and feebleminded, was tremendously increased. The system was installed also at the Bridgewater State Hospital, the Mental Wards at Tewskbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus we have a total of twenty-one institutions coming under the Department statistical system which gives us an invaluable State-wide sample of mental disease or defect for any one year. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient and at the end of the year a set of twenty standard tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution and the machine equipment at the central office made use of to relieve institutions of these duties. The Division also prepares the annual report for each hospital and school which is required by the United States Bureau of the Census.

During 1934, a new departure was made in presenting statistics on patients in our mental hospitals. In addition to presenting data in accordance with the new psychiatric classification of mental disorders, all admissions, discharges, deaths, resident population and patients out of institutions were divided into first and readmissions. We are familiar with this division in patients entering hospitals. However, it is a new approach to divide discharges, deaths, and the resident population in the same manner. It was deemed statistically necessary to make this classification in view of the fact that the proportions of cases who are first admissions and readmissions vary markedly throughout the five groups mentioned above. For instance, first admissions and readmissions show widely differing discharge and death rates. Different proportions of first and readmitted cases throughout the various psychoses remain in residence. Readmitted cases remain in residence about half a year longer than first admissions and for that reason present a slower turnover and a lower discharge rate. For instance, our annual statistics for the year 1936 showed us that the discharge rate for first admissions was 189 per 1,000, or one case out of every five under care, while that for readmissions was 99 for each 1,000 readmissions under care, or about one in ten. First admissions who died showed a rate of 81 per 1,000 first admissions under treatment, while the readmissions showed a rate of 35, approximately one-third that of the first admissions.

The above differentiation and analysis of mental patients in accordance with their status of admission is believed to be the first of its kind to be used in presenting the statistics of a State. The differing results for the two groups are so outstanding that this method of presenting our data will be continued in all future Annual Reports of this Department.

Attention is also called to the fact that the 1934 Report was the first to make an analysis of patients out of our institutions at the end of the year. In view of the fact that they comprise ten per cent of the total number of cases on the books of mental hospitals in this State, their inclusion in our annual statistics has been made a permanent procedure.

From year to year certain general refinements and additions are made to the Annual Report. These occur as deemed advisable in accordance with new requests for data, and in order to make a complete presentation of certain items which had formerly been only partially covered.

The 1936 Report of the Department is the ninth making use of the new statistical system. It contains tables of first admissions on all legal forms, that is, admissions on regular court commitment, admissions for temporary care, for observation, admissions on voluntary status and transfers. It likewise contains complete data in reference to all discharges and deaths at the various State hospitals during the year. In addition there is a section analyzing the status of our resident population and patients out at the end of the statistical year. A total of 290 tables are presented.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the Report. These tables discuss various aspects in connection with admissions, discharges, deaths, resident population and patients out of the three State schools.

Respectfully submitted,

NEIL A. DAYTON, *Director.*

DEPARTMENTAL STATISTICS

TABLE A. — *General Statement of the Department for the Year Ending November 30,1936 — By Institution*

INSTITUTIONS	Year of Opening	Number Patients Under Care Nov. 30	Number Total Admissions[1]	ACREAGE			VALUATION (See Notes)			
				Total Acres	Buildings, Sites and Grounds, Acres	Under Cultivation, Acres	Land[4]	Buildings and Betterments[5]	Personal Property[6]	Total
Hospitals for Mental Diseases:										
Boston Psychopathic	1912	69	2,089	2.00	2.00	–	$48,900.	$469,568.95	$61,898.21	$580,367.16
Boston State	1839[2]	2,353	969	224.66	224.66	–	974,100.	3,892,555.80	401,043.19[7]	5,267,698.99
Danvers	1878	2,216	953	517.68	248.18	269.50	101,317.	2,952,376.47	304,939.80	3,358,633.27
Foxborough	1893	1,299	286	352.40	268.90	83.50	35,400.	2,375,628.70	336,598.07	2,747,626.77
Gardner	1902	1,516	268	1,856.00	1,450.55	405.45	41,403.	1,623,360.36	464,013.19	2,128,776.55
Grafton	1915[3]	1,476	165	1,087.90	820.65	267.25	39,512.	1,442,328.06	215,356.02	1,697,196.08
Medfield	1896	1,865	276	670.83	431.83	239.00	55,660.	1,859,515.90	395,419.69	2,310,595.59
Metropolitan	1930	1,657	137	386.96	304.05	82.91	79,025.	4,628,849.55	460,139.62	5,168,014.17
Northampton	1858	1,889	619	562.25	342.25	220.00	174,265.	2,704,992.90	232,554.34	3,111,812.24
Taunton	1854	1,581	583	467.96	315.21	152.75	62,075.	2,121,635.72	295,859.73	2,479,570.45
Westborough	1886	1,575	584	763.93	447.78	316.15	60,830.	1,747,942.19	387,366.56	2,196,138.75
Worcester	1833	2,454	815	589.16	412.16	177.00	444,570.	2,370,652.31	467,150.13	3,282,372.44
Monson (epileptic)	1898	1,529	190	661.79	543.54	118.25	17,645.	1,939,270.46	341,379.83	2,298,295.29
Total		21,479	7,934	8,143.52	5,811.76	2,331.76	$2,134,702.	$30,128,677.37	$4,363,718.38	$36,627,097.75
Schools for Mental Defectives:										
Belchertown	1922	1,307	112	774.10	633.60	140.50	$28,858.	$2,647,035.51	$397,196.79	$3,073,090.30
Walter E. Fernald	1848	1,907	139	2,051.69	1,770.69	281.00	149,694.	2,482,651.17	461,609.47	3,093,954.64
Wrentham	1907	1,955	209	599.00	415.00	184.00	34,252.	1,775,057.09	433,449.59	2,242,758.68
Total		5,169	460	3,424.79	2,819.29	605.50	$212,804.	$6,904,743.77	$1,292,255.85	$8,409,803.62
Grand Total		26,648	8,394	11,568.31	8,631.05	2,937.26	$2,347,506.	$37,033,421.14	$5,655,974.23	$45,036,901.37

[1] During Statistical Year Ending September 30, 1936.

[2] Taken over by State in 1908.

[3] Part of Worcester State Hospital from 1877 to 1915.

[4] Valuation as per Section 13 to 17, Chapter 58, General Laws.

[5] Valuation by Committee of Comptroller and Representative of Institutional Departments.

[6] Valuation as per Regulations of Department of Mental Diseases.

[7] Valuation as of May 30, 1937.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1936 — By Institutions*

INSTITUTIONS	Number Patients Actually in Institution	Number Total Admissions[1]	NUMBER OF OFFICERS AND EMPLOYEES								NUMBER OF PATIENTS TO EACH		
			Total	Physicians	Resident Dentists	Industrial and Educational Department	Social Workers	Graduate Nurses	Other Nurses and Attendents	All Others	Resident Physician	Nurse and Attendant	Employee
Hospitals for Mental Diseases:													
Boston Psychopathic Hospital	69	2,089	151	11	1	2	6	15	37	79	5.75	1.33	.46
Boston State Hospital	2,335	969	731	16	1	16	5	38	415	240	137.35	5.15	3.19
Danvers State Hospital	2,205	953	499	10	1	7	4	48	251	178	200.45	7.37	4.42
Foxborough State Hospital	1,295	286	307	7	1	6	2	18	154	119	161.88	7.53	4.22
Gardner State Hospital	1,398	268	317	7	–	8	3	9	173	117	199.71	7.68	4.41
Grafton State Hospital	1,465	165	391	9	1	7	1	47	151	175	146.50	7.40	3.75
Medfield State Hospital	1,856	276	454	8	1	8	2	39	220	176	206.22	7.17	4.09
Metropolitan State Hospital	1,653	137	354	7	1	5	2	30	190	119	206.63	7.51	4.67
Northampton State Hospital	1,873	619	443	10	1	5	2	20	258	147	170.27	6.74	4.23
Taunton State Hospital	1,578	583	393	9	1	8	3	33	200	139	157.80	6.77	4.02
Westborough State Hospital	1,544	584	411	10	1	6	3	35	181	175	143.36	7.15	3.76
Worcester State Hospital	2,338	815	595	11	1	9	4	73	279	218	194.83	6.64	3.93
Monson State Hospital (epileptic)	1,529	190	399	8	1	5	2	28	218	137	169.89	6.22	3.83
Total	21,138	7,934	5,445	123	12	92	39	433	2,727	2,019	156.58	6.69	3.88
Schools for Mental Defectives:													
Belchertown State School	1,307	112	295	6	1	21	3	8	158	98	186.71	7.87	4.43
Walter E. Fernald State School	1,907	139	461	9	1	34	3	1	290	123	190.70	6.55	4.14
Wrentham State School	1,955	209	390	8	1	26	2	–	252	101	217.22	7.75	5.02
Total	5,169	460	1,146	23	3	81	8	9	700	322	198.81	7.33	4.51
Grand Total	26,307	8,394	6,591	146	15	173	47	442	3,427	2,341	163.40	6.80	3.99

[1] During Statistical Year Ending September 30, 1936

TABLE C. — *Average Weekly per Capita Costs* for Maintenance and Operation for the Period 1917 to 1936, by Institution*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923
Hospitals for Mental Diseases:							
Boston Psychopathic Hospital	$25.95	$30.91	$32.29	$36.90	$41.84	$42.38	$50.92
Boston State Hospital	5.71	7.87	6.22	7.64	7.77	6.80	6.83
Danvers State Hospital	5.61	6.94	5.49	7.24	6.59	6.24	7.09
Foxborough State Hospital	8.36	10.23	8.35	10.60	9.77	9.81	10.48
Gardner State Hospital	5.02	6.13	6.42	6.92	6.70	6.43	6.67
Grafton State Hospital	5.38	6.53	6.12	7.34	6.76	6.50	6.74
Medfield State Hospital	5.49	6.13	6.73	7.29	6.64	5.82	6.55
Metropolitan State Hospital	–	–	–	–	–	–	–
Northampton State Hospital	5.15	5.81	5.91	6.52	6.02	5.92	6.19
Taunton State Hospital	5.57	6.28	6.34	6.65	6.43	6.15	6.69
Westborough State Hospital	6.19	7.34	6.79	8.10	7.18	7.24	7.65
Worcester State Hospital	5.26	5.89	5.66	6.42	6.40	6.13	6.51
Monson State Hospital (epileptic)	5.44	5.54	6.40	7.42	6.72	6.11	6.44
Average per capita cost including Psychopathic	$5.71	$6.76	$6.41	$7.45	$7.08	$6.68	$7.11
Average per capita cost excluding Psychopathic	$5.57	$6.61	$6.25	$7.27	$6.86	$6.46	$6.88
Schools for Mental Defectives:							
Belchertown State School	–	–	–	–	–	–	$3.25
Walter E. Fernald State School	$4.68	$5.49	$6.00	$6.70	$7.07	$6.51	6.70
Wrentham State School	4.57	5.61	5.54	6.95	6.80	6.43	7.34
Average per capita cost	$4.64	$5.54	$5.80	$6.81	$6.95	$6.47	$7.65
Average per capita cost of all institutions	$5.54	$6.56	$6.31	$7.34	$7.06	$6.64	$7.20

*This table is figured less sales, but not less paying patients and other receipts.

TABLE C. — *Average Weekly per Capita Costs for Maintenance and Operation for the Period 1917 to 1936, by Institution* — Continued

INSTITUTIONS	1924	1925	1926	1927	1928	1929	1930
Hospitals for Mental Diseases:							
Boston Psychopathic Hospital	$48.57	$48.94	$49.62	$51.01	$51.99	$58.51	$55.20
Boston State Hospital	6.81	6.73	6.83	6.94	7.00	7.15	7.18
Danvers State Hospital	6.52	6.45	6.93	6.80	6.79	7.24	6.97
Foxborough State Hospital	9.52	8.27	8.50	8.85	8.08	7.81	7.75
Gardner State Hospital	6.42	6.73	6.37	6.64	6.81	6.93	6.95
Grafton State Hospital	6.34	7.13	6.36	6.85	6.80	6.98	7.37
Medfield State Hospital	6.38	6.36	6.04	6.58	6.55	6.97	6.82
Metropolitan State Hospital	–	–	–	–	–	–	–
Northampton State Hospital	6.00	6.43	6.23	6.41	6.64	6.43	6.22
Taunton State Hospital	7.13	6.71	6.56	7.28	7.26	7.38	7.35
Westborough State Hospital	7.44	7.36	7.32	8.75	7.78	7.50	7.32
Worcester State Hospital	6.58	6.78	6.29	7.03	6.97	7.21	7.09
Monson State Hospital (epileptic)	6.77	6.62	6.52	6.85	6.89	6.99	7.42
Average per capita cost including Psychopathic	$6.99	$7.02	$6.86	$7.22	$7.28	$7.37	$7.33
Average per capita cost excluding Psychopathic	$6.77	$6.80	$6.65	$7.00	$7.04	$7.13	$6.97
Schools for Mental Defectives:							
Belchertown State School	$9.19	$8.06	$7.86	$8.03	$8.02	$8.42	$8.03
Walter E. Fernald State School	7.08	6.99	7.16	7.18	7.09	7.09	7.19
Wrentham State School	6.79	6.81	6.37	6.76	6.65	7.05	6.62
Average per capita cost	$7.32	$7.14	$7.01	$7.19	$7.13	$7.37	$7.25
Average per capita cost of all institutions	$7.05	$7.04	$6.89	$7.21	$7.25	$7.37	$7.32

TABLE C. — *Average Weekly per Capita Costs for Maintenance and Operation for the Period 1917 to 1936, by Institution* — Concluded

INSTITUTIONS	1931	1932	1933	1934	1935	1936
Hospitals for Mental Diseases:						
Boston Psychopathic Hospital	$56.141	$55.522	$54.901	$54.735	$55.959	$58.852
Boston State Hospital	7.054	6.937	6.385	6.551	7.732	8.551
Danvers State Hospital	6.789	6.27	5.584	5.745	6.591	6.991
Foxborough State Hospital	7.526	6.704	5.851	6.288	7.091	7.893
Gardner State Hospital	6.658	6.017	5.468	5.405	6.59	6.955
Grafton State Hospital	7.509	6.623	6.048	6.183	7.553	8.363
Medfield State Hospital	6.605	6.175	5.484	5.569	6.542	7.095
Metropolitan State Hospital	6.900	5.359	4.842	5.257	6.094	6.737
Northampton State Hospital	6.003	5.421	4.678	5.117	5.81	6.69
Taunton State Hospital	7.002	6.312	5.724	5.80	6.731	7.648
Westborough State Hospital	7.301	6.826	5.788	6.079	7.351	7.976
Worcester State Hospital	6.984	6.493	6.024	6.138	7.066	7.869
Monson State Hospital (epileptic)	6.922	6.248	5.738	6.016	7.028	7.951
Average per capita cost including Psychopathic	$7.137	$6.508	$5.849	$6.04	$7.071	$7.755
Average per capita cost excluding Psychopathic	$6.916	$6.304	$5.665	$5.865	$6.88	$7.564
Schools for Mental Defectives:						
Belchertown State School	$7.807	$6.546	$5.599	$6.047	$6.832	$7.448
Walter E. Fernald State School	7.158	6.661	5.672	5.87	6.683	7.192
Wrentham State School	6.268	5.787	4.919	5.195	5.808	6.225
Average per capita cost	$6.996	$6.317	$5.381	$5.63	$6.40	$6.895
Average per capita cost of all institutions	$7.111	$6.472	$5.760	$5.96	$6.942	$7.59

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1936 Inclusive*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923
Hospitals for Mental Diseases:							
Boston Psychopathic Hospital	–	–	–	–	.06	2.45	1.55
Boston State Hospital	5.09	4.28	5.24	7.21	7.12	6.97	9.61
Danvers State Hospital	5.71	4.47	7.31	7.49	8.71	11.69	11.02
Foxborough State Hospital	3.08	1.36	1.65	3.97	4.21	4.49	3.95
Gardner State Hospital	1.63	.75	.38	1.32	1.11	1.31	1.59
Grafton State Hospital	2.06	1.52	2.26	2.76	2.59	3.16	2.04
Medfield State Hospital	2.63	2.42	2.02	2.97	3.44	5.57	4.32
Metropolitan State Hospital	–	–	–	–	–	–	–
Northampton State Hospital	6.58	5.63	5.79	10.21	9.23	10.44	8.01
Taunton State Hospital	5.22	3.88	3.68	5.40	6.59	6.82	7.34
Westborough State Hospital	5.39	5.28	5.12	5.05	7.36	6.61	6.67
Worcester State Hospital	4.61	4.85	5.12	7.10	6.37	6.98	6.59
Monson State Hospital (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15
Average	4.11	3.53	3.88	3.28	5.41	6.21	6.09
Schools for Mental Defectives:							
Belchertown State School	–	–	–	–	–	–	.02
Walter E. Fernald State School	1.07	.78	.64	1.19	1.22	1.64	1.12
Wrentham State School	.41	.14	.15	.38	.28	1.40	.43
Average	.81	.50	.44	.83	.81	1.53	.66
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13
Family Care under Department	9.95	6.84	.60	–	–	18.25	–

NOTE: — See tables showing number and percentage paying patients on page 129 for Institutions for the Insane, Feebleminded and Epileptic, and page 129 for Institutions for the Feebleminded.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1936 inclusive* — Continued

INSTITUTIONS	1924	1925	1926	1927	1928	1929	1930
Hospitals for Mental Diseases:							
Boston Psychopathic Hospital	3.68	2.05	1.46	1.06	1.79	.61	.59
Boston State Hospital	11.39	7.63	15.27	15.26	13.95	12.05	12.21
Danvers State Hospital	14.72	12.32	22.76	24.04	23.36	19.43	19.55
Foxborough State Hospital	7.17	6.29	11.89	11.65	13.18	13.73	14.30
Gardner State Hospital	4.68	2.89	6.82	7.70	7.38	8.79	9.19
Grafton State Hospital	5.13	1.98	3.56	4.55	3.58	3.76	4.22
Medfield State Hospital	9.54	4.48	6.18	6.77	7.63	6.26	6.02
Metropolitan State Hospital	–	–	–	–	–	–	–
Northampton State Hospital	14.84	13.15	30.10	28.72	25.83	25.86	23.18
Taunton State Hospital	10.64	8.36	16.24	15.81	14.58	12.28	13.17
Westborough State Hospital	11.32	11.18	31.31	31.62	30.32	30.35	29.45
Worcester State Hospital	11.81	6.62	14.53	13.57	13.74	12.00	12.28
Monson State Hospital (epileptic)	3.32	4.82	6.28	7.29	7.24	5.70	4.86
Average	9.75	7.12	14.78	14.82	14.36	13.12	12.99
Schools for Mental Defectives:							
Belchertown State School	.20	.36	1.72	1.59	2.39	1.95	1.85
Walter E. Fernald State School	1.82	2.17	4.20	4.33	5.51	4.03	3.82
Wrentham State School	.46	1.04	1.46	1.89	2.94	2.35	2.62
Average	1.01	1.33	2.73	2.87	3.90	2.93	2.90
Grand Average	8.16	6.08	12.57	12.66	12.49	11.27	11.16
Family Care under Department	4.21	23.67	6.30	4.59	4.26	5.54	3.65

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1936 inclusive* — Concluded

INSTITUTIONS	1931	1932	1933	1934	1935	1936
Hospitals for Mental Diseases:						
Boston Psychopathic Hospital	.87	.16	4.08	3.38	3.58	4.04
Boston State Hospital	13.04	10.34	11.45	10.65	10.68	8.09
Danvers State Hospital	17.83	17.31	17.23	15.92	14.33	12.72
Foxborough State Hospital	14.10	13.36	15.17	12.10	11.38	9.63
Gardner State Hospital	7.49	7.62	7.66	6.21	5.50	4.24
Grafton State Hospital	2.84	3.19	4.95	4.75	4.45	2.99
Medfield State Hospital	5.92	7.25	6.97	8.72	5.71	6.39
Metropolitan State Hospital	8.96	11.01	9.92	8.66	7.90	6.59
Northampton State Hospital	24.21	22.87	22.06	19.34	17.70	14.11
Taunton State Hospital	12.67	12.49	12.63	12.24	8.78	8.44
Westborough State Hospital	30.14	25.41	28.27	23.59	19.59	19.13
Worcester State Hospital	11.75	10.83	10.60	9.40	8.50	6.59
Monson State Hospital (epileptic)	4.78	4.67	4.21	4.37	3.13	3.20
Average	12.53	11.86	12.49	11.25	9.77	8.46
Schools for Mental Defectives:						
Belchertown State School	1.51	1.64	1.74	1.37	1.75	1.26
Walter E. Fernald State School	2.88	2.94	4.41	4.09	2.58	2.43
Wrentham State School	2.61	2.25	2.06	2.39	2.87	2.31
Average	2.42	2.35	2.90	2.76	2.45	2.06
Grand Average	10.67	10.15	10.78	9.70	8.47	7.35
Family Care under Department	–	–	6.12	–	–	–

Table E. — *Percentage of Total Net Expenditures by the State Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics* from 1913 to 1936*

Fiscal Year Ended November 30 of Each Year	Total Expended by the State	Total Expended for Care of Insane, Feebleminded and Epileptic	Percentage
1913	$24,543,221.70	$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74
1933	64,091,084.85	8,921,067.31	13.92
1934	71,570,396.94	10,684,191.91	14.93
1935	83,034,847.94	14,314,064.13	17.33
1936	93,384,601.54	14,398,158.44	15.42

*Includes Department, Institutions, Mental Wards at Tewksbury, and Bridgewater State Hospital.

Note: — The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available. Previous to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

Table F. — *Number of Patients in State Institutions for the Insane, Feebleminded, and Epileptic, and Overcrowding, September 30, 1936*

Institutions	Capacity	Patients in Institutions	Overcrowding	
			Number	Percentage
State Hospitals				
Worcester State Hospital	2,218	2,352	134	6.04
Taunton State Hospital	1,160	1,601	441	38.01
Northampton State Hospital	1,666	1,871	205	12.30
Danvers State Hospital	1,835	2,297	462	25.17
Westborough State Hospital	1,285	1,552	267	20.77
Boston State Hospital	2,008	2,409	401	19.97
Boston Psychopathic Hospital	109	60	-49	-44.95
Grafton State Hospital	1,294	1,422	128	9.89
Medfield State Hospital	1,608	1,828	220	13.68
Gardner State Hospital	1,213	1,422	209	17.23
Foxborough State Hospital	1,119	1,280	161	14.38
Metropolitan State Hospital	1,333	1,579	246	18.45
Total	16,848	19,673	2,825	16.76
Monson State Hospital (epileptic)	1,147	1,514	367	31.99
Total State Hospitals and Monson	17,995	21,187	3,192	17.73
State Schools				
Belchertown State School	1,100	1,305	205	18.63
Walter E. Fernald State School	1,538	1,875	337	21.91
Wrentham State School	1,361	1,953	592	43.49
Total	3,999	5,133	1,134	28.35
Aggregate All D.M.D. Institutions	21,994	26,320	4,326	19.66
Bridgewater	908	877	-31	-3.41
Tewksbury	603	512	-91	-15.09
Grand Total All Institutions	23,505	27,709	4,204	17.88

Note: — Minus sign indicates number or percentage below capacity.

Table G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1936*

Institutions by Years	Rated Capacity	Actual Number of Patients in Institutions	Overcrowding	
			Excess Number of Patients	Percentage
1905				
State Hospitals	8,552	8,552	—	—
Monson Hospital — Epileptic	462	521	59	12.77
State Hospitals and Monson	9,014	9,073	59	.65
Bridgewater and State Infirmary	1,022	998	–24	–2.34
State Schools	1,002	1,028	26	2.59
Total	11,038	11,099	61	.55
1906				
State Hospitals	8,873	8,618	–255	–2.87
Monson Hospital — Epileptic	591	531	–60	–10.15
State Hospitals and Monson	9,464	9,149	–315	–3.32
Bridgewater and State Infirmary	1,225	1,088	–137	–11.18
State Schools	1,262	1,120	–142	–11.25
Total	11,951	11,357	–594	–4.97
1907				
State Hospitals	9,351	8,853	–498	–5.32
Monson Hospital — Epileptic	699	570	–129	–18.45
State Hospitals and Monson	10,050	9,423	–627	–6.23
Bridgewater and State Infirmary	1,316	1,179	–137	–10.41
State Schools	1,272	1,228	–44	–3.45
Total	12,638	11,830	–808	–6.39
1908				
State Hospitals	9,356	9,503	147	1.57
Monson Hospital — Epileptic	699	686	–13	–1.85
State Hospitals and Monson	10,055	10,189	134	1.33
Bridgewater and State Infirmary	1,321	1,271	–50	–3.78
State Schools	1,312	1,332	20	1.52
Total	12,688	12,792	104	.81
1909				
State Hospitals	9,534	9,961	427	4.47
Monson Hospital — Epileptic	699	695	–4	–.57
State Hospitals and Monson	10,233	10,656	423	4.13
Bridgewater and State Infirmary	1,334	1,338	4	.29
State Schools	1,582	1,443	–139	–8.78
Total	13,149	13,437	288	2.19
1910				
State Hospitals	9,627	10,364	737	7.65
Monson Hospital — Epileptic	853	770	–83	–9.73
State Hospitals and Monson	10,480	11,134	654	6.24
Bridgewater and State Infirmary	1,335	1,428	93	6.96
State Schools	1,690	1,567	–123	–7.27
Total	13,505	14,129	624	4.62
1911				
State Hospitals	10,346	10,634	288	2.78
Monson Hospital — Epileptic	853	851	–2	–.23
State Hospitals and Monson	11,199	11,485	286	2.55
Bridgewater and State Infirmary	1,413	1,487	74	5.23
State Schools	1,820	1,642	–178	–9.78
Total	14,432	14,614	182	1.26
1912				
State Hospitals	10,612	11,087	475	4.47
Monson Hospital — Epileptic	853	887	34	3.98
State Hospitals and Monson	11,465	11,974	509	4.43
Bridgewater and State Infirmary	1,471	1,507	36	2.44
State Schools	1,820	1,845	25	1.37
Total	14,756	15,326	570	3.86

Table G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1936* — Continued

Institutions by Years	Rated Capacity	Actual Number of Patients in Institutions	Overcrowding	
			Excess Number of Patients	Percentage
1913				
State Hospitals	11,128	11,430	302	2.71
Monson Hospital — Epileptic	853	922	69	8.08
State Hospitals and Monson	11,981	12,352	371	3.09
Bridgewater and State Infirmary	1,491	1,510	19	1.27
State Schools	2,063	1,920	−143	−6.93
Total	15,535	15,782	247	1.58
1914				
State Hospitals	11,279	11,713	434	3.84
Monson Hospital — Epileptic	976	963	−13	−1.33
State Hospitals and Monson	12,255	12,676	421	3.43
Bridgewater and State Infirmary	1,491	1,526	35	2.34
State Schools	2,088	2,194	106	5.07
Total	15,834	16,396	562	3.54
1915				
State Hospitals	11,489	12,240	751	6.53
Monson Hospital — Epileptic	968	1,015	47	4.85
State Hospitals and Monson	12,457	13,255	798	6.40
Bridgewater and State Infirmary	1,491	1,531	40	2.68
State Schools	2,488	2,309	−179	−7.19
Total	16,436	17,095	659	4.00
1916				
State Hospitals	11,699	12,505	806	6.88
Monson Hospital — Epileptic	967	993	26	2.68
State Hospitals and Monson	12,666	13,498	832	6.56
Bridgewater and State Infirmary	1,491	1,556	65	4.35
State Schools	2,628	2,582	−46	−1.75
Total	16,785	17,636	851	5.07
1917				
State Hospitals	11,940	12,831	891	7.46
Monson Hospital — Epileptic	967	1,042	75	7.75
State Hospitals and Monson	12,907	13,873	966	7.48
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,673	−45	−1.65
Total	17,116	18,107	991	5.78
1918				
State Hospitals	11,988	12,961	973	8.11
Monson Hospital — Epileptic	967	954	−13	−1.34
State Hospitals and Monson	12,955	13,915	960	7.41
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,763	45	1.65
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	12,233	12,968	735	6.00
Monson Hospital — Epileptic	967	922	−45	−4.65
State Hospitals and Monson	13,200	13,890	690	5.22
Bridgewater and State Infirmary	1,491	1,327	−164	−10.99
State Schools	2,823	2,739	−84	−2.97
Total	17,514	17,956	442	2.52
1920				
State Hospitals	12,593	13,204	611	4.85
Monson Hospital — Epileptic	967	960	−7	−.72
State Hospitals and Monson	13,560	14,164	604	4.45
Bridgewater and State Infirmary	1,508	1,522	14	.92
State Schools	2,823	2,820	−3	−.10
Total	17,891	18,506	615	3.43

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1936* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1921				
State Hospitals	12,626	13,829	1,203	9.52
Monson Hospital — Epileptic	967	1,036	69	7.13
State Hospitals and Monson	13,593	14,865	1,272	9.35
Bridgewater and State Infirmary	1,581	1,563	−18	−1.13
State Schools	2,823	2,941	118	4.17
Total	17,997	19,369	1,372	7.62
1922				
State Hospitals	12,781	14,108	1,327	10.38
Monson Hospital — Epileptic	967	1,113	146	15.09
State Hospitals and Monson	13,748	15,221	1,473	10.71
Bridgewater and State Infirmary	1,581	1,589	8	.50
State Schools	2,823	2,849	26	.92
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	13,073	14,374	1,301	9.95
Monson Hospital — Epileptic	967	1,089	122	12.61
State Hospitals and Monson	14,040	15,463	1,423	10.13
Bridgewater and State Infirmary	1,581	1,588	7	.44
State Schools	3,498	3,239	−259	−7.40
Total	19,119	20,290	1,171	6.12
1924				
State Hospitals	13,160	14,686	1,526	11.59
Monson Hospital — Epileptic	967	1,159	192	19.85
State Hospitals and Monson	14,127	15,845	1,718	12.16
Bridgewater and State Infirmary	1,581	1,670	89	5.62
State Schools	3,498	3,460	−38	−1.08
Total	19,206	20,975	1,769	9.21
1925				
State Hospitals	13,343	15,156	1,813	13.58
Monson Hospital — Epileptic	967	1,182	215	22.23
State Hospitals and Monson	14,310	16,338	2,028	14.17
Bridgewater and State Infirmary	1,581	1,652	71	4.49
State Schools	3,498	3,593	95	2.71
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	13,542	15,306	1,764	13.02
Monson Hospital — Epileptic	967	1,160	193	19.95
State Hospitals and Monson	14,509	16,466	1,957	13.48
Bridgewater and State Infirmary	1,581	1,683	102	6.45
State Schools	3,498	3,660	162	4.63
Total	19,588	21,809	2,221	11.33
1927				
State Hospitals	14,240	15,659	1,419	9.96
Monson Hospital — Epileptic	967	1,211	244	25.23
State Hospitals and Monson	15,207	16,870	1,663	10.93
Bridgewater and State Infirmary	1,581	1,727	146	9.23
State Schools	3,498	3,787	289	8.26
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	14,482	16,055	1,573	10.86
Monson Hospital — Epileptic	967	1,214	247	25.54
State Hospitals and Monson	15,449	17,269	1,820	11.78
Bridgewater and State Infirmary	1,581	1,728	147	9.29
State Schools	3,550	3,912	361	10.16
Total	20,580	22,909	2,328	11.31

Table G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1936* — Concluded

Institutions by Years	Rated Capacity	Actual Number of Patients in Institutions	Overcrowding	
			Excess Number of Patients	Percentage
1929				
State Hospitals	14,580	16,425	1,845	12.65
Monson Hospital — Epileptic	1,037	1,241	204	19.67
State Hospitals and Monson	15,617	17,666	2,049	13.12
Bridgewater and State Infirmary	1,581	1,725	144	9.10
State Schools	3,654	3,941	287	7.85
Total	20,852	23,332	2,480	11.89
1930				
State Hospitals	14,689	16,809	2,120	14.43
Monson Hospital — Epileptic	1,131	1,290	159	14.05
State Hospitals and Monson	15,820	18,099	2,279	14.40
Bridgewater and State Infirmary	1,581	1,749	168	10.62
State Schools	3,866	4.159	293	7.57
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	16,171	17,474	1,303	8.05
Monson Hospital — Epileptic	1,131	1,340	209	18.47
State Hospitals and Monson	17,302	18,814	1,512	8.73
Bridgewater and State Infirmary	1,581	1,632	51	3.22
State Schools	4,061	4,412	351	8.64
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	16,372	17,859	1,487	9.08
Monson Hospital — Epileptic	1,171	1,396	225	19.21
State Hospitals and Monson	17,543	19,255	1,712	9.75
Bridgewater and State Infirmary	1,511	1,601	90	5.95
State Schools	4,297	4,566	269	6.26
Total	23,351	25,422	2,071	8.86
1933				
State Hospitals	16,612	18,263	1,651	9.93
Monson Hospital — Epileptic	1,059	1,412	353	33.33
State Hospitals and Monson	17,671	19,675	2,004	11.34
Bridgewater and State Infirmary	1,511	1,543	32	2.11
State Schools	3,893	4,771	878	22.55
Total	23,075	25,989	2,914	12.62
1934				
State Hospitals	16,612	18,638	2,026	12.19
Monson Hospital — Epileptic	1,059	1,453	394	37.20
State Hospitals and Monson	17,671	20,091	2,420	13.69
Bridgewater and State Infirmary	1,511	1,488	−23	−1.52
State Schools	3,893	4,933	1,040	26.71
Total	23,075	26,512	3,437	14.89
1935				
State Hospitals	16,848	19,111	2,263	13.43
Monson Hospital — Epileptic	1,147	1,476	329	28.68
State Hospitals and Monson	17,995	20,587	2,592	14.40
Bridgewater and State Infirmary	1,511	1,446	−65	−4.30
State Schools	3,999	5,009	1,010	25.25
Total	23,505	27,042	3,537	15.04
1936				
State Hospitals	16,848	19,673	2,825	16.76
Monson Hospital — Epileptic	1,147	1,514	367	31.99
State Hospitals and Monson	17,995	21,187	3,192	17.73
Bridgewater and State Infirmary	1,511	1,389	−122	−8.07
State Schools	3,999	5,133	1,134	28.35
Total	23,505	27,709	4,204	17.88

Note: — Minus sign indicates number or percentage below capacity.

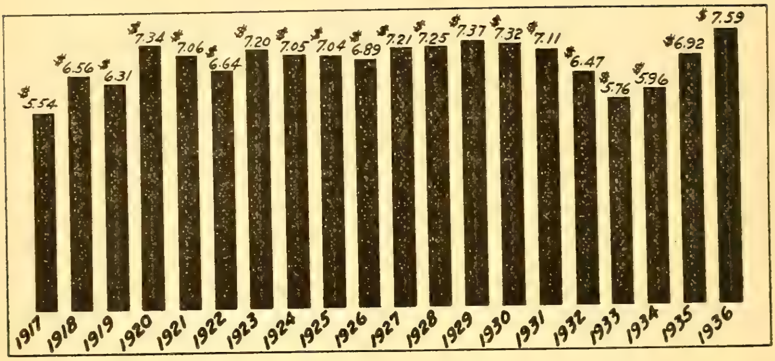
Table H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904–1936*[1]

Year	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.4
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,336	12.2
1929	19,391	2,345	12.0
1930	19,848	2,361	11.0
1931	20,446	2,310	11.2
1932	20,856	2,219	10.6
1933	21,218	2,156	10.1
1934	21,579	2,066	9.5
1935	22,033	1,998	9.0
1936	22,576	2,053	9.1

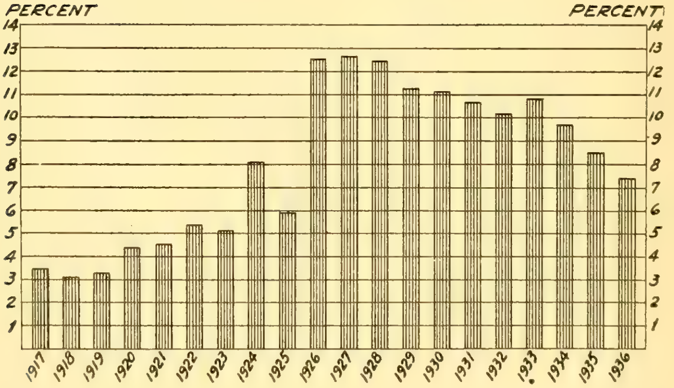
[1] Includes Mental Wards, Tewksbury, and Bridgewater.

Table J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904–1936*

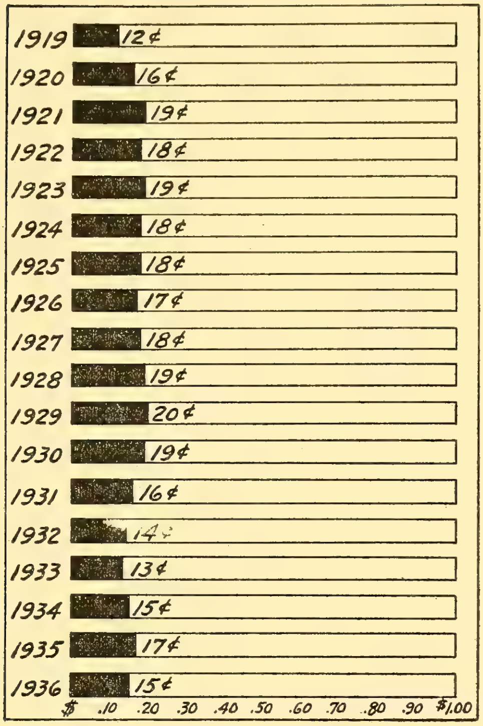
Year	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0
1934	4,993	197	3.9
1935	5,009	199	3.9
1936	5,133	195	3.8



Graph A. — Average Weekly per Capita Costs for Maintenance, 1917 to 1936



Graph B. — Per Cent of Cost of Maintenance for all Patients, Collected from Paying Patients, 1917 to 1936



GRAPH C. — PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919 TO 1936

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes Within Mental Hospitals, 1936, and Previous Years

Section A is devoted to a general discussion of all classes within mental hospitals and presents material in reference to the care of mental patients in Massachusetts for the years 1904–1936. Other items of general interest are outlined.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1936*

INSTITUTIONS	Total All Forms	With Psychoses	WITHOUT PSYCHOSES				
			Epileptic and Mentally Defective	Epileptic	Mentally Defective	Borderline or Dull[1]	Other Groups
Mental Hospitals							
Boston State	2,409	2,388	–	–	8	–	13
Boston Psychopathic	60	45	–	–	1	–	14
Danvers	2,297	2,290	–	–	1	–	6
Foxborough	1,280	1,278	–	–	1	–	1
Gardner	1,422	1,384	–	–	36	–	2
Grafton	1,422	1,420	–	–	1	–	1
Medfield	1,828	1,825	–	–	1	–	2
Metropolitan	1,579	1,579	–	–	–	–	–
Northampton	1,871	1,856	1	–	10	–	4
Taunton	1,601	1,601	–	–	–	–	–
Westborough	1,552	1,544	–	–	2	–	6
Worcester	2,352	2,339	–	–	4	–	9
Monson (epileptic)	1,514	825	642	29	11	–	7
Total	21,187	20,374	643	29	76	–	65
State Schools							
Belchertown	1,305	–	23	–	1,254	27	1
Walter E. Fernald	1,875	–	62	–	1,780	30	3
Wrentham	1,953	–	106	–	1,783	64	–
Total	5,133	–	191	–	4,817	121	4
Other Public Institutions							
Mental Wards (State Infirmary)	512	501	–	–	11	–	–
Bridgewater	877	852	–	1	21	–	3
Infirmaries	133	50	–	26	57	–	–
Hospital Cottages for Children	123	–	–	37	56	–	30
Total	1,645	1,403	–	64	145	–	33
Private and Governmental Institutions							
McLean Hospital	206	199	–	1	–	–	6
Vet. Adm. Facility No. 95	642	637	–	–	1	–	4
Vet. Adm. Facility No. 107	832	830	–	–	–	–	2
Eighteen other private institutions	324	165	–	5	88	–	66
Total	2,004	1,831	–	6	89	–	78
Total — All Classes	29,969	23,608	834	99	5,127	121	180

[1] Patients not mentally defective.

ALL CLASSES WITHIN HOSPITALS, 1936

Table 1 shows the total number of patients of all classes within public and private institutions on September 30, 1936.

There were 29,969 patients of all classes under treatment in institutions (both public and private) on September 30, 1936. This number provides a rate of 685 patients under treatment for each 100,000 in the general population*, or approximately one person in 145. Of this total number 23,608 (78.7 per cent) were insane; 5,127 (17.1 per cent) were mentally defective; 834 (2.7 per cent) were both epileptic and mentally defective; 180 (.6 per cent) were classified as "other groups without psychoses"; 121 (.4 per cent) were borderline or dull admissions; and 99 (.3 per cent) were epileptic.

* Estimated population, 1936 — 4,371,169

The total number under care in the twenty-two state and governmental institutions was 29,439 or 98.2 per cent. The total number under care in the nineteen private institutions was 530, or 1.8 per cent.

During the year the number of patients within hospitals increased from a total of 29,426 on September 30, 1935, to a total of 29,969 on September 30, 1936, an increase of 543 patients.

(*a*) *The Mentally Ill*

The total cases held as insane in institutions on September 30, 1936 numbered 23,608. This is at the rate of 540 per 100,000 of the population of the State, or one to every 185 of the population.

The total insane in State institutions numbered 21,777, a rate of 498 per 100,000 of the population of the State, or one to every 200 of the population. There was an increase over the previous year of 780 patients. Government hospitals cared for 1,467 insane patients, a rate of 33 per 100,000 or one in every 3,030 of the population.

The total insane in private institutions was 364 as compared with 357 for the year 1935. This is at the rate of 8 per 100,000 or one in every 12,500 of the population. This number increased by 7 over 1935.

(*b*) *The Epileptic and Mentally Defective*

There were 834 patients who were both epileptic and mentally defective in public institutions at the end of the year. The rate per 100,000 of the population for this group is 19. Six hundred forty-two or 77 per cent of these were at the Monson State Hospital for Epileptics. One hundred ninety-one patients at the three State schools had epilepsy in addition to their mental defect.

(*c*) *The Epileptic Sane*

The epileptic population not classified as insane numbered 99, most of whom were cared for in public institutions. The rate for this group is 2 per 100,000 of the population of the State, or one out of 50,000 of the population.

(*d*) *The Mentally Defective*

There were 88 mentally defective cases in private institutions and 5,039 cases in public and governmental institutions, making a total of 5,127 cases in both public and private institutions. This is at the rate of 117 per 100,000 of the population of the State, or one out of every 854 of the population. There was an increase of 83 for the year as compared with a decrease of 110 for the previous year.

(*e*) *Borderline or Dull*

One hundred twenty-one resident cases were classified as "borderline" or "dull". They comprise children who were within State schools for the mentally defective. The rate for this group is 2 per 100,000 of the general population.

(*f*) *Other Groups Without Psychoses*

Patients in public, governmental and private institutions classified under "other groups without psychoses" numbered 180. One hundred eight of these were in public institutions, comprising 60 per cent of the total within hospitals, while 72 were in private institutions, constituting 40 per cent of the total within the hospitals. The rate for this class as a whole is 4 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals but not included in sections (b), (c), (d) or (e) above.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1936

Table 2 shows the number of patients actually within public, private and governmental institutions on September 30 of each year from 1904 to 1936, inclusive, and the annual increase for each year. Since 1904 there has been a total increase of 18,888 patients actually occupying hospital beds, a percentage increase of 172. The average annual increase over the period is 5.3 per cent or 598 cases.

TABLE 2. — *Total Patients Within All Public, Private and Governmental Institutions September 30, 1904–1936: Rates per 100,000 Estimated State Population, and Annual Increase*[1]

Year	TOTAL			STATE HOSPITALS[2]			STATE SCHOOLS			PRIVATE INSTITUTIONS					
										MENTAL DISORDERS[4]			MENTALLY DEFECTIVE		
	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000
1904	10,948	858	361.3	9,666	897	319.0	847	47	28.0	256	–70	8.4	179	–16	5.9
1905	11,536	588	373.9	10,071	405	326.4	1,028	181	33.3	260	4	8.4	177	–2	5.7
1906	11,805	269	375.7	10,237	166	325.8	1,120	92	35.6	277	17	8.8	171	–6	5.4
1907	12,302	497	384.7	10,602	365	331.5	1,228	108	38.4	307	30	9.6	165	–6	5.2
1908	13,277	975	408.0	11,460	858	352.2	1,332	104	40.9	325	18	10.0	160	–5	4.9
1909	13,943	666	421.2	11,994	534	362.3	1,443	111	43.6	339	14	10.2	167	7	5.0
1910	14,646	703	435.1	12,562	568	373.2	1,567	124	46.5	336	–3	10.0	181	14	5.4
1911	15,129	483	443.0	12,972	410	379.9	1,642	75	48.0	341	5	10.0	174	–7	5.1
1912	15,850	721	457.6	13,481	509	389.2	1,845	203	53.3	362	21	10.5	162	–12	4.7
1913	16,312	462	464.5	13,862	381	394.7	1,922	77	54.7	366	4	10.4	162	–	4.6
1914	16,820	508	472.4	14,202	340	398.9	2,194	272	61.6	357	–9	10.0	67	–95	1.9
1915	17,395	575	482.0	14,657	455	406.1	2,309	115	64.0	367	10	10.2	62	–5	1.7
1916	18,069	674	494.0	15,054	397	411.5	2,582	273	70.6	373	6	10.2	60	–2	1.6
1917	18,612	543	502.1	15,434	380	416.4	2,673	91	72.1	446	73	12.0	59	–1	1.6
1918	18,951	339	504.7	15,476	42	412.1	2,763	90	73.6	491	45	13.1	221	162	5.9
1919	18,811	–140[3]	494.5	15,409	–67	405.1	2,739	–24	72.0	452	–39	11.9	211	–10	5.5
1920	19,177	366	497.8	15,686	277	407.2	2,820	81	73.2	453	1	11.8	218	7	5.7
1921	20,041	864	514.9	16,428	742	422.1	2,941	121	75.6	485	32	12.5	187	–31	4.8
1922	20,271	230	515.6	16,810	382	427.5	2,849	–92	72.5	443	–42	11.3	169	–18	4.3
1923	20,916	645	526.6	17,051	241	429.3	3,239	390	81.6	452	9	11.4	174	5	4.4
1924	21,940	1,024	547.0	17,515	464	436.6	3,460	221	86.3	787	335	19.6	178	4	4.4
1925	22,645	705	559.0	17,990	475	444.1	3,593	133	88.7	895	108	22.1	167	–11	4.1
1926	22,876	231	559.2	18,149	159	443.7	3,660	67	89.4	890	–5	21.8	177	10	4.3
1927	23,492	616	568.8	18,597	448	450.2	3,787	127	91.7	914	24	22.1	194	17	4.7
1928	24,362	870	584.2	18,997	400	455.6	3,912	125	93.8	1,267	353	30.4	186	–8	4.5
1929	24,877	515	590.9	19,391	394	460.6	3,941	29	93.6	1,322	55	31.4	223	37	5.3
1930	25,675	798	604.2	19,848	457	467.1	4,159	218	97.8	1,468	146	34.5	200	–23	4.7
1931	26,646	971	621.2	20,446	598	476.7	4,412	253	102.8	1,603	135	37.4	185	–15	4.3
1932	27,179	533	627.8	20,856	410	481.8	4,566	154	105.4	1,568	–35	36.2	189	4	4.4
1933	27,893	714	638.5	21,218	362	485.7	4,771	205	109.2	1,719	151	39.3	185	–4	4.2
1934	28,532	639	647.2	21,579	361	489.5	4,933	162	111.9	1,831	112	41.5	189	4	4.3
1935	29,172	640	670.4	22,033	454	506.3	5,009	76	115.1	1,927	96	44.2	203	14	4.6
1936	29,836	664	682.5	22,576	543	516.4	5,133	124	117.4	1,919	–8	43.9	208	5	4.7
Average — 33 years		(598)			(418)			(131)			(48)			(.3)	

[1] Population estimated for each intercensal year.
[2] Includes Bridgewater and Tewksbury.
[3] Minus sign indicates decrease.
[4] Includes Veterans' Administration Facility No. 95 from April 25, 1924, and No. 107 from August 11, 1928.

The number of patients within the State hospitals has shown a total increase of 12,910 since 1904, a percentage increase of 133. The average annual increase in patients was 4.1 per cent, or 418 patients per year. The patients within State schools showed an increase of 4,286 over the period, a percentage increase of 506. The average annual increase was 15.8 per cent, or 131 patients per year. The average annual increase of patients within private institutions for the insane and mentally defective was 48 and .3 respectively.

Patients Out of Institutions at End of Year

The total number of patients out "on visit" and "on escape" for each year, 1904–1936, inclusive, is shown in Table 3. As will be observed, the percentage "out" showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these are given separately for the years 1920 through 1936.

The percentage of patients "on visit" has varied somewhat during the last seventeen years, the high point of 10.1 per cent being reached in 1922. Between 1925 and 1935 the percentages on visit showed little variation. The year 1936 is slightly higher (9.1 per cent). The percentage of patients "on escape" shows less variation, but there seems to be a tendency to decrease during the last six years.

While Table 3 gives the number of patients out of institutions at the end of the year for the period 1904–1936, Table 4 shows the total number of visits taking place during the single year, 1936. For each institution we have totaled the number of visits of patients during the entire year and have calculated a visit rate based on the total daily average population. The Psychopathic Hospital shows the highest rate with 625 visits per 1,000 of the daily average population. Danvers is second with a rate of 376; Monson third with 364; Northampton fourth with 328; and Westborough fifth with 251. The rate for the entire State hospital group is 225. The males, with a rate of 241 show a greater tendency to go out on visit than the females, who present a rate of 210. The low rates demonstrated by Grafton, Medfield and Gardner are accounted for by the fact that these institutions to a large extent care for transferred patients of a chronic type.

Table 3. — *Patients on Visit and Escape from State Hospitals on September 30, 1904–1936: Numbers and Percentages*

Year	Total Patients on Books[1]	Patients on Visit and Escape	Patients on Visit	Patients on Escape	Percentage on Visit and Escape	Percentage on Visit	Percentage on Escape
1904	9,553	248	–	–	2.6	–	–
1905	10,076	400	–	–	3.9	–	–
1906	10,505	641	–	–	6.1	–	–
1907	10,904	693	–	–	6.3	–	–
1908	11,594	556	–	–	4.7	–	–
1909	12,117	584	–	–	4.8	–	–
1910	12,663	643	–	–	5.1	–	–
1911	13,179	845	–	–	6.4	–	–
1912	13,558	787	–	–	5.8	–	–
1913	14,092	719	–	–	6.5	–	–
1914	14,546	969	–	–	6.7	–	–
1915	15,415	992	–	–	6.4	–	–
1916	15,967	1,254	–	–	7.8	–	–
1917	16,302	1,328	–	–	8.1	–	–
1918	16,811	1,775	–	–	10.5	–	–
1919	16,866	1,902	–	–	11.2	–	–
1920	17,067	–	1,681	191	–	9.8	1.1
1921	17,654	–	1,521	237	–	8.6	1.3
1922	18,327	–	1,864	285	–	10.1	1.5
1923	18,615	–	1,821	361	–	9.7	1.9
1924	18,868	–	1,723	324	–	9.1	1.7
1925	19,330	–	1,649	381	–	8.5	1.9
1926	19,386	–	1,651	282	–	8.5	1.4
1927	19,615	–	1,524	257	–	7.7	1.3
1928	20,058	–	1,496	250	–	7.4	1.2
1929	20,349	–	1,502	197	–	7.3	.9
1930	21,023	–	1,742	222	–	8.2	1.0
1931	21,311	–	1,514	178	–	7.1	.8
1932	22,029	–	1,679	147	–	7.6	.6
1933	22,365	–	1,817	160	–	8.1	.7
1934	22,638	–	1,764	138	–	7.8	.6
1935	23,152	–	2,021	85	–	8.7	.4
1936	23,830	–	2,184	72	–	9.1	.3

[1] All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding sane epileptics at Monson.

TABLE 4. — *Number of Visits During the Year, 1936, by Institution and Sex: Rates per 1,000 Daily Average Population on Books*

INSTITUTIONS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston Psychopathic	85	59	144	56	34	90	658.8	576.2	625.0
Danvers	1,251	1,358	2,609	495	488	983	395.6	359.3	376.7
Monson	766	801	1,567	325	246	571	424.2	307.1	364.3
Northampton	1,034	1,185	2,219	348	382	730	336.5	322.3	328.9
Westborough	776	983	1,759	214	228	442	275.7	231.9	251.2
Taunton	873	930	1,803	214	213	427	245.1	229.0	236.8
Worcester	1,327	1,364	2,691	324	253	577	244.1	185.4	214.4
Foxborough	623	744	1,367	108	184	292	173.3	247.3	213.6
Metropolitan	739	835	1,574	171	145	316	231.3	173.6	200.7
Boston State	1,091	1,540	2,631	260	237	443	188.8	153.8	168.3
Gardner	838	724	1,562	72	85	157	85.9	117.4	100.5
Medfield	811	1,148	1,959	85	104	189	104.8	90.5	96.4
Grafton	706	741	1,447	16	17	33	22.6	22.9	22.8
Total	10,920	12,412	23,332	2,634	2,616	5,250	241.2	210.7	225.0
McLean	99	153	252	51	57	108	515.1	372.5	428.5
Vets. Adm. Fac. No. 107	888	–	888	259	–	259	291.6	–	291.6
Vets. Adm. Fac. No. 95	681	–	681	80	–	80	117.4	–	117.4
Tewksbury	96	433	529	–	2	2	–	4.6	3.7
Bridgewater	891	–	891	2	–	2	2.2	–	2.2
Total	2,655	586	3,241	392	59	451	147.6	100.6	139.1
Grand Total	13,575	12,998	26,573	3,026	2,675	5,701	222.9	205.8	214.5

Table 5 presents the number of visits, escapes and cases placed in family care during each month of 1936 and also the cases returned each month. The visit rates and the return rates show the tendency for patients to go out more frequently during certain months of the year. Comparing the number of visits with the number of cases on the books we find that the fewest patients went out in the months of January and February, the rates being 9.7 and 9.4 respectively. There is a rise to higher levels as the warmer months of April, May, June, July and August are approached. The highest visit rates for the year per 1,000 patients on the books are 20.7 and 29.7 in the two holiday months of November and December. In general, the rates for cases returned from visit follow the general trend observed in the visit rates themselves. The only month in which the return rate exceeded the visit rate was January. In all other months the visit rates were higher, this being accounted for by the fact that a certain proportion of cases sent on visit never return to the hospital but are discharged from the visit status.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT

Table 6 shows that cases in family care on September 30, 1936, (323 cases) showed a gain of 12 patients over the total for 1935, (311 cases). A total of 275 new cases were placed in family care during the year. One hundred sixty-nine of these were returned to the institution during the year, while 94 cases were taken from family care through return to the community or death or change of status to visit, etc. At the end of the year Gardner, with 114 patients out, had the largest number in family care. Worcester was next with 110, and Westborough third with 30 patients out in family care.

Table 7 shows the status of family care between 1904 and 1936. In the early years, family care cases were supervised almost entirely by the Department of Mental Diseases. Gradually this supervision has been taken over by the individual institutions. However, the final break was made in 1934 when the Department ceased to supervise any family care cases. At the end of 1936 a total of 323 cases were under family care supervision, 275 females and 48 males. The number of 323 under care during 1936 is at the rate of approximately 7 per hundred thousand of the general population.

EX-SERVICE MEN IN STATE HOSPITALS, 1928–1936

On September 30, 1928 there were 387 ex-service men in State hospitals, while on September 30, 1936 there were 515 (Table 8). The daily average number

TABLE 5. — *Visits, Escapes and Family Care and Returns, 1936, by Month: Number and Rates per 1,000 Cases on Books*[1]

	TOTAL			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	2,636	2,618	5,254	198	170	368	262	249	511	360	374	734	134	108	242	119	116	235
Returned from visit	1,851	1,801	3,652	146	121	267	102	106	208	310	292	602	206	186	392	79	68	147
On escape	222	35	257	25	3	28	12	3	15	4	2	6	13	2	15	7	1	8
Returned from escape	230	39	269	23	6	29	24	2	26	16	4	20	13	1	14	4	2	6
Placed in family care	43	233	276	4	27	31	1	22	23	–	21	21	5	42	47	2	15	17
Returned from family care	29	214	243	3	20	23	2	16	18	1	27	28	–	24	24	1	10	11
On books at end of month	143,336	154,872	298,208	11,810	12,766	24,576	11,828	12,781	24,609	11,885	12,770	24,655	11,903	12,847	24,750	11,931	12,873	24,804
Visit rate per 1,000 on books	18.3	16.9	17.6	16.7	13.3	14.9	22.1	19.4	20.7	30.2	29.2	29.7	11.2	8.4	9.7	9.9	9.0	9.4
Return rate per 1,000 on books	12.9	11.6	12.2	12.3	9.4	10.8	8.6	8.2	8.4	26.0	22.8	24.4	17.3	14.4	15.8	6.6	5.2	5.9

	MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	151	172	323	238	234	472	235	247	482	219	214	433	231	245	476	252	248	500	237	241	478
Returned from visit	89	77	166	145	141	286	136	146	282	138	126	264	162	174	336	168	178	346	170	186	356
On escape	11	–	11	21	3	24	27	–	27	25	–	25	31	9	40	21	11	32	25	1	26
Returned from escape	16	–	16	22	1	23	17	2	19	30	2	32	22	7	29	17	10	27	26	2	28
Placed in family care	1	10	11	6	14	20	7	17	24	8	12	20	3	14	17	3	18	21	3	21	24
Returned from family care	3	12	15	2	23	25	3	20	23	8	14	22	3	15	18	1	15	16	2	18	20
On books at end of month	11,952	12,911	24,863	11,938	12,894	24,832	11,950	12,935	24,885	11,953	12,967	24,920	12,035	13,018	25,053	12,063	13,043	25,106	12,088	13,067	25,155
Visit rate per 1,000 on books	12.6	13.3	12.9	19.9	18.1	19.0	19.6	19.0	19.3	18.3	16.5	17.3	19.1	18.8	18.9	20.8	19.0	19.9	19.6	18.4	19.0
Return rate per 1,000 on books	7.4	5.9	6.6	12.1	10.9	11.5	11.3	11.2	11.3	11.5	9.7	10.5	13.4	13.3	13.4	13.9	13.6	13.7	14.0	14.2	14.1

[1] Includes all State Hospitals, Bridgewater and Tewksbury.

TABLE 6. — *Family Care Under Institution Trustees During 1936*

HOSPITALS	Patients in Family Care September 30, 1935			Number Admitted during Year			Number Returned to Institution during Year			Other Cases leaving Family Care Status during Year			Patients remaining in Family Care September 30, 1936		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State . .	–	13	13	–	15	15	–	12	12	–	1	1	–	15	15
Danvers . . .	–	11	11	–	2	2	–	–	–	–	3	3	–	10	10
Foxborough . . .	1	2	3	–	4	4	–	3	3	–	–	–	1	3	4
Gardner . . .	–	105	105	13	85	98	3	69	72	2	15	17	8	106	114
Grafton	1	16	17	1	9	10	1	9	10	–	5	5	1	11	12
Medfield	–	7	7	–	4	4	–	2	2	–	1	1	–	8	8
Metropolitan . .	–	1	1	–	4	4	–	2	2	–	1	1	–	2	2
Northampton . .	1	14	15	3	16	19	1	10	11	1	7	8	2	13	15
Taunton . . .	–	3	3	1	3	4	–	3	3	–	1	1	1	2	3
Westborough . .	12	21	33	3	7	10	1	5	6	3	4	7	11	19	30
Worcester . . .	23	80	103	21	84	105	12	36	48	8	42	50	24	86	110
Total . . .	38	273	311	42	233	275	18	151	169	14	80	94	48	275	323

TABLE 7. — *Patients in Family Care from Institutions and Under the Department for All State Hospitals, September 30, 1904–1936*

YEAR	FAMILY CARE GRAND TOTAL			FROM INSTITUTIONS			UNDER THE DEPARTMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	14	199	213	–	–	–	14	199	213
1905	13	243	256	1	2	3	12	241	253
1906	13	282	295	–	10	10	13	272	285
1907	13	270	283	–	8	8	13	262	275
1908	12	238	250	1	5	6	11	233	244
1909	10	239	249	–	8	8	10	231	241
1910	16	269	285	2	8	10	14	261	275
1911	15	294	309	1	10	11	14	284	298
1912	15	327	342	2	24	26	13	303	316
1913	14	352	366	2	28	30	12	324	336
1914	21	320	341	9	30	39	12	290	302
1915	28	375	403	27	290	317	1	85	86
1916	35	363	398	35	299	334	–	64	64
1917	29	296	325	29	249	278	–	47	47
1918	23	263	286	23	219	242	–	44	44
1919	27	228	255	27	190	217	–	38	38
1920	15	201	216	15	167	182	–	34	34
1921	10	185	195	10	154	164	–	31	31
1922	12	187	199	12	158	170	–	29	29
1923	9	159	168	9	132	141	–	27	27
1924	4	152	156	4	132	136	–	20	20
1925	10	154	164	10	131	141	–	23	23
1926	8	149	157	8	127	135	–	22	22
1927	14	156	170	14	136	150	–	20	20
1928	28	128	156	28	109	137	–	19	19
1929	23	147	170	23	130	153	–	17	17
1930	23	146	169	23	132	155	–	14	14
1931	19	173	192	19	151	170	–	22	22
1932	24	184	208	24	171	195	–	13	13
1933	34	231	265	34	217	251	–	14	14
1934	35	242	277	35	242	277	–	–	–
1935	38	273	311	38	273	311	–	–	–
1936	48	275	323	48	275	323	–	–	–

TABLE 8. — *Ex-Service Men in State Hospitals, 1928-1936: Daily Average Numbers*[1]

YEAR	Number on Books September 30			Daily Average Number on Books during Year			Daily Average Number Actually in Hospital during Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928 . . .	387	–	387	408.18	1.00	409.18	392.97	1.00	393.97
1929 . . .	414	7	421	409.07	7.35	416.42	350.46	6.36	356.82
1930 . . .	369	5	374	368.03	4.62	372.65	329.94	4.62	334.56
1931 . . .	360	8	368	371.24	7.15	378.39	339.55	7.15	346.70
1932 . . .	401	8	409	415.39	9.00	424.39	380.34	8.62	388.96
1933 . . .	383	8	391	417.22	8.00	425.22	374.86	8.00	382.86
1934 . . .	416	6	422	421.45	5.75	427.20	374.18	5.16	379.34
1935 . . .	475	6	481	464.41	5.70	470.11	401.47	4.26	405.73
1936 . . .	506	9	515	504.38	8.00	512.38	456.09	7.00	463.09

[1] Includes all State Hospitals, Bridgewater and Tewksbury.

on the books during each statistical year increased from 409.18 in 1928 to 512.38 in 1936. The daily average number actually cared for during the nine-year period increased from 393.97 to 463.09.

Section B. All Admissions to Mental Hospitals During 1936

The following section discusses data in reference to regular court, temporary care, observation, voluntary admissions, and transfers to State hospitals during 1936. Both first and readmissions are discussed.

All First and Readmissions, 1928-1936

Table 9 shows the total number of cases admitted under the various legal forms of admission for all first and readmissions during the nine-year period 1928-1936, inclusive. In the aggregate for both groups, it will be observed that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but has shown a steady increase thereafter to 7,338 in 1936. First admissions by court commitment show more fluctuation than any of the other admission groups, the number admitted on this form reaching its highest level of 3,429 cases admitted during 1936. Until the last two years there has been no perceptible increase in this group over the nine-year period. The first admissions on temporary care presented the same numbers during 1928 and 1929, showed a decrease in 1930, increased up to 1933, decreased during 1934 and 1935, but rose to a new high of 1,573 in 1936. Here again the variation in the use of this form has shown but little of significance over the past nine years. First admissions for observation increased from 341 cases in 1928 to 577 cases in 1936, a percentage increase of 69 per cent. Voluntary first admissions have varied considerably throughout the nine years. Since 1928 there has been a percentage increase of 12 per cent in the use of this form, however.

Table 9. — *First and Readmissions to State Hospitals, 1928-1936, By Form of Admission and Sex*[1]

Year	Sex	Aggregate	First Admissions					Readmissions				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	34
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33
1932	T.	6,660	5,301	3,057	1,497	535	212	1,359	714	374	199	72
	M.	3,641	2,941	1,594	824	398	125	700	337	210	116	37
	F.	3,019	2,360	1,463	673	137	87	659	377	164	83	35
1933	T.	6,790	5,381	3,164	1,555	494	168	1,409	703	403	232	71
	M.	3,686	2,983	1,653	867	359	104	703	325	205	141	32
	F.	3,104	2,398	1,511	688	135	64	706	378	198	91	39
1934	T.	6,824	5,304	3,143	1,474	502	185	1,520	687	506	242	85
	M.	3,781	2,954	1,684	827	345	98	827	323	296	160	48
	F.	3,043	2,350	1,459	647	157	87	693	364	210	82	37
1935	T.	7,039	5,484	3,275	1,443	566	200	1,555	789	471	225	70
	M.	3,817	2,994	1,708	812	368	106	823	380	264	144	35
	F.	3,222	2,490	1,567	631	198	94	732	409	207	81	35
1936	T.	7,338	5,770	3,429	1,573	577	191	1,568	768	485	233	82
	M.	3,953	3,170	1,751	893	416	110	783	334	258	142	49
	F.	3,385	2,600	1,678	680	161	81	785	434	227	91	33

[1] Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

Readmissions under the various forms have shown more consistent increases over the nine-year period and we see a rise in total numbers from 1,158 in 1928 to 1,568 in 1936, an increase of 35.4 per cent. Over the same period the first admissions showed an increase of but 15.2 per cent. The increase in readmissions is especially evident in the temporary care, observation and voluntary forms of admission. Temporary care readmissions have shown a 54 per cent increase, observation readmissions a 99 per cent increase, and voluntary readmissions a 78 per cent increase. As a contrast, the court readmissions show an increase of but 12.6 per cent.

Table 9 demonstrates that there is a tendency to use the temporary care, observation and voluntary forms of admission more frequently, particularly the observation form. The increase in the voluntary cases is interesting as it measures the willingness of individuals to come to mental hospitals of their own volition.

COURT FIRST ADMISSIONS AND READMISSIONS, 1904-1936

Table 10 presents the numbers and rates per 100,000 of the general population of court first admissions and readmissions to all public, private and governmental hospitals for mental diseases within the State. As this table checks the number of patients admitted to every mental hospital of any type whatsoever, it gives a rather accurate index of the magnitude of mental diseases as a State-wide problem for the period of years under discussion. The lowest rate of 67 admissions per 100,000 is observed in 1906, while the highest rate of 92.6 occurred in 1913. Over the past ten years the rates have varied between 72 and 85, the figure of 85 for 1936 being the highest during the last ten-year period. The rates for first admissions

TABLE 10. — *First Admissions and Readmissions by Court Commitment to Public, Governmental and Private Hospitals for Mental Diseases, 1904-1936*

YEAR	TOTAL — ALL HOSPITALS				State Hospitals[2]		Governmental Hospitals		McLean and other Private Hospitals	
	Number		Rate per 100,000 General Population[1]							
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
1904 . .	2,454	–	80.9	–	2,337	–	–	–	117	–
1905 . .	2,237	–	72.4	–	2,136	–	–	–	101	–
1906 . .	2,120	–	67.3	–	1,990	–	–	–	130	–
1907 . .	2,463	–	76.8	–	2,286	–	–	–	177	–
1908 . .	2,555	–	78.3	–	2,383	–	–	–	172	–
1909 . .	2,536	–	76.5	–	2,340	–	–	–	196	–
1910 . .	2,677	–	79.4	–	2,470	–	–	–	207	–
1911 . .	2,680	–	78.4	–	2,459	–	–	–	221	–
1912 . .	2,772	–	79.9	–	2,562	–	–	–	210	–
1913 . .	3,247	–	92.6	–	3,024	–	–	–	223	–
1914 . .	3,112	–	87.1	–	2,925	–	–	–	187	–
1915 . .	3,264	–	90.6	–	3,087	–	–	–	177	–
1916 . .	3,323	–	90.8	–	3,109	–	–	–	214	–
1917[3] . .	4,315	–	82.6[4]	–	4,097	–	–	–	218	–
1918[3] . .	3,894	–	72.5[4]	–	3,702	–	–	–	192	–
1919[3] . .	4,011	–	78.8[4]	–	3,752	–	–	–	259	–
1920 . .	3,009	927	78.1	24.0	2,768	836	–	–	241	91
1921 . .	3,310	1,002	85.0	25.7	3,054	943	–	–	256	59
1922 . .	3,508	963	89.2	24.4	3,225	858	–	–	183	105
1923 . .	3,006	838	75.6	21.1	2,786	756	–	–	220	82
1924 . .	3,303	1,075	82.3	26.7	2,881	735	95	285	327	55
1925 . .	3,241	834	80.0	20.5	2,902	656	107	64	232	114
1926 . .	3,115	767	76.1	18.7	2,821	660	44	26	245	81
1927 . .	2,989	755	72.3	18.2	2,755	637	36	26	198	92
1928 . .	3,464	757	83.0	18.1	3,075	668	41	60	348	29
1929 . .	3,259	740	77.4	17.5	2,949	636	41	69	269	35
1930 . .	3,298	789	77.6	18.5	3,077	689	48	79	173	21
1931 . .	3,209	817	74.8	19.0	3,009	725	64	64	136	25
1932 . .	3,157	753	72.9	17.3	3,024	698	18	32	115	23
1933 . .	3,333	788	76.2	18.0	3,123	683	48	74	162	31
1934 . .	3,354	784	76.0	17.7	3,115	674	98	81	141	29
1935 . .	3,541	910	81.3	20.9	3,245	765	101	68	195	77
1936 . .	3,729	892	85.3	20.4	3,402	755	62	73	265	64

[1] Population estimated for intercensal years.

[2] Includes Bridgewater and Tewksbury. Excludes Sane Dangerous Epileptics at Monson.

[3] Includes Temporary Care Admissions.

[4] Estimated, less Temporary Care Admissions.

have shown considerable fluctuation over the 33-year period but show no definite trend. Judging from the foregoing figures, there has been no increase in new cases coming to mental hospitals in Massachusetts by court commitment.

The number of readmissions admitted to all institutions and the rates of admission are also recorded in Table 10 from the year 1920 on. For this group, the highest rate of 26.7 occurs in 1924, and the lowest rate of 17.3 in 1932. The readmissions presented a fairly consistent downward trend from 1921 to 1934. However, the readmission rate for 1935 was the highest observed in the last twelve years.

FIRST AND READMISSIONS, 1936, BY HOSPITAL

Table 11 shows the admission forms used in first admissions and readmissions during 1936, by hospital. In the total line for first admissions, we note that court commitments were used in 59 per cent, or in three out of every five admissions. Temporary care was used in 27 per cent, or in one out of every four admissions; observation commitment in 10 per cent of admissions, or in one out of every 10; and the voluntary form in 3.3 per cent, or about one in every thirty admissions.

TABLE 11. — *First and Readmissions to State Hospitals, 1936, by Form of Admission and by Hospital*

HOSPITALS	Aggregate	FIRST ADMISSIONS									
		Total		Court		Temporary Care		Observation		Voluntary	
		No.	%	No.	%	No.	%	No.	%	No.	%
Boston State .	969	756	100.0	606	80.16	104	13.76	46	6.08	–	–
Boston Psycho.	2,089	1,622	100.0	142	8.75	1,222	75.34	204	12.58	54	3.33
Danvers . .	953	711	100.0	522	73.42	117	16.46	67	9.42	5	.70
Foxborough .	286	220	100.0	194	88.18	9	4.09	15	6.82	2	.91
Gardner . .	268	115	100.0	69	60.00	24	20.86	11	9.57	11	9.57
Grafton . .	165	32	100.0	30	93.75	–	–	2	6.25	–	–
Medfield .	276	165	100.0	153	92.73	7	4.24	5	3.03	–	–
Metropolitan .	137	–	–	–	–	–	–	–	–	–	–
Northampton	619	510	100.0	436	85.49	19	3.73	50	9.80	5	.98
Taunton .	583	469	100.0	374	79.74	52	11.09	40	8.53	3	.64
Westborough	584	402	100.0	356	88.56	5	1.24	38	9.45	3	.75
Worcester .	815	584	100.0	482	82.54	13	2.23	85	14.55	4	.68
Monson (epil.)	190	144	100.0	39	27.08	1	.69	–	–	104	72.23
Bridgewater .	51	40	100.0	26	65.00	–	–	14	35.00	–	–
Tewksbury .	1	–	–	–	–	–	–	–	–	–	–
Total .	7,986	5,770	100.0	3,429	59.43	1,573	27.26	577	10.00	191	3.31

TABLE 11. — *First and Readmissions to State Hospitals, 1936, by Form of Admission and by Hospital* — Concluded

HOSPITALS	READMISSIONS										Transfers
	Total		Court		Temporary Care		Observation		Voluntary		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Boston State . .	161	100.0	92	57.14	37	22.98	32	19.88	–	–	52
Boston Psychopathic	463	100.0	22	4.75	364	78.62	53	11.45	24	5.18	4
Danvers . . .	214	100.0	141	65.89	43	20.09	30	14.02	–	–	28
Foxborough . .	50	100.0	33	66.00	4	8.00	13	26.00	–	–	16
Gardner . . .	36	100.0	22	61.11	2	5.56	4	11.11	8	22.22	117
Grafton . . .	17	100.0	14	82.35	–	–	3	17.65	–	–	116
Medfield . .	45	100.0	42	93.33	–	–	3	6.67	–	–	66
Metropolitan .	–	–	–	–	–	–	–	–	–	–	137
Northampton .	101	100.0	83	82.18	6	5.94	9	8.91	3	2.97	8
Taunton . . .	102	100.0	64	62.75	19	18.63	11	10.78	8	7.84	12
Westborough . .	149	100.0	110	73.83	2	1.34	29	19.46	8	5.37	33
Worcester . .	181	100.0	130	71.82	8	4.42	42	23.20	1	.56	50
Monson (epileptic)	43	100.0	13	30.23	–	–	–	–	30	69.77	3
Bridgewater . .	6	100.0	2	33.33	–	–	4	66.67	–	–	5
Tewksbury . .	–	–	–	–	–	–	–	–	–	–	1
Total . .	1,568	100.0	768	48.98	485	30.93	233	14.86	82	5.23	648

In the first admissions the Grafton State Hospital, with 93 per cent, shows the high proportion of court commitments. Medfield is second with 92 per cent; Westborough third with 88.5 per cent; Foxborough fourth with 88.1 per cent; Northampton fifth with 85 per cent; and Worcester sixth with 82 per cent. At the other extreme is the Boston Psychopathic with but 8.7 per cent admitted under this form. The Psychopathic Hospital used the temporary care form in 75 per cent of first admissions. Gardner is second, using this form in 20 per cent of cases; Danvers in 16 per cent; Boston State in 13 per cent; and Taunton in 11 per cent. The observation form was used in 35 per cent of admissions to Bridgewater; 14 per cent at Worcester; 12 per cent at the Boston Psychopathic Hospital; and 9 per cent at Danvers, Gardner, Northampton and Westborough. In the voluntary admissions we find Monson admitting 72 per cent of cases under this form; Gardner 9 per cent; and the Psychopathic Hospital 3 per cent. The variations in different types of admission used demonstrate quite clearly the different psychiatric and administrative problems facing the various institutions.

In the readmissions one might expect that there would be less question of the diagnosis and that the court form would be used almost exclusively. However, we find that only 48 per cent of readmissions came into the hospital under court commitment, while 59 per cent of first admissions used this form. Thirty per cent of readmissions came in under the temporary care form, while the first admissions comprised 27 per cent. The observation form was used in 14 per cent of readmissions and in but 10 per cent of first admissions. The voluntary form comprised 5.2 per cent of readmissions and 3.3 per cent of first admissions. Originally, the temporary care forms were to be used in cases of emergency in which the court commitment would not be possible. It is obvious that the temporary care form is being used in many readmitted cases in which a court commitment would be the more logical choice.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1936

The voluntary care admissions and the rates per 100,000 of the population of the State for each year 1911 to 1936, inclusive, are shown in Table 12. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1936, there were 483 voluntary admissions to public and private institutions for the insane and epileptic in this State.

TABLE 12. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1936*[1]

YEAR	Number	Rate per 100,000 estimated population of State
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96
1932	433	10.18
1933	432	9.88
1934	447	10.13
1935	454	10.43
1936	483	11.00

---

[1] All public and private institutions for the insane and epileptic.

LEGAL STATUS OF ALL CASES ADMITTED FOR THE FIRST TIME DURING 1936

Table 13 gives the percentage distribution of the various forms of legal status for the total 6,030 cases admitted for the first time to all hospitals under the supervision of the Department during 1936. In considering the total for all institutions, we see that the regular court commitment was used more than any other form as 27.6 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 25.8 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 18.2 per cent of cases; observation and court commitment, 9.9 per cent; and observation commitment alone 7.1 per cent of cases.

Considering the State hospitals only, the following institutions had the largest proportion of patients sent to them through regular court commitment: Grafton State Hospital, 87.5 per cent; Westborough State Hospital, 58.5 per cent; and Medfield State Hospital, 57.7 per cent. This commitment form was used in the smallest proportion of admissions at Monson State Hospital, 26.4 per cent; Danvers State Hospital, 27.0 per cent, and Gardner State Hospital, 29.5 per cent.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 73.4 per cent of cases admitted on this form. The Gardner State Hospital with 20.9 per cent and Danvers State Hospital with 16.5 per cent followed in order. The McLean Hospital, although not a State institution, had 13.7 per cent of cases admitted on a temporary form. The Grafton State Hospital with no admissions on this form, the Monson State Hospital with .7 per cent, and Westborough State Hospital with 1.2 per cent, used the temporary care form the least of any of the institutions.

In the use of the combination of temporary care and court commitment, Danvers State Hospital stood first with 32.4 per cent. There followed in order, the Northampton State Hospital with 24.3 per cent, Boston State Hospital with 22.5 per cent, and Taunton State Hospital with 21.3 per cent. This combination was used the least at the Westborough State Hospital with 4.0 per cent, and Grafton State Hospital with 6.3 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1936

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State hospitals for mental diseases during 1936.

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1936

	All Cases Admitted for First Time	*All Readmitted Cases*
Court Commitment	27.6	20.3
Temporary Care	25.8	27.8
Observation	7.1	10.5
Voluntary	3.1	5.7
Temporary Care and Voluntary	1.1	2.1
Temporary Care and Observation	2.6	3.2
Temporary Care and Court	18.2	20.5
Temporary Care, Observation and Court	3.3	2.5
Observation and Court	9.9	5.8
Others and Court	.4	.9
Other Combinations	.9	.7
	100.0	100.0

Table 14 shows the percentage distribution in legal status of all cases readmitted to State hospitals for mental diseases during 1936. It will be observed that of the total 7,766 cases admitted during the year, 1,736 or 22 per cent were readmissions. Whereas among the first admissions we found that the court form was used predominantly, we observe that among the readmissions, the temporary care form was used more than any other form, 27.8 per cent of all readmissions entering the hospitals. The regular court commitment when used in combination with the temporary care form came second in importance with 20.5 per cent, and

TABLE 13. — *Legal Status of All Cases Admitted for the First Time to Hospital for Mental Diseases, 1936, by Hospital: Numbers and Percentages*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,666	27.6	394	52.1	–	–	192	27.0	104	47.3	34	29.5	28	87.5	95	57.7	186	36.5
Temporary Care	1,558	25.8	98	13.0	1,189	73.4	117	16.5	9	4.1	24	20.9	–	–	7	4.2	19	3.7
Observation	426	7.1	32	4.2	171	10.6	42	5.9	9	4.1	7	6.1	2	6.2	4	2.4	29	5.7
Voluntary	188	3.1	–	–	2	.1	3	.4	–	–	9	7.8	–	–	–	–	–	–
Temporary Care and Voluntary	69	1.1	–	–	48	3.0	2	.3	–	–	1	.9	–	–	–	–	1	.2
Temporary Care and Observation	158	2.6	14	1.9	33	2.0	25	3.5	6	2.7	4	3.5	–	–	1	.6	21	4.1
Temporary Care and Court	1,093	18.2	170	22.5	124	7.6	230	32.4	42	19.1	13	11.3	2	6.3	34	20.6	124	24.3
Temporary Care, Observation and Court	201	3.3	14	1.9	12	.7	30	4.2	7	3.2	13	11.3	–	–	–	–	40	7.8
Observation and Court	596	9.9	26	3.4	2	.1	69	9.7	41	18.6	6	5.2	–	–	24	14.5	84	16.5
Others and Court	22	.4	2	.2	4	.2	1	.1	–	–	3	2.6	–	–	–	–	2	.4
Other Combinations	53	.9	6	.8	37	2.3	–	–	2	.9	1	.9	–	–	–	–	4	.8
Total	6,030	100.0	756	100.0	1,622	100.0	711	100.0	220	100.0	115	100.0	32	100.0	165	100.0	510	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		McLEAN		BRIDGE-WATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	141	30.1	235	58.5	198	33.9	38	26.4	6	3.7	15	37.5	–	–	–	–
Temporary Care	52	11.1	5	1.2	13	2.2	1	.7	22	13.7	–	–	–	–	2	3.3
Observation	22	4.7	28	7.0	64	11.0	–	–	2	1.2	14	35.0	–	–	–	–
Voluntary	–	–	2	.5	3	.5	104	72.2	34	21.1	–	–	7	18.4	24	39.3
Temporary Care and Voluntary	3	.6	–	–	–	–	–	–	12	7.5	–	–	2	5.3	–	–
Temporary Care and Observation	18	3.8	10	2.5	21	3.6	–	–	3	1.9	–	–	1	2.6	1	1.6
Temporary Care and Court	100	21.3	16	4.0	116	19.8	–	–	69	42.8	–	–	21	55.3	32	52.5
Temporary Care, Observation and Court	33	7.1	15	3.7	29	5.0	–	–	3	1.9	–	–	5	13.2	–	–
Observation and Court	100	21.3	90	22.4	139	23.8	–	–	3	1.9	11	27.5	1	2.6	–	–
Others and Court	–	–	–	–	–	–	1	.7	6	3.7	–	–	1	2.6	–	–
Other Combinations	–	–	1	.2	1	.2	–	–	1	.6	–	–	–	–	2	3.3
Total	469	100.0	402	100.0	584	100.0	144	100.0	161	100.0	40	100.0	38	100.0	61	100.0

Table 14. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1936, by Hospital: Numbers and Percentages*

Legal Status	Total		Boston State		Boston Psy'pathic		Danvers		Fox-borough		Gardner		Grafton		Medfield		North-ampton	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	353	20.3	49	30.4	–	–	40	18.7	15	30.0	14	38.8	9	52.9	21	46.8	44	43.5
Temporary Care	482	27.8	32	19.9	363	78.5	43	20.1	4	8.0	2	5.6	–	–	–	–	6	5.9
Observation	183	10.5	26	16.1	44	9.5	15	7.0	9	18.0	3	8.3	3	17.7	2	4.4	6	5.9
Voluntary	99	5.7	–	–	6	1.3	–	–	–	–	7	19.4	–	–	–	–	–	–
Temporary Care and Voluntary	36	2.1	–	–	18	3.9	–	–	–	–	1	2.8	–	–	–	–	–	–
Temporary Care and Observation	55	3.2	6	3.7	9	1.9	15	7.0	4	8.0	1	2.8	–	–	1	2.2	3	3.0
Temporary Care and Court	357	20.5	38	23.7	18	3.9	77	35.9	13	26.0	3	8.3	3	17.7	10	22.2	28	27.7
Temporary Care, Observation and Court	43	2.5	–	–	2	.4	8	3.8	1	2.0	2	5.6	–	–	–	–	5	5.0
Observation and Court	101	5.8	3	1.9	–	–	16	7.5	3	6.0	2	5.6	2	11.7	11	24.4	4	4.0
Others and Court	15	.9	2	1.2	2	.4	–	–	1	2.0	1	2.8	–	–	–	–	2	2.0
Other Combinations	12	.7	5	3.1	1	.2	–	–	–	–	–	–	–	–	–	–	3	3.0
Total	1,736	100.0	161	100.0	463	100.0	214	100.0	50	100.0	36	100.0	17	100.0	45	100.0	101	100.0

Legal Status	Taunton		West-borough		Worcester		Monson		McLean		Bridge-water		Veterans' Adm. Fac. No. 107		Veterans' Adm. Fac. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	17	16.7	73	49.0	50	27.6	13	30.2	2	2.9	2	33.3	2	5.0	2	3.3
Temporary Care	19	18.6	2	1.4	8	4.4	–	–	3	4.4	–	–	–	–	–	–
Observation	10	9.8	26	17.4	33	18.2	–	–	2	2.9	4	66.7	–	–	–	–
Voluntary	2	2.0	6	4.0	1	.6	29	67.4	25	36.8	–	–	12	30.0	11	18.3
Temporary Care and Voluntary	5	4.9	–	–	–	–	1	2.4	9	13.2	–	–	1	2.5	1	1.7
Temporary Care and Observation	1	1.0	3	2.0	9	5.0	–	–	1	1.5	–	–	1	2.5	1	1.7
Temporary Care and Court	29	28.4	14	9.4	40	22.1	–	–	21	30.9	–	–	21	52.5	42	70.0
Temporary Care, Observation and Court	5	4.9	7	4.7	10	5.5	–	–	–	–	–	–	2	5.0	1	1.7
Observation and Court	13	12.7	16	10.7	30	16.6	–	–	–	–	–	–	1	2.5	–	–
Others and Court	–	–	–	–	–	–	–	–	5	7.4	–	–	–	–	2	3.3
Other Combinations	1	1.0	2	1.4	–	–	–	–	–	–	–	–	–	–	–	–
Total	102	100.0	149	100.0	181	100.0	43	100.0	68	100.0	6	100.0	40	100.0	60	100.0

TABLE 15. — *All First and Readmissions to Hospitals for Mental Diseases*[1] *during 1936, by Form of Admission and Mental Disorders: Numbers and Percentages*

MENTAL DISORDERS	FIRST ADMISSIONS										READMISSIONS										TRANSFERS	
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No	%	No.	%	No.	%
With syphilitic meningo-encephalitis .	234	3.9	192	5.4	24	1.5	7	1.2	11	4.1	35	2.0	21	2.4	8	1.6	1	.4	5	3.6	48	6.9
With other forms of syphilis . . .	25	.4	15	.4	4	.3	1	.2	5	1.8	8	.5	4	.5	–	–	2	.8	2	1.4	5	.7
With epidemic encephalitis . .	13	.2	10	.3	1	.1	2	.3	–	–	4	.2	2	.2	2	.4	–	–	–	–	6	.9
With other infectious diseases . . .	44	.7	21	.6	14	.9	7	1.2	2	.7	3	.2	–	–	1	.2	1	.4	1	.7	–	–
Alcoholic psychoses .	548	9.1	239	6.7	228	14.3	76	13.0	5	1.8	125	7.2	32	3.7	71	14.5	21	8.8	1	.7	33	4.7
Due to drugs, etc. .	29	.5	12	.3	13	.8	2	.3	2	.7	5	.3	–	–	4	.8	–	–	1	.7	1	.1
Traumatic psychoses	30	.5	20	.5	7	.4	3	.5	–	–	7	.4	3	.3	3	.6	–	–	1	.7	5	.7
With cerebral arteriosclerosis . .	919	15.2	804	22.5	85	5.3	30	5.1	–	–	62	3.6	49	5.6	8	1.6	3	1.3	2	1.4	19	2.7
With other disturbances of circulation	46	.8	26	.7	14	.9	6	1.0	–	–	5	.3	1	.1	3	.6	–	–	1	.7	2	.3
With convulsive disorders (epilepsy) .	132	2.2	76	2.1	28	1.8	3	.5	25	9.2	43	2.5	18	2.1	8	1.6	6	2.6	11	7.9	13	1.9
Senile psychoses .	261	4.3	235	6.6	16	1.0	10	1.7	–	–	13	.7	11	1.3	2	.4	–	–	–	–	12	1.7
Involutional psychoses	179	3.0	150	4.2	25	1.6	1	.2	3	1.1	19	1.1	15	1.7	4	.8	–	–	–	–	11	1.6
Due to other metabolic diseases, etc. .	101	1.7	74	2.1	15	.9	12	2.1	–	–	6	.3	5	.6	–	–	1	.4	–	–	7	1.0
Due to new growth .	21	.3	16	.4	5	.3	–	–	–	–	1	.05	–	–	–	–	1	.4	–	–	4	.6
With organic changes of nervous system .	91	1.5	59	1.6	24	1.5	5	.9	3	1.1	16	.9	9	1.0	4	.8	2	.8	1	.7	14	2.0
Psychoneuroses . .	270	4.5	105	2.9	83	5.2	36	6.2	46	17.1	61	3.5	14	1.6	13	2.7	16	6.8	18	12.9	6	.9
Manic-depressive psychoses . . .	660	10.9	448	12.5	178	11.1	17	2.9	17	6.3	419	24.1	279	32.1	101	20.7	17	7.1	22	15.7	87	12.5
Dementia praecox .	953	15.9	717	20.0	218	13.6	12	2.1	6	2.2	399	23.1	316	36.4	63	12.9	11	4.6	9	6.4	316	45.3
Paranoia and paranoid conditions . .	139	2.3	96	2.7	34	2.1	8	1.4	1	.4	23	1.3	10	1.2	11	2.2	2	.8	–	–	29	4.2
With psychopathic personality . .	87	1.4	57	1.6	15	.9	13	2.2	2	.7	56	3.2	21	2.4	24	4.9	7	2.9	4	2.9	15	2.1
With mental deficiency	163	2.7	128	3.6	25	1.6	8	1.4	2	.7	60	3.5	39	4.5	13	2.7	5	2.1	3	2.1	58	8.3
Undiagnosed psychoses	222	3.7	24	.7	185	11.6	10	1.7	3	1.1	42	2.4	4	.5	37	7.6	1	.4	–	–	1	.1

Without psychoses .	760	12.6	53	1.5	295	18.5	277	47.4	135	49.8	308	17.7	16	1.8	103	21.1	132	55.6	57	40.7	5	.7
Primary behavior disorders . . .	103	1.7	1	.02	61	3.8	38	6.5	3	1.1	16	.9	–	–	6	1.2	9	3.8	1	.7	1	.1
Total with mental disorder . . .	5,167	85.7	3,524	98.5	1,241	77.8	269	46.1	133	49.1	1,412	81.3	853	98.2	380	77.7	97	40.8	82	58.6	692	99.1
Total without mental disorder . .	863	14.3	54	1.5	356	22.2	315	53.9	138	50.9	324	18.7	16	1.8	109	22.3	141	59.2	58	41.4	6	.9
Grand Total .	6,030	100.0	3,578	100.0	1,597	100.0	584	100.0	271	100.0	1,736	100.0	869	100.0	489	100.0	238	100.0	140	100.0	698	100.0

(See Table 206 for detail)

[1]Includes McLean Hospital, Bridgewater, Tewksbury and Veterans' Administration Facilities No. 107 and No. 95.

when used alone came third with 20.3 per cent. The observation form alone was used in 10.5 per cent of cases; observation followed by court commitment, in 5.8 per cent of cases; and the voluntary form alone in 5.7 per cent of cases.

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with forms used when he was readmitted. We would expect that the physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used *less* in committing readmissions than in committing first admissions, 20.3 per cent of readmissions, as compared with 27.6 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 20.5 per cent of readmissions, and in a smaller proportion of first admissions, 18.2 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions, yet we observe that the observation form was used in 10.5 per cent of readmissions and in but 7.1 per cent of first admissions. Again, in considering the voluntary form of admission we see that readmissions used this in 5.7 per cent of cases, while first admissions used it in the proportion of 3.1 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 25.8 per cent of first admissions and 27.8 per cent of readmissions. The combination of observation admission and court commitment was used in 9.9 per cent of first admissions and 5.8 per cent of readmissions.

Turning back to Table 13, if we consider the various forms of court commitment, we find that of the total of 3,578 first court admissions during the year, 1,666 or 46.6 per cent were admitted outright under regular court commitment; 1,093 or 30.5 per cent had been held under a temporary care status immediately preceding the court commitment; 201 or 5.6 per cent had been held under temporary care and observation forms preceding the regular court commitment; 596 or 16.7 per cent had been admitted for observation immediately preceding the regular commitment; and 22 or .6 per cent had had one or more short term forms of other types preceding the regular court commitment.

Of the total 869 court readmissions, (Table 14), 353 or 40.6 per cent were admitted outright on regular court commitment. Three hundred fifty-seven or 41.1 per cent were preceded by a temporary care admission; 43 or 4.9 per cent were preceded by a temporary care and observation admission; 101 or 11.6 per cent had an observation admission only, preceding the court commitment; and 15 or 1.7 per cent had some other short term form of admission preceding the regular court commitment.

It is interesting to know that of the 2,019 court admissions not preceded by temporary forms, 938 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

FORMS OF ADMISSION AND MENTAL DISORDERS OF ALL FIRST AND READMISSIONS

Table 15 shows that of the 6,030 first admissions during 1936, the final commitment form of 3,578 cases was that of a court admission; 1,597 were temporary care admissions; 584 were observation admissions; and 271 were on a voluntary status. Dementia praecox cases made up 15.9 per cent of all first admissions; 20.0 per cent of court admissions; 13.6 per cent of temporary care admissions; 2.1 per cent of observation admissions; and 2.2 per cent of voluntary admissions. Psychoses with cerebral arteriosclerosis made up 15.2 per cent of the total first admissions; 22.5 per cent of court admissions; 5.3 per cent of temporary care admissions; and 5.1 per cent of observation admissions. The manic-depressive group made up 10.9 per cent of all first admissions; 12.5 per cent of court admissions; 11.1 per cent of temporary care admissions; 2.9 per cent of observation admissions; and 6.3 per cent of voluntary admissions. The alcoholic psychoses made up 9.1 per cent of the total first admissions; 6.7 per cent of court admissions; 14.3 per cent of temporary care admissions; 13.0 per cent of observation admissions, and 1.8 per cent of voluntary admissions.

Excluding the "without psychoses" group, we note that high percentages in the voluntary first admissions occur in the psychoneuroses, 17.1 per cent and in the psychoses with convulsive disorders (epilepsy), 9.2 per cent. The former made up but 2.9 per cent of court admissions; 5.2 per cent of temporary care admissions; and 6.2 per cent of observation admissions. The psychoses with convulsive disorders constituted 2.1 per cent of court admissions; 1.8 per cent of the temporary care admissions; and .5 per cent of observation admissions. The group "without psychoses" is quite interesting because of the contrasts it presents. This group constitutes 12.6 per cent of all first admissions. Only 1.5 per cent of court admissions showed this diagnosis; 18.5 per cent of temporary care admissions; 47.4 per cent of observation admissions; and 49.8 per cent of voluntary admissions. This group evidently confines itself to the voluntary and short term forms of admission.

Among the readmissions we note a total of 1,736 cases for the year. Eight hundred sixty-nine of these were court admissions; 489 were temporary care admissions; 238 observation admissions; and 140 voluntary admissions. The same general trends are observed among the readmissions in reference to the selection of the type of admission used. It might be expected that first admissions would show lower percentages of the court procedure and higher relative proportions of those admitted under temporary care, observation or voluntary status. We note, however, that these temporary forms maintain their standing among the readmissions and the fact that a case has been admitted once previously does not seem to operate against the use of these temporary forms in subsequent admissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. As this same situation has obtained for many years, it becomes evident that the greater part of mental patients have but a single admission for mental disorder. Table 16 shows that the number of cases admitted for the first time comprise 3,578 or 80.5 per cent of the total cases admitted under court commitment during 1936. Seven and two-tenths per cent were admitted for the second time; 5.5 per cent for the third time; 3.2 per cent for the fourth time; and 1.3 per cent for the fifth time. It is observed that 2.3 per cent had their sixth or higher admission during the year. Approximately 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for any one year. The average number of times admitted was 1.46 for both sexes.

TABLE 16. — *Number of Times Admitted, All Court Commitments*[1], *1936; Percentage Distribution*

NUMBER OF TIMES ADMITTED	Number			Percentage		
	M.	F.	T.	M.	F.	T.
One	1,861	1,717	3,578	81.7	79.3	80.5
Two	166	155	321	7.3	7.2	7.2
Three	114	130	244	5.0	6.1	5.5
Four	60	82	142	2.6	3.4	3.2
Five	26	34	60	1.1	1.6	1.3
Six +	53	49	102	2.3	2.4	2.3
Total	2,280	2,167	4,447	100.0	100.0	100.0
Average Number of Times Admitted	1.43	1.50	1.46			

(See Table 205 for detail)

[1] All first admissions and readmissions by court commitment.

Table 17 gives the average number of times admitted of all court admissions during the year, by psychoses. This table reveals the tendency to readmission which is exhibited in certain of the psychoses. The highest averages for number of times admitted are as follows: manic-depressive psychoses, 2.07; with psychopathic personality, 1.84; dementia praecox, 1.69; with mental deficiency, 1.54; and undiagnosed psychoses, 1.42. The lowest averages are observed in the psychoses with other infectious diseases, due to drugs, due to new growth, and primary behavior disorders.

Table 17. — *Average Number of Times Admitted, All Court Commitments*[1] *1936, by Mental Disorders*

Mental Disorders	Number	Average Number of Times Admitted
Manic-depressive psychoses	727	2.07
With psychopathic personality	78	1.84
Dementia praecox	1,033	1.69
With mental deficiency	167	1.54
Undiagnosed psychoses	28	1.42
With convulsive disorders (epilepsy)	94	1.42
Traumatic psychoses	23	1.39
Without psychoses	69	1.33
With other forms of syphilis	19	1.31
With organic changes of nervous system	68	1.30
Alcoholic psychoses	271	1.27
Psychoneuroses	119	1.25
With syphilitic meningo-encephalitis	213	1.22
With epidemic encephalitis	12	1.16
Paranoia and paranoid conditions	106	1.14
Involutional psychoses	165	1.13
Due to other metabolic diseases, etc.	79	1.12
Senile psychoses	246	1.12
With cerebral arteriosclerosis	853	1.09
With other disturbances of circulation	27	1.03
With other infectious diseases	21	1.00
Due to drugs, etc.	12	1.00
Due to new growth	16	1.00
Primary behavior disorders	1	1.00
Total With Mental Disorder	4,377	1.47
Total Without Mental Disorder	70	1.32
Grand Total	4,447	1.46

(See Table 205 for detail)

[1] All first admissions and readmissions by court commitment.

Nativity and Parentage, All First and Readmissions, 1936

Table 18 outlines the nativity and parentage of all first admissions and readmissions during 1936, with rates based upon the same nativity groups in the population 15 years of age and over in accordance with the 1930 Census. The three classes of admission known as temporary care, observation, and voluntary are grouped under one heading, "all other admissions". These are compared with the court admissions for the year.

There is some duplication of court admissions and "all other admissions". This duplication arises from the fact that a temporary care case at the Psychopathic Hospital may go immediately to another institution through commitment and thus be counted twice. The court admissions do not present this difficulty and are less susceptible to the age variations which are observed in the "all other admissions". Therefore, the discussion will be confined to this group only.

Table 18 shows that the foreign born court first admissions have an admission rate of 121 per hundred thousand of the foreign born in Massachusetts aged 15 years and over, (1930 Census). The native born show an admission rate of 113. When we divide the native born in accordance with the parentage of these patients, we see an extremely interesting set of results. Patients who were native born of native parentage show the low admission rate of 99 per hundred thousand of the population of the same nativity group. The native born of mixed parentage (one parent foreign, one parent native) present an admission rate of 101, and the group native born but with both parents foreign born show the high rate of 115.

TABLE 18. — *Nativity and Parentage of all First Admissions and Readmissions, 1936: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census.*

	Aggregate	Foreign Born	Native Born	Nativity Unknown	Parentage of Native Born			
					Foreign	Mixed	Native	Unknown
Numbers								
Court Admissions:								
First admissions	3,578	1,236	2,331	11	926	316	932	157
Readmissions	869	241	628	–	268	90	251	19
All Other Admissions:[1]								
First admissions	2,452	649	1,796	7	686	272	728	110
Readmissions	867	188	678	1	272	108	270	28
All First Admissions	6,030	1,885	4,127	18	1,612	588	1,660	267
All Readmissions	1,736	429	1,306	1	540	198	521	47
All Types	7,766	2,314	5,433	19	2,152	786	2,181	314
Rates								
Court Admissions:								
First admissions	116.1	121.0	113.6	–	115.5	101.6	99.2	–
Readmissions	28.2	23.4	30.6	–	33.4	28.9	26.7	–
All Other Admissions:								
First Admissions	79.5	63.0	87.5	–	85.6	87.4	77.5	–
Readmissions	28.1	18.2	33.0	–	33.9	34.7	28.7	–
All First Admissions	195.7	183.0	201.1	–	201.1	189.1	176.7	–
All Readmissions	56.3	41.6	63.6	–	67.3	63.6	55.4	–
All Types	252.0	224.7	264.8	–	268.5	252.8	232.1	–

(See Tables 163–166 for detail)

[1] Includes admissions on temporary care, observation and voluntary status.

This rate is 16 per cent higher than the rate of native parentage, and 13 per cent higher than the rate of the native of mixed parentage. The native born of native parentage and the native born of mixed parentage show admission rates which are fairly near together. That is, the second generation of the mixed marriages (one foreign, one native) is making a showing somewhat comparable to the native born of native parentage. However, if the patient is native born and was raised in an environment with both parents foreign born, the results are very different. While this group shows the highest admission rate of any of the native born classifications, it is lower than the rate for the foreign born (121).

In the court readmissions the foreign born show an admission rate of 23 and the native born a higher rate of 30. The excess of foreign born observed in the first court admissions is wiped out entirely and replaced by a thirty per cent excess of native born in the readmissions. It is evident that the native born are showing the greater tendency to recurrences of mental disorder. Dividing the native born into basic groups, we see the same situation as was observed in first court admissions. The native born of native parentage show the low rate of 26. The native born of foreign parentage present the high rate of 33, and the native born having one parent foreign born and the other parent native born have a rate of 28. In the court first admissions, the native born of foreign parentage showed rates which were 16 and 13 per cent higher than the native group of native parentage or the native group of mixed parentage, respectively. In the readmissions we observe that the native born of foreign parentage are presenting a rate which is 26 and 17 per cent higher than the other two groups. This is significant as it shows that the native born of foreign parentage are occupying a relatively higher position in the readmissions than in first admissions.

We notice that in all other admissions the native born are showing higher admission rates than the foreign born in both first and readmissions. We are not discussing these rates as it is considered that the court commitments constitute a better sample of the urgent cases which must be removed from the community. All other admissions include temporary care and observation admissions keeping the patient from ten to thirty-five days. Voluntary admissions are also included in this group. Practically all of the cases admitted under court commitment are diagnosed as having a psychosis, while the cases falling in all other admissions present a large proportion diagnosed without psychoses. In other words, the court commitments represent the psychotic cases, while all other admissions tend to represent the non-psychotic. Thus the court commitments offer a much more satisfactory sample of the actual psychoses coming to our mental hospitals. In observing the total rates at the bottom of Table 18, it will be noted also that the native born exceed the foreign born. The marked differences in the temporary care, etc., admissions produce this excess of native born in the total figures. Considering all factors, it is felt that the court commitments serve as the best criteria for the interpretation of the findings contained in this Table.

AVERAGE ADMISSION AGES OF NATIVE AND FOREIGN BORN, 1936, BY TYPE OF ADMISSION

Table 19 reveals that the average admission age of native born first court admissions was 45.6 years, while the foreign born in this group were admitted at an average age of 56.4 years, a difference of 10.8 years. Among the readmissions the native born came into the hospitals at an average admission age of 41.7 years, and the foreign born at 50.3 years, a difference of 8.6 years.

In interpreting this table, it must be remembered that there are fewer foreign born in the younger age groups. The restriction of immigration over the past few years has meant that the younger age groups have not been replaced. Those foreign born in the older age groups are steadily growing older. This is not so of the native born who are having all ages replaced. Thus, it may be expected that the foreign born admissions will show higher average admission ages than the native born insofar as they are drawn from older age groupings. In future years the foreign born admissions will grow steadily older in contrast with the native born.

TABLE 19. — *Admission Ages of Court First Admissions and Readmissions and All Other Admissions, 1936, by Nativity and Parentage: Averages*

NATIVITY	Court First Admissions			Court Readmissions			All Other First Admissions			All Other Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Native Born: . .	45.0	46.3	45.6	41.1	42.4	41.7	35.5	34.9	35.2	37.9	36.0	37.1
Foreign Parentage	41.3	42.5	41.8	39.0	42.4	40.5	35.0	34.4	34.8	37.0	34.4	36.0
Mixed Parentage	40.1	41.7	40.9	39.4	38.7	39.0	34.7	35.5	35.0	34.6	32.7	33.6
Native Parentage	49.2	49.4	49.3	43.7	43.8	43.8	36.4	34.6	35.7	39.9	39.4	39.7
Parentage Unknown .	55.2	56.1	55.7	43.5	43.6	43.5	33.5	37.2	34.9	35.3	31.5	33.4
Foreign Born . .	56.3	56.5	56.4	50.8	50.0	50.3	48.9	45.5	47.5	47.7	45.3	46.6
Nativity Unknown	63.5	70.8	67.5	–	–	–	55.0	45.8	51.1	–	37.5	37.5
Aggregate Average Age	48.9	50.0	49.4	43.5	44.6	44.1	38.9	37.8	38.5	39.9	38.1	39.2

(See Tables 163-166 for detail)

Within the native born group we see a rather different situation. Among the first court admissions, the native born of native parentage show the highest average admission age of 49.3 years. The native born of foreign parentage are admitted at an average admission age of 41.8 years, while the "mixed" group, one parent native born and the other foreign born, are admitted at 40.9 years. The native born of foreign parentage are coming to the hospital 7.5 years earlier than the native born of native parentage. If the parentage is "mixed", the patients are coming into the hospital at an average of 8.4 years earlier than the native born of native parentage. In interpreting these findings, it should be remembered that both the native born of foreign and mixed parentage have higher proportions of persons in the younger age groups in the general population than the native born of native parentage.

In the court cases the foreign born readmissions are 6.1 years younger than the foreign born first admissions. In the native born this difference is 3.9 years. In all other admissions, the foreign born first admissions are nearly one year older than the readmissions. The native born readmissions are nearly two years older than the first admissions.

TABLE 20. — *Admission Ages of Court First Admissions and Readmissions and All Other Admissions, by Mental Disorders and Sex, 1936: Averages in Years*

MENTAL DISORDERS	COURT FIRST ADMISSIONS			COURT READMISSIONS			ALL OTHER FIRST ADMISSIONS			ALL OTHER READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	47.2	44.4	46.4	43.8	46.6	44.6	46.7	45.3	46.3	44.0	50.0	45.7
With other forms of syphilis	53.5	35.5	47.5	55.8	47.5	53.7	40.5	39.5	40.0	50.0	50.0	50.0
With epidemic encephalitis	32.5	21.3	28.0	27.5	17.5	22.5	17.5	42.5	34.1	–	25.0	25.0
With other infectious diseases	47.0	39.3	42.9	–	–	–	47.8	24.3	39.6	–	32.5	32.5
Alcoholic psychoses	46.7	49.9	47.2	50.0	53.5	50.6	40.0	40.0	40.0	44.8	52.0	45.7
Due to drugs, etc.	47.5	46.7	47.0	–	–	–	39.7	40.6	40.1	35.0	32.5	34.5
Traumatic psychoses	44.1	57.5	45.5	20.8	–	20.8	41.9	42.5	42.0	31.2	–	31.2
With cerebral arteriosclerosis	70.6	71.4	71.0	70.9	68.5	69.7	70.4	67.3	69.3	62.0	57.5	60.9
With other disturbances of circulation	61.1	48.5	53.8	–	47.5	47.5	57.5	51.7	53.7	60.8	47.5	57.5
With convulsive disorders (epilepsy)	36.6	37.6	37.1	35.2	34.6	35.0	33.4	30.8	32.3	37.8	37.5	37.7
Senile psychoses	76.7	75.4	75.9	72.5	69.6	70.6	75.8	69.0	71.3	62.5	57.5	60.0
Involutional psychoses	55.2	52.3	53.1	50.8	55.4	54.5	57.5	51.4	52.6	62.5	54.1	56.2
Due to other metabolic diseases, etc.	53.7	43.0	47.0	60.0	45.8	51.5	46.4	37.5	42.1	–	67.5	67.5
Due to new growth	53.2	47.5	52.5	–	–	–	39.6	–	39.6	–	72.5	72.5
With organic changes of nervous system	47.5	43.5	46.1	44.1	34.1	40.8	55.0	42.5	47.1	50.0	52.5	51.0
Psychoneuroses	40.7	38.6	39.5	42.5	36.8	39.2	38.2	36.1	37.2	42.0	38.3	40.1
Manic-depressive psychoses	40.0	39.0	39.4	46.6	45.4	45.8	35.1	35.4	35.2	39.5	39.9	39.7
Dementia praecox	30.0	34.5	32.2	37.5	40.2	38.7	28.7	35.5	32.5	39.3	36.5	37.6
Paranoia and paranoid conditions	46.3	51.6	49.7	72.5	49.1	51.5	42.2	47.9	45.0	42.5	51.2	47.8
With psychopathic personality	40.0	35.1	37.6	37.5	34.7	36.0	30.4	31.2	30.6	36.7	31.2	34.2
With mental deficiency	34.4	34.9	34.6	38.9	38.1	38.5	31.2	31.1	31.2	32.9	30.5	31.7
Undiagnosed psychoses	39.5	38.3	38.9	35.8	32.5	35.0	36.9	39.4	38.2	32.0	41.2	35.9
Without psychoses	34.0	34.5	34.2	36.1	43.3	38.8	36.3	31.8	34.8	37.5	34.1	36.2
Primary behavior disorders	–	67.5	67.5	–	–	–	23.3	22.6	23.1	29.0	33.6	31.6
Total With Mental Disorder	49.1	50.1	49.6	43.7	44.6	44.2	41.2	40.7	41.0	41.4	39.9	40.7
Total Without Mental Disorder	34.0	36.1	35.5	36.1	43.3	38.8	34.7	30.6	33.3	37.2	34.1	36.0
Grand Total	48.9	50.0	49.4	43.5	44.6	44.1	38.9	37.8	38.5	39.9	38.1	39.2

(See Tables 171–174 for detail)

AVERAGE ADMISSION AGES OF COURT FIRST ADMISSIONS, READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

Table 20 reveals that the average admission age of court first admissions for 1936 was 49.4 years. The average admission age of court readmissions was 5.3 years less, or 44.1 years. The average admission age of all other first admissions was 38.5 years, and that of all other readmissions was 39.2 years. Because of their importance, only the court first and readmissions will be discussed. The highest admission ages for the first court admissions occur in the senile psychoses, 75.9 years; psychoses with cerebral arteriosclerosis, 71.0 years; and primary behavior disorders, 67.5 years. The youngest admission ages are seen in the cases with epidemic encephalitis, 28.0 years; dementia praecox, 32.2 years; without psychoses, 34.2 years; and psychoses with mental deficiency, 34.6 years. The psychoses which occur in the older age groups tend to show ages for the readmissions that are younger than those of the first admission ages. Among the psychoses developing in the earlier years, the readmissions tend to be older in average admission ages.

Considering the sex differences in only the most important psychoses, it will be noted that among the court first admissions the greatest variations between the sexes are in dementia praecox, (males 30.0 years, females 34.5 years); paranoia (males 46.3 years, females 51.6 years); and psychopathic personality (males 40.0 years, females 35.1 years). In the readmissions there are tendencies to still wider variations. Here we find several of the important psychoses showing more than a five year gap between the admission ages of the males and the females. On the average, in both court first admissions and readmissions, the males are tending to be admitted at younger ages.

Contrary to the court first and readmissions, it will be observed that the average admission age of the males is greater in both first and readmissions of all other admissions.

Table 21 shows the average ages at admission by institution. The highest average ages of court first admissions are found at the Boston State Hospital, 55.1 years; Gardner State Hospital, 51.8 years; and Worcester State Hospital, 51.2 years. The lowest average admission ages are observed at the Psychopathic Hospital with 36.2 years; Bridgewater, with 33.3 years; and the Monson State Hospital with 33.0 years. Most of the institutions show higher ages at first admission than at readmission. The wide variations in the average admission ages at the various institutions point out very clearly the varying medical and psychiatric problems confronting the different institutions. Those institutions which draw their admissions from the older age groups will have entirely different problems of medical and psychiatric care than those institutions drawing patients from the younger ages.

TABLE 21. — *Age at Admission of Court First Admissions and Readmissions, 1936, by Hospitals: Averages*

HOSPITALS	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Boston State	54.7	55.4	55.1	45.3	48.3	47.2
Boston Psychopathic	37.8	34.2	36.2	39.2	35.1	36.4
Danvers	49.3	50.6	50.0	44.6	43.5	44.0
Foxborough	50.7	46.1	48.2	47.5	42.2	44.1
Gardner	49.4	53.9	51.8	36.8	47.7	42.2
Grafton	43.4	52.2	46.6	41.0	40.7	40.8
Medfield	49.7	46.0	47.8	48.6	39.9	42.2
Northampton	48.9	51.4	50.1	42.0	46.6	44.4
Taunton	50.3	49.7	50.0	41.3	45.9	43.6
Westborough	46.4	51.6	49.2	44.4	45.6	45.2
Worcester	50.6	51.8	51.2	46.4	46.0	46.2
Monson	32.7	33.5	33.0	30.1	30.0	30.0
McLean	45.3	47.0	46.1	40.0	41.2	40.7
Bridgewater	33.3	–	33.3	30.0	–	30.0
Tewksbury	–	–	–	–	–	–
Veterans' Administration Facility No. 107	42.1	–	42.1	44.6	–	44.6
Veterans' Administration Facility No. 95	46.7	–	46.7	42.8	–	42.8
All Hospitals	48.9	50.0	49.4	43.5	44.6	44.1

(See Tables 175 and 176 for detail)

COUNTRY OF ORIGIN OF FOREIGN BORN COURT ADMISSIONS

Table 22 considers the foreign born first court admissions and readmissions, 1936, and compares these with the foreign born population 15 years of age and over from certain countries of origin in accordance with the 1930 Census. The fifth column of Table 22 gives the rates for all court admissions coming from specific countries of origin. Austria presents the high rate of 353 per hundred thousand of the population originally coming from that country. Portugal is second with a rate of 200; Finland third with a rate of 193; and Ireland fourth with a rate of 185. The lower admission rates are observed in patients coming from Italy, with a rate of 124; Scotland with a rate of 123; Germany with a rate of 117; and Greece with an admission rate of 102.

TABLE 22. — *Country of Origin of Foreign Born Court First Admissions and Readmissions, 1936: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census.*

COUNTRY	COUNTRY OF ORIGIN OF FOREIGN BORN			RATES PER 100,000 POPULATION SAME COUNTRY OF ORIGIN		
	Population 1930 Census 15 + Years	Court First Admissions 1936[2]	Court Readmissions 1936	Total Admissions	First Admissions	Readmissions
Austria	4,244	11	4	353.	259.	94.
Portugal	24,376	43	6	200.	176.	24.
Finland	12,902	18	7	193.	139.	54.
Ireland	157,770	243	50	185.	154.	31.
Canada[1]	284,465	351	49	140.	123.	17.
Sweden	36,343	46	5	139.	126.	13.
France	5,925	7	1	134.	118.	16.
Russia	67,262	59	30	131.	87.	44.
Poland	71,072	66	26	128.	92.	36.
England	76,943	79	18	125.	102.	23.
Italy	123,452	135	19	124.	109.	15.
Scotland	31,345	35	4	123.	111.	12.
Germany	20,230	21	3	117.	103.	14.
Greece	16,598	14	3	102.	84.	18.
All Other Countries	96,862	119	16	138.	122.	16.
Total	1,029,789	1,247	241	144.	121.	23.

(See Tables 162 and 167–168 for detail)

[1] Includes Newfoundland.

[2] Countries showing five or less First Admissions are included with "All Other Countries".

In working out the ratios between first admissions and readmissions it becomes evident that the foreign born from certain countries are showing a greater tendency to readmission than those coming from other countries. Countries making the better showing, that is a lesser tendency to readmission, are Sweden, Scotland, Germany, France and Portugal. Countries making a poorer showing, that is a greater tendency to readmission are, in order, Russia, Finland, Poland, Austria and England.

COUNTRY OF ORIGIN OF NATIVE BORN OF FOREIGN OR MIXED PARENTAGE

Table 23 presents the country of origin of native born court first admissions and readmissions during 1936 compared with the population of the same country of origin 15 years of age and over in accordance with the 1930 Census. Column five presents the total admission rates arranged in order of importance. Portugal, with a rate of 381, is high. Austria is second with 306; Greece third with 201; Finland fourth with 184; and Russia fifth with 174. The five countries showing the lower admission rates are England with 142; Italy with 129; Poland with 125, Canada with 115; and Scotland with 108.

By working out the ratios between the rates for first and readmissions we observe the tendency to readmission in certain countries of origin. The best showing in this respect, that is the lowest tendency to readmission, is observed in patients with Austria, Greece, Portugal, Canada or Poland as the country of origin. The poorest showing, that is the greatest tendency to readmission, is noted in patients with Russia, Sweden, France, Finland, or Germany as their country of origin.

Table 23. — *Country of Origin of Native Born of Foreign or Mixed Parentage, Court First Admissions and Readmissions, 1936: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census*

Country	Country of Origin of Native Born			Rates per 100,000 Population Same Country of Origin		
	Population 1930 Census	Court First Admissions 1936	Court Re-admissions 1936	Total Admissions	First Admissions	Read-missions
Portugal	13,628	43	9	381.	315.	66.
Austria	4,238	11	2	306.	259.	47.
Greece	2,967	5	1	201.	168.	33.
Finland	8,098	11	4	184.	135.	49.
Russia	44,637	53	25	174.	118.	56.
Ireland	338,599	449	127	169.	132.	37.
France	6,937	8	3	158.	115.	43.
Sweden	32,419	36	15	157.	111.	46.
Germany	43,570	48	15	144.	110.	34.
England	95,684	108	29	142.	112.	30.
Italy	77,738	78	23	129.	100.	29.
Poland	49,170	49	13	125.	99.	26.
Canada[1]	304,303	283	70	115.	92.	23.
Scotland	31,272	26	8	108.	83.	25.
All Other Countries	58,824	51	15	111.	86.	25.
Unknown	–	97	14	–	–	–
Total	1,112,084	1,356	373	154.	121.	33.

(See Tables 169 and 170 for detail)

[1] Includes Newfoundland

Admission Rate — Native Born of Native Parentage: Court First Admissions — 103. (975 cases); Court Readmissions — 27. (255 cases).

It is interesting to compare the tendencies of various countries in reference to readmission in both the foreign born (Table 22) and the native born (Table 23). In the five countries making the best showing in a lesser tendency to readmission, Portugal is the only one preserving its high standing in both the foreign born and the native born with Portugal as the country of origin. In reference to the five countries making a poor showing in a greater tendency to readmission, Russia and Finland are present in both the foreign born and the native born.

It is interesting to compare with the foregoing the admission rates for the native born of native parentage. This group showed a total admission rate in 1936 of 103 for first admissions and 27 for readmissions.

Citizenship of All Admissions, 1936

Table 24 presents the citizenship of all first and readmissions to mental hospitals during the year 1936. In the first court admissions, the citizens by birth show the low admission rate of 74 per hundred thousand. The naturalized citizens show a higher rate of 81, and the aliens show the highest rate of 97. In the court readmissions the naturalized citizens present the low rate of 18, while the citizens by birth and the aliens both show a rate of 20. In all other first admissions the low rate of 48 occurs in the naturalized citizens. The citizens by birth and the aliens show the same rate of 57. In all other readmissions the low admission rate occurs in the aliens, with 14. The naturalized citizens are higher, with 18, and the citizens by birth show the highest rate of 21.

As the United States Census data do not give the material on citizenship by age, it was impossible to exclude those under 15 years of age in making up the rates. In view of the fact that the naturalized citizens and the aliens are very deficient in the age groups under 15 years, the rates as outlined favor the citizens by birth. It would be fairer, therefore, to confine the comparisons to the rates presented by the naturalized foreign born and the alien foreign born. This would confine our comparison to groups showing similar age distributions in the general population. When this is done, it will be observed that the admission rates for the aliens are higher than those of the naturalized citizens in first court admissions, court readmissions and all other first admissions. In all other readmissions only does the naturalized group show the higher admission rate.

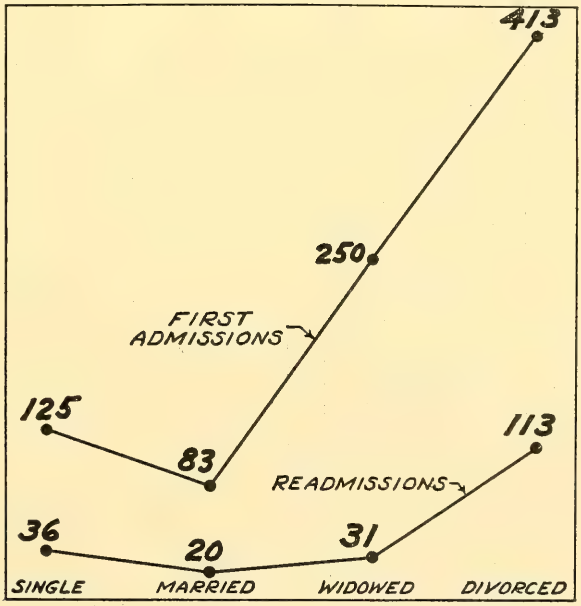
TABLE 24. — *Citizenship of All Admissions, 1936: Rates per 100,000 of Corresponding Population, Massachusetts Census, 1930*

	Aggregate	Citizens	Naturalized	Aliens	Unknown
Numbers					
First Court Admissions	3,578	2,331	429	491	327
Court Readmissions	869	628	96	101	44
All Other First Admissions	2,452	1,796	255	289	112
All Other Readmissions	867	678	95	71	23
All First Admissions	6,030	4,127	684	780	439
All Readmissions	1,736	1,306	191	172	67
All Types	7,766	5,433	875	952	506
Rates					
First Court Admissions	84.1	74.2	81.4	97.5	–
Court Readmissions	20.4	20.0	18.2	20.0	–
All Other First Admissions	57.6	57.2	48.4	57.4	–
All Other Readmissions	20.4	21.6	18.0	14.1	–
All First Admissions	141.8	131.5	129.8	155.0	–
All Readmissions	40.8	41.6	36.2	34.1	–
All Types	182.7	173.1	166.1	189.1	–

(See Table 184 for detail)

MARITAL STATUS OF COURT FIRST AND READMISSIONS, AND ALL OTHER FIRST AND READMISSIONS

Table 25 and Graph 1 present data outlining the numbers and rates per 100,000 of the various marital groups admitted to mental hospitals in Massachusetts. Among the first court admissions the married patients show the lowest admission rate, 83.6. Next in order are the single group with 125.1; the widowed with 250.1; and the divorced group showing the highest admission rate of all, 413.5.



GRAPH 1. — MARITAL CONDITION OF COURT FIRST ADMISSIONS AND READMISSIONS, 1936. RATES PER 100,000 POPULATION OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS

TABLE 25. — *Marital Status of All First and Readmissions to Hospitals for Mental Diseases, 1936: Rates per 100,000 of Corresponding State Population 15 Years of Age and Over, 1930 Census*

MARITAL STATUS	TOTAL ADMISSIONS						COURT FIRST ADMISSIONS						COURT READMISSIONS					
	Number			Rate			Number			Rate			Number			Rate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	1,976	1,314	3,290	362.1	238.0	299.7	787	587	1,374	144.2	106.3	125.1	232	168	400	42.5	30.4	36.4
Married [1]	1,715	1,364	3,079	208.3	166.8	187.6	760	626	1,386	91.3	76.0	83.6	153	195	348	18.1	23.2	20.6
Widowed	331	600	931	457.1	329.8	366.1	222	414	636	306.5	227.6	250.1	17	62	79	23.4	34.0	31.0
Divorced	140	124	264	1,319.5	825.5	1,030.0	53	53	106	499.5	352.8	413.5	11	18	29	103.6	119.8	113.1
Separated	99	87	186	–	–	–	35	35	70	–	–	–	5	7	12	–	–	–
Unknown	9	7	16	320.5	368.8	339.9	4	2	6	142.4	105.3	127.4	1	–	1	35.6	–	21.2
Total	4,270	3,496	7,766	284.3	215.7	248.7	1,861	1,717	3,578	123.9	105.9	114.5	419	450	869	27.8	27.7	27.8

MARITAL STATUS	ALL OTHER FIRST ADMISSIONS						ALL OTHER READMISSIONS					
	Number			Rate			Number			Rate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	716	395	1,111	131.2	71.5	101.2	241	164	405	44.1	29.7	36.9
Married [1]	600	400	1,000	73.2	49.6	61.4	202	143	345	25.6	17.9	21.7
Widowed	74	93	167	102.1	51.1	65.6	18	31	49	24.8	17.0	19.2
Divorced	62	34	96	584.3	226.3	374.5	14	19	33	131.9	126.4	128.7
Separated	38	32	70	–	–	–	21	13	34	–	–	–
Unknown	4	4	8	142.4	210.7	169.9	–	1	1	–	52.6	21.2
Total	1,494	958	2,452	99.4	59.1	78.5	496	371	867	33.0	22.8	27.7

(See Tables 185–188 for detail)

[1] Rate includes "married" and "separated".

The admission rates for the males are higher than those of the females in all marital groups. However, when we measure these rates in terms of their departures from the low rates shown by the married group, we see an extremely interesting set of results. The rate for the single females is 39 per cent higher than that of the married females, while the rate for the single males is 57 per cent higher than that of the married males. The widowed females offer a rate 198 per cent higher than that of the married females, while the widowed males offer an admission rate which is 235 per cent higher than that of the married males. The divorced females demonstrate an admission rate which is 363 per cent higher than that of the married females, and the divorced males show a rate which is 447 per cent higher than that of the married males.

These differences point out quite plainly that marriage is much more of a protective factor in the case of the males than it is in the case of the females. The males who are single, widowed or divorced show a much larger chance of developing a mental disorder than do the females placing in these same groups. While marriage appears to play a very important part as a protective factor in mental disorders, it is evident that it is more of a protective factor in the case of men than of women.

In the court readmissions the married again present the lowest admission rate of 20.6. The widowed are second with a rate of 31.0; the single third with 36.4; while the divorced show the highest rate of 113.1. The admission rate of the males is higher than that of the females in the single group only. Among the married, the widowed and the divorced, the females show the higher rate. In all other first admissions and all other readmissions we note the same general characteristics as observed in the court cases with the possible exception of the unusually high rates observed for the divorced group. In comparison with the other groups, very large proportions of the divorced are sent to mental hospitals using admission forms other than court commitment.

It appears that marital status is an important factor in the admission of an individual to a mental hospital. In Table 25 it will be noted that the married show the lowest admission rate in all forms of admission except in all other readmissions where the widowed show the lowest rate. If the individual has been married but is widowed, the death of the life partner evidently greatly increases his chance of admission. If the husband or wife has been divorced, he is given an even higher rate of admission. Those remaining single are in a somewhat better position. Relatively, our admissions to mental hospitals are made up chiefly of individuals who are single, widowed or divorced. Smaller proportions of the married are being admitted.

MARITAL STATUS AND AVERAGE ADMISSION AGE

Table 26 shows that among the first court admissions, the highest average admission age of 68.6 years occurs among the widowed. Next in order are the divorced and married groups with 52.0 and 51.3 years respectively; the separated group, 50.5 years; and the single group with 38.5 years. Sex differences are observed in that the married females, 47.3 years, are admitted 7.3 years earlier than the married males 54.6 years. The divorced and separated females are

TABLE 26. — *Admission Ages of Court First Admissions and Readmissions and All Other Admissions, 1936, by Marital Status: Averages*

MARITAL STATUS	COURT FIRST ADMISSIONS			COURT READMISSIONS			ALL OTHER FIRST ADMISSIONS			ALL OTHER READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single . . .	37.1	40.4	38.5	36.9	38.4	37.6	30.4	29.6	30.2	34.8	31.5	33.5
Married . . .	54.6	47.3	51.3	50.3	45.2	47.4	46.0	41.1	44.0	44.3	42.0	43.3
Widowed . .	69.6	68.1	68.6	65.0	58.7	60.0	58.9	57.9	58.3	58.3	54.0	55.6
Divorced . .	55.3	48.7	52.0	51.3	47.2	48.7	45.1	42.9	44.3	40.7	38.6	39.5
Separated . .	51.2	49.8	50.5	47.0	43.5	45.0	45.7	40.9	43.5	37.9	40.3	38.8
Unknown . .	60.0	50.0	56.6	65.0	–	65.0	52.5	42.5	47.5	–	25.0	25.0
All Groups .	48.9	50.0	49.4	43.5	44.6	44.1	38.9	37.8	38.5	39.9	38.1	39.2

(See Tables 189–192 for detail)

admitted 6.6 years and 1.4 years earlier, respectively, than the males. In the single group, however, the females are admitted 3.3 years later than the single males.

Among the readmissions essentially the same condition prevails. Here the widowed again show the highest average admission age of 60.0 years. The divorced are next with 48.7 years; the married next with 47.4 years; the separated next with 45.0 years; while the single are the youngest of all, 37.6 years. Sex differences among the readmissions are not so important as among the first admissions and they tend to cling closer together. Whatever effect marital status may have had upon the age of first admissions, it is evident that the age differences are materially reduced by the time the cases are readmitted to a mental hospital.

All other admissions present the same general trends as observed in the court admissions. However, we note that while the court readmissions tend to be younger than the court first admissions in all marital groups, the single, among all other readmissions are older than the same marital group in all other first admissions. In general, the ages of all other admissions in the various marital groups are about eight or ten years less than those of the court admissions. The widowed show the high age of 58.3 years among all other first admissions; the divorced are second with an age of 44.3 years; the married and separated next with an average admission age of 44.0 years and 43.5 years, respectively, and the single are last with 30.2 years.

ECONOMIC STATUS OF COURT FIRST AND READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

In Table 27 it will be noted that the court first admissions present 24 per cent of dependent cases, while the court readmissions show but 20 per cent dependent. In other words the dependent tend to make up more of the first admissions than of the readmissions. The marginal group constitute 65 per cent of court first admissions and 71 per cent of court readmissions. This economic group shows the larger proportions among the readmissions. The comfortable group with 5 per cent of first admissions and 5 per cent of readmissions is apparently remaining more or less balanced between the two groups. In all other first admissions we note smaller differences in the opposite direction. Here the dependent group makes up 10 per cent of first admissions but 11 per cent of readmissions. The marginal group makes up 83 per cent of first admissions and but 80 per cent of readmissions.

TABLE 27. — *Economic Status of Court First and Readmissions and all Other Admissions, 1936: Percentage Distribution*

ECONOMIC STATUS	COURT FIRST ADMISSIONS						COURT READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	468	420	888	25.1	24.5	24.8	104	71	175	24.8	15.8	20.2
Marginal .	1,227	1,108	2,335	65.9	64.5	65.3	283	340	623	67.5	75.6	71.7
Comfortable	92	96	188	5.0	5.6	5.3	22	27	49	5.3	6.0	5.6
Unknown .	74	93	167	4.0	5.4	4.6	10	12	22	2.4	2.6	2.5
Total .	1,861	1,717	3,578	100.0	100.0	100.0	419	450	869	100.0	100.0	100.0

ECONOMIC STATUS	ALL OTHER FIRST ADMISSIONS						ALL OTHER READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	167	79	246	11.2	8.2	10.0	60	39	99	12.1	10.5	11.4
Marginal .	1,245	813	2,058	83.3	84.9	83.9	398	299	697	80.2	80.6	80.4
Comfortable	55	47	102	3.7	4.9	4.2	31	27	58	6.3	7.3	6.7
Unknown .	27	19	46	1.8	2.0	1.9	7	6	13	1.4	1.6	1.5
Total .	1,494	958	2,452	100.0	100.0	100.0	496	371	867	100.0	100.0	100.0

(See Tables 197–200 for detail)

In the court first admissions the sex differences are slight. In the court readmissions the males present definitely higher percentages than the females in the dependent group, while the females show the higher percentages in both the marginal and comfortable groups. The more conclusive differences are seen in the court readmissions with the dependent males showing the greater tendency to return. However, the females showing tendencies to readmission are found in the marginal and comfortable groups.

Environment of Court First and Readmissions and All Other Admissions, 1936: Rates per 100,000 Population of Same Environment, 1930 Census

In Table 28 the court first admissions show the high admission rate in patients coming from the urban group, 87.2, which is 168 per cent higher than the rural rate of 32.5. We observe that the rate for the urban centers is nearly three times that of the rural group. In the court readmissions, the urban rate of 19.9 is 145 per cent higher than the rural rate of 8.1. Thus in the readmissions, the urban group makes a slightly better showing. In all other first admissions the urban group presents a rate of 59.2, which is 202 per cent higher than the rural rate of 19.6. In all other readmissions the urban rate of 20.2 is 165 per cent higher than the rural rate of 7.6. This latter group, comprised of temporary care, observation and voluntary forms of admissions, is apparently used to a far greater extent in the urban centers, while the court admissions are more favored in the rural districts. This material demonstrates that there is a tremendous differential operating against city dwellers as far as a possible admission for mental disease is concerned.

TABLE 28. — *Environment of Court First and Readmissions and All Other Admissions, 1936: Rates per 100,000 Population of Same Environment, 1930 Census.*

	Total	Urban	Rural	Unknown
Court First Admissions:				
Number	3,578	3,343	136	99
Rate	84.1	87.2	32.5	–
Court Readmissions:				
Number	869	766	34	69
Rate	20.4	19.9	8.1	–
All Other First Admissions:				
Number	2,452	2,271	82	99
Rate	57.6	59.2	19.6	–
All Other Readmissions:				
Number	867	775	32	60
Rate	20.4	20.2	7.6	–
All First Admissions:				
Number	6,030	5,614	218	198
Rate	141.8	146.5	52.1	–
All Readmissions:				
Number	1,736	1,541	66	129
Rate	40.8	40.2	15.7	–
All Admissions:				
Number	7,766	7,155	284	327
Rate	182.7	187.2	67.9	–

Population of Place of Residence of Court First Admissions and Readmissions and All Other First and Readmissions

Table 29 presents the numbers of court first and readmissions and all other first and readmissions coming from the various population groupings and the admission rates per 100,000 for each. The material is outlined in Graph 2 for court first and readmissions.

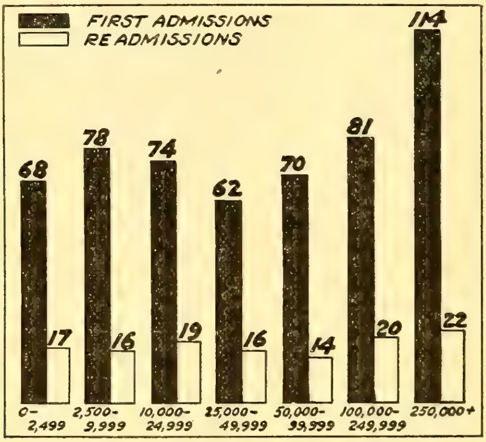
In the court first admissions the high admission rates of 114 and 81 are shown in the largest cities of 250,000 plus population and the cities of 100,000 to 249,999 population. The low rate of 62 occurs in the cities of 25,000-49,999 population. From the viewpoint of court first admissions, the more favorable population groups are the intermediate or smaller cities, towns or villages. The most unfavorable groups are the larger cities over 100,000 population.

The court readmissions show fluctuations between a low of 14.7 in the intermediate cities and a rate of 22.2 in the larger cities. All other first admissions vary between a low of 36.8 in the small towns and a high of 106 in the largest cities (250,000 plus population). All other readmissions show comparatively small fluctuations in the population groups under 250,000. In the very largest cities, however, they show a very marked increase.

Table 29. — *Population of Place of Residence of Court First and Readmissions and All Other Admissions, 1936: Rates per 100,000 Same Population Units, 1930 Census*

Population	Population in Each Unit–1930 Census —	Court First Admissions		Court Readmissions		All Other First Admissions		All Other Readmissions	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate
0– 2,499	199,957	136	68.0	34	17.0	82	41.0	32	16.0
2,500– 9,999	544,976	428	78.5	91	16.6	201	36.8	56	10.2
10,000– 24,999	693,428	516	74.4	134	19.3	294	42.3	107	15.4
25,000– 49,999	576,467	363	62.9	94	16.3	305	52.9	108	18.7
50,000– 99,999	460,411	326	70.8	68	14.7	213	46.2	80	17.3
100,000–249,999	993,187	813	81.8	205	20.6	426	42.8	127	12.7
250,000 +	781,188	897	114.8	174	22.2	832	106.5	297	38.0
Unknown	–	99	–	69	–	99	–	60	–
Total	4,249,614	3,578	84.1	869	20.4	2,452	57.6	867	20.4

(See Tables 201–204 for detail)



Graph 2. — Population of Place of Residence of Court First Admissions and Readmissions, 1936: Admission Rates per 100,000 of Same Population Group

Degree of Education of Court First and Readmissions and All Other First and Readmissions

Table 30 indicates that the greater number of cases admitted to State hospitals have had a common school education with high school education ranking next in order. Court first admissions show 6.0 per cent illiterate, while court readmissions have but 2.5 per cent in this group. At the other extreme court first admissions have 19.3 per cent of high school education and 4.8 per cent in the college group, while the readmissions have 25.0 per cent of high school grade and 6.8 per cent in the college group. It is apparent that persons of higher educational accomplishments are tending to return to mental hospitals to a greater extent than those of more limited educational advantages. The other forms of admission show practically these same characteristics but have even higher percentages in the upper educational levels. All other first admissions are 25.0 per cent high school grade and 6.1 per cent college grade. All other readmissions are 24.9 per cent high school education and 8.8 per cent of the college level. Again we note the tendency for the readmissions to show higher educational qualifications.

Table 30. — *Degree of Education of Court First and Readmissions and All Other Admissions, 1936: Number and Percent*

Degree of Education	Court First Admissions						Court Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	117	97	214	6.3	5.6	6.0	10	12	22	2.4	2.7	2.5
Reads only	19	15	34	1.0	.9	1.0	5	2	7	1.2	.4	.8
Reads and Writes	141	101	242	7.6	5.9	6.8	31	34	65	7.4	7.6	7.5
Common School	1,073	924	1,997	57.7	53.8	55.8	244	240	484	58.2	53.3	55.7
High School	305	387	692	16.4	22.5	19.3	91	126	217	21.7	28.0	25.0
College	97	74	171	5.2	4.3	4.8	30	29	59	7.2	6.4	6.8
Unknown	109	119	228	5.8	7.0	6.3	8	7	15	1.9	1.6	1.7
Total	1,861	1,717	3,578	100.0	100.0	100.0	419	450	869	100.0	100.0	100.0

Degree of Education	All Other First Admissions						All Other Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	79	62	141	5.3	6.5	5.8	9	17	26	1.8	4.6	3.0
Reads only	12	9	21	.8	.9	.9	1	1	2	.2	.3	.2
Reads and Writes	102	45	147	6.8	4.7	6.0	30	8	38	6.0	2.2	4.4
Common School	812	493	1,305	54.4	51.5	53.2	284	210	494	57.3	56.6	57.0
High School	348	266	614	23.3	27.8	25.0	110	106	216	22.2	28.6	24.9
College	100	50	150	6.7	5.2	6.1	54	22	76	10.9	5.9	8.8
Unknown	41	33	74	2.7	3.4	3.0	8	7	15	1.6	1.8	1.7
Total	1,494	958	2,452	100.0	100.0	100.0	496	371	867	100.0	100.0	100.0

(See Tables 193–196 for detail)

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS AND READMISSIONS

Table 31 gives the number and per cent of first regular court admissions and readmissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions, (3,578 cases), 665 or 18.6 per cent were classified as being intemperate, 29.1 per cent of males and 7.2 per cent of females. The alcoholic psychoses show 100 per cent of admissions as intemperate. Of the numerically important psychoses, next in order come the psychoses with syphilitic meningo-encephalitis (general paresis), with 23.4 per cent intemperate; cerebral arteriosclerosis with 12.2 per cent; the manic-depressive psychoses, 16.5 per cent; the senile psychoses, 9.8 per cent; and dementia praecox, 9.1 per cent. The lowest percentages of admissions with intemperate habits are observed in involutional psychoses, 5.3 per cent; and epilepsy, 3.9 per cent.

Of the total 869 readmissions, 141 or 16.2 per cent were classified as intemperate, 26.3 per cent for the males and 6.9 per cent for the females. As a possible etiological factor alcohol is slightly less prominent in readmissions. Again the alcoholic psychoses show 100 per cent of cases intemperate. Among the more important psychoses, the highest percentages of intemperate are found in the psychoneuroses, 21.4 per cent; psychoses with syphilitic meningo-encephalitis, 19.0 per cent; psychoses with cerebral arteriosclerosis, 16.3 per cent; and dementia praecox, 12.0 per cent.

It is evident that intemperate alcoholic habits are present in a large percentage of mental disorders not diagnosed as alcoholic psychoses. Nearly one in five of the first admissions and one in six of the readmissions were intemperate in the use of alcohol. It is quite safe to say that this proportion is considerably above the amount of intemperance observed in the general population of this state.

Table 31. — *Court First and Readmissions Classified as Intemperate in the Use of Alcohol, 1936, by Mental Disorders: Numbers and Percentages*[1]

Mental Disorders	Total First Admissions			Number Intemperate			Percentage Intemperate			Total Readmissions			Number Intemperate			Percentage Intemperate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	37	8	45	27.0	14.5	23.4	15	6	21	4	–	4	26.7	–	19.0
With other forms of syphilis	10	5	15	4	–	4	40.0	–	26.7	3	1	4	2	–	2	66.7	–	50.0
With epidemic encephalitis	6	4	10	1	–	1	16.7	–	10.0	1	1	2	–	–	–	–	–	–
With other infectious diseases	10	11	21	2	1	3	20.0	9.1	14.3	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	202	37	239	202	37	239	100.0	100.0	100.0	27	5	32	27	5	32	100.0	100.0	100.0
Due to drugs, etc.	5	7	12	3	2	5	60.0	28.6	41.7	–	–	–	–	–	–	–	–	–
Traumatic psychoses	18	2	20	8	–	8	44.4	–	40.0	3	–	3	–	–	–	–	–	–
With cerebral arteriosclerosis	425	379	804	89	9	98	20.9	2.4	12.2	25	24	49	7	1	8	28.0	4.2	16.3
With other disturbances of circulation	11	15	26	1	–	1	9.1	–	3.8	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	40	36	76	3	–	3	7.5	–	3.9	11	7	18	1	–	1	9.1	–	5.6
Senile psychoses	90	145	235	19	4	23	21.1	2.8	9.8	4	7	11	–	–	–	–	–	–
Involutional psychoses	42	108	150	5	3	8	11.9	2.8	5.3	3	12	15	–	1	1	–	8.3	6.7
Due to other metabolic diseases, etc.	28	46	74	5	2	7	17.9	4.3	9.5	2	3	5	–	–	–	–	–	–
Due to new growth	14	2	16	2	–	2	14.3	–	12.5	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	39	20	59	6	–	6	15.4	–	10.2	6	3	9	1	1	2	16.7	33.3	22.2
Psychoneuroses	41	64	105	5	5	10	12.2	7.8	9.5	6	8	14	2	1	3	33.3	12.5	21.4
Manic-depressive psychoses	196	252	448	52	22	74	26.5	8.7	16.5	100	179	279	20	6	26	20.0	3.4	9.3
Dementia praecox	367	350	717	50	15	65	13.6	4.3	9.1	172	144	316	33	5	38	19.2	3.5	12.0
Paranoia and paranoid conditions	34	62	96	10	2	12	29.4	3.2	12.5	1	9	10	1	1	2	100.0	11.1	20.0
With psychopathic personality	29	28	57	9	7	16	31.0	25.0	28.1	10	11	21	2	4	6	20.0	36.4	28.6
With mental deficiency	72	56	128	15	3	18	20.8	5.4	14.1	17	22	39	6	3	9	35.3	13.6	23.1
Undiagnosed psychoses	12	12	24	2	2	4	16.7	16.7	16.7	3	1	4	1	–	1	33.3	–	25.0
Without psychoses	33	20	53	11	2	13	33.3	10.0	24.5	10	6	16	3	3	6	30.0	50.0	37.5
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	530	122	652	29.0	7.2	18.5	409	444	853	107	28	135	26.2	6.3	15.8
Total Without Mental Disorder	33	21	54	11	2	13	33.3	9.5	24.1	10	6	16	3	3	6	30.0	50.0	37.5
Grand Total	1,861	1,717	3,578	541	124	665	29.1	7.2	18.6	419	450	869	110	31	141	26.3	6.9	16.2

(See Tables 179 and 180 for detail)

[1] These percentages are based upon the total of each psychosis of first and readmissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS, 1917–1936

Table 32 reveals the numbers of first regular court admissions by years, and also gives the numbers and percentages recorded as intemperate. The high percentage for intemperance occurred in the year 1917, with 27 per cent. The year 1918 shows 20 per cent, and 1919, 18 per cent. The low figure for all years occurs in 1920, the first year of the Eighteenth Amendment. The percentages for the following years remain on lower levels, with a high point of 17 per cent occurring in 1924, and 18 per cent in 1927. From 1928 to 1933 the percentages remain low. In 1934 the percentage increased to 17, and to 18 per cent for the years 1935 and 1936. Interesting sex differences are observed over the period of years. The percentage of male first admissions recorded as intemperate decreased from 41.4 per cent in 1927 to 29.1 per cent in 1936. The females decreased from 12.2 per cent of intemperance in 1917 to 7.2 per cent in 1936. Relatively, the females have shown a greater improvement than the males.

TABLE 32. — *First Court Admissions, 1917–1936, Classified as Intemperate in the Use of Alcohol: Percentage Distribution*[1]

YEAR	Total First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159[2]	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766[2]	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816[2]	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4
1932	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9
1933	1,694	1,533	3,227	450	65	515	26.6	4.2	15.9
1934	1,787	1,480	3,267	490	79	569	27.4	5.3	17.4
1935	1,838	1,606	3,444	537	114	651	29.2	7.1	18.9
1936	1,861	1,717	3,578	541	124	665	29.1	7.2	18.6

[1] Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

[2] Includes Temporary Care Admissions.

NUMBER AND PERCENTAGE OF CERTAIN MENTAL DISORDERS IN COURT FIRST ADMISSIONS AND READMISSIONS, *1917–1936*

Tables 33A to 33J, inclusive, show the percentages of first admissions and readmissions for certain psychoses over the period of years 1917–1936, inclusive. Only those psychoses which were most important numerically are represented. These figures begin in the year 1917 for the reason that the new classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses

Table 33A gives the percentages of first admissions and readmissions diagnosed as senile psychoses for the years 1917–1936. The highest percentages in the first admissions occur in the years 1920 and 1921. We observe a tendency for the last five years to run somewhat lower than the first five or six years of this series. Over the twenty-year period the senile psychoses made up 8.7 per cent of all first court admissions. The percentage of females is almost twice that of the males.

The senile psychoses are constituting a smaller percentage of readmissions (2.0 per cent) than first admissions, (8.7 per cent). No marked variations over the years are observed. Again the females predominate in an approximate 2:1 ratio over the males.

TABLE 33A. — *Number and Percentage with Senile Psychoses, Court First Admissions and Readmissions, 1917–1936*[1]

Year	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	131	183	314	6.0	9.4	7.6	15	19	34	1.9	2.5	2.2
1918 . .	131	204	335	6.6	11.4	8.9	10	17	27	1.1	2.2	1.6
1919 . .	105	190	295	5.2	10.6	7.7	8	18	26	.9	2.4	1.6
1920 . .	117	194	311	8.0	14.2	11.0	7	17	24	1.5	4.0	2.7
1921 . .	135	205	340	8.1	14.3	11.0	11	17	28	2.0	3.8	2.8
1922 . .	133	177	310	7.5	11.2	9.3	5	10	15	1.1	2.1	1.6
1923 . .	92	180	272	6.3	13.0	9.6	10	12	22	2.6	2.9	2.7
1924 . .	89	147	236	5.7	10.8	8.1	3	10	13	.7	2.7	1.7
1925 . .	103	184	287	6.6	13.1	9.7	5	6	11	1.5	1.6	1.5
1926 . .	108	177	285	7.3	12.6	9.8	5	5	10	1.4	1.4	1.4
1927 . .	87	172	259	5.9	12.7	9.1	6	8	14	1.9	2.2	2.0
1928 . .	126	191	317	7.6	12.9	10.1	4	12	16	1.2	3.2	2.3
1929 . .	86	197	283	5.5	13.3	9.3	5	8	13	1.2	2.4	1.7
1930 . .	105	173	278	6.3	11.4	8.7	4	13	17	1.0	3.3	2.1
1931 . .	83	180	263	5.1	11.8	8.4	5	12	17	1.1	3.1	2.1
1932 . .	83	131	214	5.1	8.9	6.9	4	12	16	1.0	3.1	2.1
1933 . .	83	160	243	4.9	8.5	7.5	4	11	15	1.0	2.8	1.9
1934 . .	90	152	242	5.0	10.2	7.4	9	4	13	2.2	1.0	1.6
1935 . .	104	166	270	5.6	10.3	7.8	5	15	20	1.0	3.5	2.2
1936 . .	90	145	235	4.8	8.4	6.6	4	7	11	1.0	1.6	1.3
Total .	2,081	3,508	5,589	6.1	11.5	8.7	129	233	362	1.4	2.6	2.0

[1] Tables A-J include all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Veterans' Adm. Facility No. 95 and No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis

Table 33B reveals the percentages of first and readmissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1936. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 22.5 per cent in 1936. The proportion of cases given this clinical diagnosis has tripled in the twenty-year period. We observe that the percentages for males tend to run about two per cent higher than the percentages for the females in the different years.

TABLE 33B. — *Number and Percentage with Cerebral Arteriosclerosis, Court First Admissions and Readmissions, 1917-1936*

Year	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	174	126	300	7.9	6.4	7.2	28	11	39	3.5	1.4	2.5
1918 . .	170	123	293	8.5	6.9	7.8	24	14	38	2.7	1.8	2.3
1919 . .	198	97	295	9.8	5.4	7.7	23	18	41	2.7	2.4	2.6
1920 . .	156	108	264	10.7	7.9	9.4	12	9	21	2.6	2.1	2.4
1921 . .	165	90	255	9.9	6.3	8.2	12	9	21	2.2	2.0	2.1
1922 . .	177	136	313	9.9	8.6	9.3	10	8	18	2.3	1.7	2.0
1923 . .	162	170	332	11.2	12.3	11.7	10	18	28	2.6	4.4	3.5
1924 . .	185	184	369	11.8	13.6	12.6	9	13	22	2.2	3.5	2.9
1925 . .	215	169	384	13.7	12.1	13.0	8	9	17	2.4	2.5	2.4
1926 . .	207	191	398	13.9	13.6	13.7	12	15	27	3.5	4.3	3.9
1927 . .	231	177	408	15.6	13.0	14.4	15	11	26	4.7	3.0	3.8
1928 . .	236	160	396	14.2	10.8	12.6	9	10	19	2.7	2.7	2.7
1929 . .	278	212	490	17.7	14.4	16.1	19	17	36	4.7	5.1	4.9
1930 . .	279	229	508	16.8	15.1	15.9	11	13	24	2.7	3.3	3.0
1931 . .	334	275	609	20.7	18.0	19.4	19	16	35	4.4	4.1	4.3
1932 . .	340	258	598	20.9	17.5	19.3	19	21	40	5.1	5.5	5.3
1933 . .	351	310	661	20.7	20.2	20.5	21	24	45	5.3	6.1	5.7
1934 . .	420	321	741	23.5	21.6	22.6	21	24	45	5.2	6.4	5.8
1935 . .	403	292	695	21.9	18.2	20.2	20	20	40	4.3	4.7	4.5
1936 . .	425	379	804	22.8	22.1	22.5	25	24	49	6.0	5.3	5.6
Total	5,106	4,007	9,113	15.0	13.1	14.1	327	304	631	3.5	3.4	3.5

In the readmissions, cerebral arteriosclerosis increased from 2.5 per cent in 1917 to 5.6 per cent in 1936. While the proportion of first admissions increased about 200 per cent over the twenty-year period, the readmissions have increased by about 100 per cent. In the readmissions the proportions for the sexes are closer together.

Psychoses with Syphilitic Meningo-encephalitis (G.P.)

Table 33C gives the percentages of first and readmissions diagnosed as syphilitic meningo-encephalitis (general paresis) for the years 1917-1936, inclusive. The highest proportion with this psychosis is noted in the year 1924, 8.8 per cent. The lowest proportion is observed in 1936, 5.4 per cent. During the past six years the percentages have remained on a slightly lower level. Sex differences are marked, syphilitic meningo-encephalitis being diagnosed in males between three and four times as often as in the females. During the twenty-year period this psychosis comprised 7.3 per cent of all court first admissions.

TABLE 33C.—*Number and Percentages with Syphilitic Meningo-encephalitis, (G. P.), Court First Admissions and Readmissions, 1917-1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	267	61	328	12.1	3.1	7.9	97	19	116	12.2	2.5	7.5
1918 . .	233	56	289	11.8	3.1	7.7	137	24	161	15.7	3.2	9.9
1919 . .	208	44	252	10.3	2.4	6.6	88	17	105	10.5	2.3	6.7
1920 . .	175	50	225	12.0	3.7	8.0	32	4	36	7.1	.9	4.1
1921 . .	200	52	252	12.0	3.6	8.1	41	15	56	7.7	3.4	5.7
1922 . .	188	53	241	10.5	3.4	7.2	28	14	42	6.4	3.0	4.7
1923 . .	189	50	239	13.0	3.6	8.4	22	4	26	5.7	.9	3.3
1924 . .	201	57	258	12.7	4.2	8.8	28	4	32	7.1	1.1	4.2
1925 . .	209	40	249	13.4	2.9	8.4	14	7	21	4.2	1.9	3.0
1926 . .	179	53	232	12.7	3.8	8.0	9	4	13	2.6	1.1	1.9
1927 . .	160	30	190	10.8	2.2	6.7	12	2	14	3.8	.5	2.0
1928 . .	158	44	202	9.5	3.0	6.4	8	3	11	2.4	.8	1.5
1929 . .	189	37	226	12.0	2.5	7.4	22	1	23	5.5	.3	3.1
1930 . .	185	46	231	11.1	3.0	7.2	15	6	21	3.7	1.5	2.6
1931 . .	161	42	203	9.9	2.7	6.4	23	7	30	5.4	1.8	3.7
1932 . .	158	48	206	9.7	3.2	6.6	23	3	26	6.2	.7	3.4
1933 . .	170	39	209	10.0	2.5	6.5	14	5	19	3.5	1.2	2.4
1934 . .	173	53	226	9.6	3.5	6.9	14	10	24	3.4	2.6	3.1
1935 . .	187	51	238	10.2	3.2	6.9	25	3	28	5.4	.7	3.1
1936 . .	137	55	192	7.4	3.2	5.4	15	6	21	3.6	1.3	2.4
Total	3,727	961	4,688	11.0	3.1	7.3	667	158	825	7.2	1.8	4.6

In the readmissions this diagnosis constitutes a smaller percentage (4.6 per cent) than in first admissions (7.3 per cent). The sex ratio of males over females is about 4:1, as contrasted with a ratio of about three and one half to one in first admissions. The earlier years of the period tended to show somewhat higher proportions than the last few years.

Alcoholic Psychoses

Table 33D gives the percentages of first and readmissions diagnosed as having alcoholic psychoses for the years 1917-1936. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses in both groups, 12.3 per cent for first admissions and 8.5 per cent for readmissions. The first year of the Eighteenth Amendment, 1920, shows the lowest proportions, 3.6 per cent in both groups. Between 1920 and 1936 there has been considerable fluctuation with no definite trend in evidence. A marked sex difference is observed. For the entire period the sex ratio of males over females is about 5:1. Since 1917 a greater improvement is observed in the females.

In the readmissions, the alcoholic group shows a slightly smaller proportion (6.1 per cent), than in the first admissions (7.1 per cent). The excess of males still continues at a ratio of approximately 5:1. Time changes over the twenty-year period are not conclusive.

TABLE 33D. — *Number and Percentage with Alcoholic Psychoses, Court First Admissions and Readmissions, 1917-1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	393	118	511	17.9	6.0	12.3	107	24	131	13.5	3.2	8.5
1918 . .	250	54	304	12.6	3.0	8.1	92	20	112	10.5	2.6	6.9
1919 . .	242	54	296	12.0	3.0	7.7	75	21	96	8.9	2.9	6.1
1920 . .	83	19	102	5.7	1.4	3.6	28	4	32	6.2	.9	3.6
1921 . .	118	31	149	7.1	2.2	4.8	39	10	49	7.4	2.2	5.0
1922 . .	180	35	215	10.1	2.2	6.4	40	8	48	9.2	1.7	5.3
1923 . .	192	30	222	13.2	2.2	7.8	45	4	49	11.7	.9	6.2
1924 . .	211	26	237	13.4	1.2	8.1	53	11	64	13.4	3.0	8.4
1925 . .	159	17	176	10.2	1.2	5.9	42	6	48	12.6	1.6	6.9
1926 . .	163	25	188	10.9	1.8	6.5	26	6	32	7.6	1.7	4.6
1927 . .	191	22	213	12.9	1.6	7.5	41	8	49	13.0	2.2	7.3
1928 . .	179	32	211	10.8	2.2	6.7	32	8	40	9.9	2.1	5.8
1929 . .	213	22	235	13.5	1.5	7.7	35	7	42	8.7	2.1	5.7
1930 . .	177	28	205	10.6	1.8	6.4	42	3	45	10.6	.7	5.7
1931 . .	173	25	198	10.7	1.7	6.3	36	4	40	8.4	1.0	4.9
1932 . .	168	35	203	10.3	2.3	6.5	38	7	45	10.3	1.8	6.0
1933 . .	184	21	205	10.9	1.4	6.4	36	5	41	9.2	1.2	5.2
1934 . .	213	28	241	11.9	1.8	7.3	36	6	42	8.9	1.6	5.4
1935 . .	205	40	245	11.1	2.5	7.1	57	4	61	12.4	.9	6.9
1936 . .	202	37	239	10.9	2.1	6.7	27	5	32	6.4	1.1	3.7
Total	3,896	699	4,595	11.5	2.3	7.1	927	171	1,098	10.0	1.9	6.1

Dementia Praecox

Table 33E gives the percentages of court first and readmissions diagnosed as dementia praecox for the years 1917–1936. Over the years this psychosis has made up nearly one quarter of first admissions and over one third of readmissions. In the totals of the first admissions, the highest proportion of 27.8 per cent occurs in 1921. The lowest proportion is observed in 1928 and 1936 with 20.0 per cent. Slightly lower proportions are observed over the past few years. In this psychosis the females average about two or three per cent higher than the males.

In the readmissions, dementia praecox constitutes an even higher proportion (35.4 per cent) than in the first admissions, (23.1 per cent). This level has been maintained consistently throughout the twenty-year period. While the females predominate in the first admissions, the sexes are more evenly balanced in the readmissions.

TABLE 33E. — *Number and Percentage with Dementia Praecox, Court First Admissions and Readmissions, 1917–1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	.M	F.	T.
1917 . .	484	537	1,021	22.0	27.4	24.6	266	329	595	33.7	44.2	38.8
1918 . .	459	455	914	23.1	25.5	24.3	314	282	596	36.0	37.9	36.9
1919 . .	481	505	986	23.9	28.2	25.9	299	262	561	35.8	36.2	36.0
1920 . .	385	378	763	26.4	27.8	27.1	170	165	335	38.2	39.2	38.7
1921 . .	448	414	862	27.0	28.8	27.8	164	161	325	31.1	36.5	33.5
1922 . .	401	377	778	22.5	24.0	23.2	137	148	285	31.7	32.3	32.0
1923 . .	292	326	618	20.1	23.5	21.8	122	123	245	31.8	30.5	31.1
1924 . .	339	316	655	21.5	23.2	22.3	131	137	268	33.3	37.7	35.4
1925 . .	320	301	621	20.5	21.5	20.9	119	124	243	35.8	34.7	35.2
1926 . .	324	337	661	22.7	24.0	22.8	126	125	251	36.9	36.5	36.7
1927 . .	324	370	694	21.9	27.2	24.5	97	119	216	30.9	33.4	32.2
1928 . .	332	295	627	19.9	19.9	20.0	94	113	207	29.1	30.8	30.0
1929 . .	351	360	711	22.2	24.4	23.4	155	110	265	38.9	33.4	36.4
1930 . .	324	334	658	19.5	22.0	20.6	156	126	282	39.3	32.6	36.0
1931 . .	359	358	717	22.2	23.4	22.8	149	133	282	35.1	34.5	34.8
1932 . .	330	348	678	20.3	23.5	21.8	126	119	245	34.3	31.3	32.7
1933 . .	354	395	749	20.9	25.8	23.2	153	142	295	39.2	36.5	37.9
1934 . .	356	338	694	19.9	22.8	21.2	156	135	291	38.9	36.3	37.6
1935 . .	394	396	790	21.4	24.6	22.9	146	134	280	31.8	32.0	31.9
1936 . .	367	350	717	19.7	20.4	20.0	172	144	316	41.1	32.0	36.4
Total	7,424	7,490	14,914	21.9	24.5	23.1	3,252	3,131	6,383	35.2	35.5	35.4

Manic-Depressive Psychoses

Table 33F gives the percentages of first and readmissions diagnosed as manic-depressive psychoses for the years 1917–1936. The lowest proportion of first admissions occurred in 1919 with 8.1 per cent, the highest proportion in 1932 with 13.4 per cent. Larger proportions of patients have been given this diagnosis over recent years. The females (13.7 per cent) show higher proportions than the males (8.5 per cent).

In the readmissions the proportion of this psychosis (27.1 per cent) is nearly three times that observed in the first admissions (10.9 per cent). Over the twenty-year period readmissions have shown conspicuous increases from about 22 per cent in the earlier years to approximately 30 per cent in the later years. The females continue to predominate, constituting 33 per cent of readmissions as compared with 21 per cent for the males.

TABLE 33F. — *Number and Percentage with Manic-Depressive Psychoses, Court First Admissions and Readmissions, 1917–1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	141	206	347	6.4	10.5	8.4	127	219	346	16.0	29.4	22.5
1918 . .	121	204	325	6.1	11.5	8.6	118	193	311	13.5	25.9	19.2
1919 . .	113	195	308	5.6	10.8	8.1	144	207	351	17.2	28.6	22.5
1920 . .	121	173	294	8.3	12.7	10.4	88	130	218	19.7	30.9	25.2
1921 . .	135	167	302	8.1	11.6	9.8	131	144	275	24.8	32.6	28.4
1922 . .	122	210	332	6.7	13.3	9.8	89	143	232	20.6	31.2	26.0
1923 . .	132	182	314	9.1	13.1	11.1	89	143	232	23.2	35.4	29.5
1924 . .	145	216	361	9.2	15.9	12.3	87	118	205	22.1	32.5	27.1
1925 . .	136	236	372	8.7	16.8	10.3	71	133	204	21.3	37.2	29.6
1926 . .	141	220	361	9.5	15.7	12.5	74	110	184	21.7	32.1	26.9
1927 . .	108	175	283	7.3	12.8	10.0	71	133	204	22.6	37.3	30.4
1928 . .	141	246	387	8.5	16.6	12.3	74	126	200	22.9	34.4	29.0
1929 . .	134	254	388	8.5	17.2	12.8	92	135	227	23.1	41.0	31.2
1930 . .	143	212	355	8.6	14.0	11.1	73	144	217	18.4	37.3	27.7
1931 . .	168	217	385	10.4	14.2	12.2	106	132	238	25.0	34.2	29.4
1932 . .	195	220	415	11.7	14.9	13.4	97	140	237	26.4	36.8	31.7
1933 . .	180	212	392	10.6	13.8	12.1	97	131	228	24.8	33.7	29.3
1934 . .	154	180	334	8.6	12.1	10.2	101	131	232	25.1	35.3	30.0
1935 . .	155	214	369	8.4	13.3	10.7	123	150	273	26.8	35.8	31.1
1936 . .	196	252	448	10.5	14.7	12.5	100	179	279	23.9	39.8	32.1
Total	2,881	4,191	7,072	8.5	13.7	10.9	1,952	2,941	4,893	21.1	33.3	27.1

TABLE 33G — *Number and Percentage of Psychoses with Mental Deficiency, Court First Admissions and Readmissions, 1917-1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	59	36	95	2.7	1.8	2.3	19	12	31	2.4	1.6	2.0
1918 . .	39	26	65	1.9	1.5	1.7	14	18	32	1.6	2.4	1.9
1919 . .	46	62	108	2.3	3.4	2.8	23	19	42	2.7	2.6	2.6
1920 . .	40	49	89	2.7	3.6	3.2	16	13	29	3.5	3.0	3.3
1921 . .	58	56	114	3.5	3.9	3.7	27	13	40	5.1	2.9	4.1
1922 . .	65	65	130	3.6	4.1	3.9	12	14	26	2.7	3.0	2.9
1923 . .	40	33	73	2.8	2.4	2.6	12	13	25	3.1	3.2	3.1
1924 . .	41	50	91	2.6	3.7	3.1	14	12	26	3.5	3.3	3.4
1925 . .	55	44	99	3.5	3.1	3.3	14	10	24	4.2	2.8	3.4
1926 . .	50	46	96	3.3	3.3	3.3	18	17	35	5.2	4.9	5.1
1927 . .	52	34	86	3.5	2.5	3.0	22	13	35	7.0	3.6	5.2
1928 . .	44	39	83	2.7	2.6	2.7	24	11	35	7.4	3.0	5.0
1929 . .	57	60	117	3.6	4.1	3.8	23	13	36	5.7	3.9	4.9
1930 . .	71	79	150	4.3	5.2	4.7	16	11	27	4.0	2.8	3.4
1931 . .	67	84	151	4.1	5.5	4.8	18	22	40	4.2	5.7	4.9
1932 . .	73	67	140	4.5	4.5	4.5	16	16	32	4.3	4.2	4.2
1933 . .	68	64	132	4.0	4.2	4.1	16	11	27	4.1	2.8	3.4
1934 . .	62	60	122	3.5	4.1	3.7	7	18	25	1.7	4.8	3.2
1935 . .	58	55	113	3.2	3.4	3.3	15	19	34	3.2	4.5	3.8
1936 . .	72	56	128	3.9	3.3	3.6	17	22	39	4.1	4.9	4.5
Total	1,117	1,065	2,182	3.3	3.5	3.4	343	297	640	3.7	3.4	3.5

Psychoses with Mental Deficiency

Table 33G records the numbers and percentages of cases diagnosed as psychoses with mental deficiency over the period 1917-1936. There has been a steady rise in the proportion of this psychosis since 1917, the highest point of 4.8 occuring in 1931. The lowest proportion occurs in 1918, with 1.7 per cent. Sex differences here are slight.

In the readmissions this psychosis comprises approximately the same proportion as in first admissions. Over the entire period, the males (3.7 per cent) present slightly higher proportions than the females (3.4 per cent). Readmissions in this psychotic group have increased to higher levels from the earlier years. However, little change is shown for the past eight years.

Psychoses Due to Drugs

Table 33H gives the percentages of first and readmissions diagnosed as having drug psychoses for the years 1917-1936. The number of cases coming under this heading have been very small throughout the entire period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined. The readmissions present the same small proportion, without significant changes over the twenty-year period.

TABLE 33H. — *Number and Percentage with Psychoses Due to Drugs, Court First Admissions and Readmissions, 1917-1936*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3	2	4	6	0.2	0.5	0.3
1918	4	8	12	0.2	0.4	0.3	4	3	7	0.4	0.4	0.4
1919	2	1	3	0.1	0.05	0.07	3	3	6	0.3	0.4	0.3
1920	4	8	12	0.3	0.6	0.4	–	1	1	–	0.2	0.1
1921	6	6	12	0.4	0.4	0.4	–	1	1	–	0.2	0.1
1922	8	4	12	0.4	0.3	0.3	–	2	2	–	0.4	0.2
1923	7	8	15	0.5	0.5	0.5	2	5	7	0.5	1.2	0.8
1924	10	2	12	0.6	0.1	0.4	1	–	1	0.2	–	0.1
1925	–	2	2	–	0.1	0.06	2	–	2	0.6	–	0.2
1926	8	4	12	0.5	0.1	0.4	1	–	1	0.2	–	0.1
1927	6	3	9	0.4	0.2	0.3	–	–	–	–	–	–
1928	6	2	8	0.4	0.1	0.3	2	3	5	0.6	0.8	0.7
1929	7	6	13	0.4	0.4	0.4	2	–	2	0.5	–	0.2
1930	8	14	22	0.4	0.9	0.7	–	2	2	–	0.5	0.2
1931	8	10	18	0.5	0.7	0.6	–	2	2	–	0.5	0.2
1932	6	12	18	0.4	0.8	0.6	2	3	5	0.5	0.7	0.6
1933	7	6	13	0.4	0.4	0.4	3	3	6	0.7	0.7	0.7
1934	5	8	13	0.2	0.5	0.3	1	2	3	0.2	0.5	0.3
1935	5	7	12	0.2	0.4	0.3	1	–	1	0.2	–	0.1
1936	5	7	12	0.3	0.4	0.3	–	–	–	–	–	–
Total	115	125	240	0.3	0.4	0.4	26	34	60	0.3	0.4	0.3

Psychoneuroses and Neuroses

Table 33J gives the percentages of first and readmissions diagnosed as psychoneuroses for the years 1917-1936. The largest proportion is observed in 1922 with 3.2 per cent. The smallest proportion occurs in 1925, with .8 per cent. From higher levels during the years 1917-1922 this group drops to lower levels for the period 1923-1931. Since 1931 we observe a return to the high rates of the first period. The females show consistently larger proportions than the males for this psychosis, the ratio being approximately 2:1. Less than two per cent of first court admissions over the twenty-year period were cases with psychoneuroses.

In the readmissions, (1.5 per cent) this psychosis runs slightly lower than in first admissions (1.8 per cent). The females still show higher proportions than the males, but the difference is not as marked as in first admissions. No significant changes are observed over the twenty-year period.

Table 33J. — *Number and Percentage with Psychoneuroses, Court First Admissions and Readmissions, 1917-1936*

Year	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	27	62	89	1.2	3.2	2.1	9	3	12	1.1	.4	.7
1918	35	56	91	1.8	3.1	2.4	7	22	29	.8	2.9	1.7
1919	29	58	87	1.4	3.2	2.3	12	15	27	1.4	2.0	1.7
1920	15	28	43	1.0	2.1	1.5	1	12	13	.2	2.8	1.5
1921	24	37	61	1.4	2.6	2.0	13	5	18	2.4	1.1	1.8
1922	43	66	109	2.4	4.2	3.2	11	16	27	2.5	3.5	3.0
1923	9	27	36	.6	1.9	1.3	3	7	10	.7	1.7	1.2
1924	14	15	29	.9	1.1	1.0	3	5	8	.7	1.3	1.0
1925	15	10	25	1.0	.7	.8	7	–	7	2.1	–	1.0
1926	11	17	28	.7	1.2	1.0	2	8	10	.5	2.3	1.4
1927	12	21	33	.8	1.5	1.2	4	5	9	1.2	1.4	1.3
1928	15	18	33	.9	1.2	1.1	1	7	8	.3	1.9	1.1
1929	11	31	42	.7	2.1	1.4	1	2	3	.2	.6	.4
1930	15	22	37	.9	1.4	1.2	2	7	9	.5	1.8	1.1
1931	10	18	28	.6	1.2	.9	5	5	10	1.1	1.2	1.2
1932	18	39	57	1.1	2.6	1.8	–	9	9	–	2.3	1.2
1933	30	38	68	1.8	2.5	2.1	5	9	14	1.2	2.3	1.7
1934	28	25	53	1.5	1.6	1.6	6	10	16	1.4	2.6	2.0
1935	30	59	89	1.6	3.7	2.6	4	8	12	.8	1.9	1.3
1936	41	64	105	2.2	3.7	2.9	6	8	14	1.4	1.8	1.6
Total	432	711	1,143	1.3	2.3	1.8	102	163	265	1.1	1.8	1.5

ECONOMIC STATUS OF COURT FIRST ADMISSIONS AND READMISSIONS, BY MENTAL DISORDERS

In Table 34 the court first admissions and readmissions are divided into the three economic status groups, dependent, marginal and comfortable, by psychoses. Let us look at the percentage distribution of the psychoses within each of these groups. In first admissions, eight psychoses show their largest proportions in the "comfortable" group. These are, with other infectious diseases, due to drugs, with convulsive disorders (epilepsy), involutional psychoses, organic changes of the

Table 34. — *Economic Status of Court First and Readmissions, 1936, by Mental Disorders: Percentage Distribution*

Mental Disorders	First Admissions				Readmissions			
	Dependent	Marginal	Comfortable	Unknown	Dependent	Marginal	Comfortable	Unknown
With syphilitic meningo-encephalitis	4.5	6.1	1.1	4.2	1.7	2.6	–	9.1
With other forms of syphilis	.5	.4	.5	–	1.7	.2	–	–
With epidemic encephalitis	.5	.3	–	–	.6	.2	–	–
With other infectious diseases	.1	.7	1.1	.6	–	–	–	–
Alcoholic psychoses	5.5	7.5	3.7	4.8	2.3	4.5	–	–
Due to drugs, etc.	.2	.3	.5	.6	–	–	–	–
Traumatic psychoses	.6	.6	–	–	.6	.3	–	–
With cerebral arteriosclerosis	29.3	18.9	18.6	40.1	11.5	4.0	4.1	9.1
With other disturbances of cirulation	.7	.6	.5	3.0	–	.2	–	–
With convulsive disorders (epilepsy)	2.8	1.7	4.8	1.2	3.4	1.6	2.0	4.5
Senile psychoses	11.4	4.3	10.1	9.0	.6	1.3	2.0	4.5
Involutional psychoses	1.9	5.0	6.4	2.4	–	2.4	–	–
Due to other metabolic disease, etc.	1.2	2.5	1.6	.6	1.1	.3	2.0	–
Due to new growth	.5	.5	–	.6	–	–	–	–
With organic changes of nervous system	1.4	1.6	3.7	1.2	4.0	.3	–	–
Psychoneuroses	2.8	3.0	3.2	2.4	1.7	1.6	–	4.5
Manic-depressive psychoses	4.5	15.1	25.0	6.0	20.6	32.9	59.2	41.0
Dementia praecox	18.7	22.1	8.5	12.5	36.1	38.4	20.5	18.3
Paranoia and paranoid conditions	2.1	2.8	2.7	3.6	1.7	.8	4.1	–
With psychopathic personality	1.6	1.7	.5	1.8	1.1	3.0	–	–
With mental deficiency	6.4	2.7	1.6	3.0	9.1	3.5	–	4.5
Undiagnosed psychoses	.3	.8	–	1.2	1.1	.3	–	–
Without psychoses	2.4	.8	5.9	1.2	1.1	1.6	6.1	4.5
Primary behavior disorders	.1	–	–	–	–	–	–	–
Total With Mental Disorder	97.5	99.2	94.1	98.8	98.9	98.4	93.9	95.5
Total Without Mental Disorder	2.5	.8	5.9	1.2	1.1	1.6	6.1	4.5
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 197 and 198 for detail)

nervous system, the psychoneuroses, manic-depressive psychoses, and without psychoses. Seven psychoses show their highest occurrence in the "marginal" group; with syphilitic meningo-encephalitis, alcoholic psychoses, other metabolic diseases, dementia praecox, paranoia, psychopathic personality and the undiagnosed psychoses. Five psychoses show high proportions in the "dependent" economic group. These are, with epidemic encephalitis, with cerebral arteriosclerosis, with other disturbances of circulation, senile psychoses, and psychoses with mental deficiency.

Table 34 shows in a very interesting way how certain of the psychoses tend to ally themselves with one of the three economic groups in both the first and the readmissions. For instance the cases with epidemic encephalitis, with cerebral arteriosclerosis, and psychoses with mental deficiency show larger proportions for both first and readmissions in the dependent group. Cases with syphilitic meningo-encephalitis, the alcoholic psychoses, dementia praecox, and cases with psychopathic personality show their greater proportions in the marginal group in both first and readmissions. The manic-depressive psychoses and the cases without psychoses show their highest proportions in the comfortable economic status group.

All Cases Admitted by Transfer

Table 35 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1936 by psychoses and sex. We note that 698 patients were transferred from one mental hospital to another during the year, (362 males and 336 females). The psychoses making up the greater proportions of these transfers were: dementia praecox, 45.3 per cent; manic-depressive psychoses, 12.5 per cent; psychoses with mental deficiency, 8.3 per cent; and psychoses with syphilitic meningo-encephalitis, 6.9 per cent. The sex difference observed follows mainly the admission proportions for the particular psychosis. Thus we see 10.5 per cent of males transferred diagnosed with syphilitic meningo-encephalitis as contrasted with 3.0 per cent of females. In the manic-depressive psychoses, 11.6 per cent were males and 13.3 per cent females. In dementia praecox, 38.9 per cent were males and 52.1 per cent were females. Dementia praecox, which constitutes about one quarter of first admissions and one third of readmissions, is now making up nearly one half of all transfers. The tendency of this psychosis to chronicity and retention within hospitals is obvious.

Table 35. — *Mental Disorders of all Cases Admitted by Transfer to Hospitals for Mental Diseases, 1936: Percentage Distribution*

Mental Disorders	Number			Percent		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	38	10	48	10.5	3.0	6.9
With other forms of syphilis	5	–	5	1.4	–	.7
With epidemic encephalitis	4	2	6	1.1	.6	.9
With other infectious diseases	–	–	–	–	–	–
Alcoholic psychoses	28	5	33	7.7	1.5	4.7
Due to drugs, etc.	1	–	1	.3	–	.1
Traumatic psychoses	5	–	5	1.4	–	.7
With cerebral arteriosclerosis	9	10	19	2.5	3.0	2.7
With other disturbances of circulation	1	1	2	.3	.3	.3
With convulsive disorders (epilepsy)	9	4	13	2.5	1.2	1.9
Senile psychoses	6	6	12	1.6	1.8	1.7
Involutional psychoses	3	8	11	.8	2.4	1.6
Due to other metabolic diseases, etc.	2	5	7	.6	1.5	1.0
Due to new growth	4	–	4	1.1	–	.6
With organic changes of nervous system	8	6	14	2.2	1.8	2.0
Psychoneuroses	1	5	6	.3	1.5	.9
Manic-depressive psychoses	42	45	87	11.6	13.3	12.5
Dementia praecox	141	175	316	38.9	52.1	45.3
Paranoia and paranoid conditions	16	13	29	4.4	3.8	4.2
With psychopathic personality	8	7	15	2.2	2.1	2.1
With mental deficiency	26	32	58	7.2	9.5	8.3
Undiagnosed psychoses	–	1	1	–	.3	.1
Without psychoses	4	1	5	1.1	.3	.7
Primary behavior disorders	1	–	1	.3	–	.1
Total With Mental Disorder	357	335	692	98.6	99.7	99.1
Total Without Mental Disorder	5	1	6	1.4	.3	.9
Grand Total	362	336	698	100.0	100.0	100.0

(See Table 206 for detail)

Section C. Discharges from Mental Hospitals During 1936

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1936. These data do not include the deaths, which are discussed in a later section.

COURT CASES DISCHARGED FROM MENTAL HOSPITALS, 1920-1936

Table 36 outlines the number of court discharges from mental hospitals for each year of the period 1920-1936, inclusive. The highest number of discharges, 2,089, occurred in 1922. After 1922 we see a flattening of the curve, with the following years presenting only minor variations. We observe that 1936 presents a rise in the total discharges to a number above 2,000. This is the first time the discharges have reached this figure in fourteen years. In all years the male discharges exceed the female discharges except in the two years 1920 and 1930. This excess of males over females is due to the fact that the males are also presenting higher proportions of admissions so that their high discharge rate is more apparent than real.

TABLE 36. — *Number of Court Cases Discharged from Hospitals for Mental Diseases 1920-1936: Percentages*

YEARS	COURT DISCHARGES			PERCENT		
	M.	F.	T.	M.	F.	T.
1920	1,041	1,047	2,088	49.9	50.1	100.0
1921	1,075	951	2,026	53.1	46.9	100.0
1922	1,077	1,012	2,089	51.6	48.4	100.0
1923	989	930	1,919	51.5	48.5	100.0
1924	1,024	861	1,885	54.3	45.7	100.0
1925	863	822	1,685	51.2	48.8	100.0
1926	944	824	1,768	53.4	46.6	100.0
1927	906	894	1,800	50.3	49.7	100.0
1928	854	843	1,697	50.3	49.7	100.0
1929	933	775	1,708	54.6	45.4	100.0
1930	762	846	1,608	47.4	52.6	100.0
1931	975	919	1,894	51.5	48.5	100.0
1932	865	802	1,667	51.9	48.1	100.0
1933	896	842	1,738	51.6	48.4	100.0
1934	962	905	1,867	51.5	48.5	100.0
1935	1,050	850	1,900	55.3	44.7	100.0
1936	1,077	935	2,012	53.5	46.5	100.0

TABLE 37. — *First and Readmissions Discharged from All Hospitals for Mental Diseases,[1] 1933-1936, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1933	T.	4,560	3,323	1,207	1,497	454	165	1,237	531	397	229	80
	M.	2,561	1,898	621	831	333	113	663	275	204	141	43
	F.	1,999	1,425	586	666	121	52	574	256	193	88	37
1934	T.	4,837	3,403	1,336	1,402	478	187	1,434	553	520	239	122
	M.	2,753	1,930	699	787	337	107	823	281	303	160	79
	F.	2,084	1,473	637	615	141	80	611	272	217	79	43
1935	T.	4,814	3,371	1,281	1,389	518	183	1,443	619	481	238	105
	M.	2,778	1,929	701	765	341	122	849	349	272	155	73
	F.	2,036	1,442	580	624	177	61	594	270	209	83	32
1936	T.	5,135	3,678	1,392	1,524	538	224	1,457	620	486	224	127
	M.	2,932	2,123	743	853	384	143	809	334	254	138	83
	F.	2,203	1,555	649	671	154	81	648	286	232	86	44

[1] Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Administration Facilities Nos. 107 and 95.

FIRST AND READMISSIONS DISCHARGED FROM MENTAL HOSPITALS

Table 37 presents the form of admission of cases discharged from 1933-1936. We note that the total number of cases discharged increased from 4,560 in 1933 to 5,135 in 1936. The first admissions increased from 3,323 to 3,678 (10 per cent), while the readmissions show a greater increase from 1,237 to 1,457 (17 per cent). In first admissions the court commitments show a slight increase. The temporary care admissions decreased markedly in 1934 and 1935, but rose to a new high in 1936. Both the observation and voluntary forms show decided increases. In the readmissions the court commitments, temporary care admissions, and voluntary admissions show definite increases, while the observation forms show a slight decrease in 1936.

CASES DISCHARGED TO THE COMMUNITY, 1936, BY MENTAL DISORDERS

Table 38 shows the number of first and readmissions who were discharged during 1936, giving the percentage distribution of each in accordance with their legal form of admission. Discussing the four most important psychoses among the first admissions, we note that dementia praecox made up 26.9 per cent of the discharges from court commitment; 14.4 per cent of the cases discharged from temporary care; 1.7 per cent of the observation discharges; and 2.7 per cent of the voluntary discharges. Manic-depressive cases discharged during the year made up 18.7 per cent of the court cases; 11.5 per cent of the temporary care; 3.5 per cent of the observation; and 8.5 per cent of the voluntary care cases discharged. The alcoholic psychoses with 445 cases discharged, made up 10.6 per cent of the court commitments; 14.7 per cent of the temporary care; 13.1 per cent of the observation; and 1.8 per cent of the voluntary cases discharged during the year. Psychoses with cerebral arteriosclerosis made up 7.7 per cent of the court cases discharged; 3.4 per cent of temporary care cases; 1.1 per cent of the observation cases; and no voluntary cases. Three of these important psychoses show their largest percentages in the court cases. The alcoholic show their high percentage in the temporary care form.

Among the voluntary first admissions who were discharged, the two highest percentages occur in the psychoneuroses and the psychoses with convulsive disorders (epilepsy), 20.1 and 8.9 per cent respectively. The cases without psychoses also show a very high percentage of voluntary patients discharged, 40.2 per cent. This group made up but 2.9 per cent of the court cases; 19.4 per cent of temporary care cases; and 51.5 per cent of the observation cases. The without psychoses cases are apparently admitted very seldom under court commitment but are found in vastly increasing proportions in other forms of admission.

Readmitted cases show even higher proportions of the dementia praecox and manic-depressive psychoses among the court commitments than do first admissions. Dementia praecox makes up 31.7 per cent of readmissions by court commitment; 13.0 per cent of the temporary cares; 4.1 per cent of observations; and 6.3 per cent of the voluntary group. The manic-depressive cases discharged constituted 34.0 per cent of the court cases; 20.8 per cent of the temporary care cases; 8.5 per cent of the observation cases; and 17.3 per cent of the voluntary group. Cases without psychoses among the readmissions again show small proportions discharged from court commitment, 2.3 per cent; 21.4 per cent were discharged from temporary care; 56.6 per cent from observation; and 38.6 per cent from a voluntary form of admission.

The final column of this table shows that 678 or 11.6 per cent of the total cases discharged were transfers. It will be observed that the largest percentages of transfers occur in dementia praecox with 46.2 per cent, the manic-depressive psychoses with 13.0 per cent, and psychoses with mental deficiency with 8.0 per cent.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED

Table 39 shows the individual discharge rates per 100 admissions of the same diagnosis for the various psychoses. In discussing the numerically important psychoses, we note that the alcoholic psychoses have a rate of 69.0; the manic-depressive psychoses show a discharge rate of 64.9; the dementia praecox cases have a discharge rate of 55.4; the psychoses with mental deficiency a discharge rate of 43.7; the psychoses with syphilitic meningo-encephalitis, 35.2; and the psychoses with cerebral arteriosclerosis a discharge rate of 14.2.

TABLE 38. — *All Cases Discharged, 1936, by Form of Admission and Mental Disorders: Number and Percent*[1]

MENTAL DISORDERS	FIRST ADMISSIONS										READMISSIONS										DISCHARGED BY TRANSFER	
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis . . .	94	2.6	55	4.0	24	1.6	6	1.1	9	4.1	36	2.5	20	3.2	8	1.6	1	.4	7	5.5	50	7.4
With other forms of syphilis .	16	.4	8	.6	4	.3	–	–	4	1.8	5	.3	3	.5	–	–	–	–	2	1.6	2	.3
With epidemic encephalitis .	7	.2	3	.2	2	.1	2	.4	–	–	3	.2	1	.2	2	.4	–	–	–	–	7	1.0
With other infectious diseases	25	.7	11	.8	10	.7	2	.4	2	.9	1	.1	–	–	–	–	1	.4	–	–	3	.4
Alcoholic psychoses . .	445	12.1	147	10.6	224	14.7	70	13.1	4	1.8	127	8.7	40	6.4	68	14.0	18	8.0	1	.8	32	4.7
Due to drugs, etc. . . .	23	.6	10	.7	11	.7	2	.4	–	–	7	.5	3	.5	3	.6	–	–	1	.8	1	.1
Traumatic psychoses . .	18	.5	10	.7	4	.3	4	.7	–	–	9	.6	4	.6	3	.6	–	–	2	1.6	6	.9
With cerebral arteriosclerosis	165	4.5	107	7.7	52	3.4	6	1.1	–	–	23	1.6	14	2.3	7	1.4	2	.9	–	–	15	2.2
With other disturbances of circulation	24	.7	9	.6	10	.7	5	.9	–	–	3	.2	–	–	2	.4	–	–	1	.8	2	.3
With convulsive disorders (epilepsy)	81	2.2	32	2.3	25	1.6	4	.7	20	8.9	35	2.4	12	1.9	9	1.9	6	2.7	8	6.3	16	2.4
Senile psychoses . . .	46	1.3	29	2.1	13	.9	4	.7	–	–	8	.5	6	1.0	2	.4	–	–	–	–	11	1.6
Involutional psychoses . .	112	3.0	82	5.9	25	1.6	2	.4	3	1.3	22	1.5	18	2.9	4	.8	–	–	–	–	9	1.3
Due to other metabolic diseases, etc.	34	.9	17	1.2	11	.7	5	.9	1	.4	1	.1	1	.2	–	–	–	–	–	–	5	.7
Due to new growth. . .	9	.2	4	.3	5	.3	–	–	–	–	2	.1	2	.3	–	–	–	–	–	–	2	.3
With organic changes of nervous system	44	1.2	14	1.0	23	1.5	5	.9	2	.9	13	.9	8	1.3	4	.8	–	–	1	.8	9	1.3
Psychoneuroses . . .	210	5.7	48	3.4	80	5.2	37	6.9	45	20.1	62	4.3	16	2.6	13	2.7	17	7.6	16	12.5	6	.9
Manic-depressive psychoses .	475	12.9	261	18.7	176	11.5	19	3.5	19	8.5	353	24.2	211	34.0	101	20.8	19	8.5	22	17.3	88	13.0
Dementia praecox . . .	608	16.5	375	26.9	218	14.4	9	1.7	6	2.7	277	19.0	197	31.7	63	13.0	9	4.1	8	6.3	313	46.2
Paranoia and paranoid conditions	84	2.3	40	2.9	34	2.2	8	1.5	2	.9	27	1.9	11	1.8	12	2.5	2	.9	2	1.6	18	2.7
With psychopathic personality	69	1.9	34	2.4	15	1.0	12	2.2	8	3.6	51	3.5	16	2.6	25	5.2	6	2.7	4	3.1	15	2.2
With mental deficiency .	88	2.4	51	3.7	25	1.6	9	1.7	3	1.3	44	3.0	22	3.5	13	2.7	6	2.7	3	2.4	54	8.0
Undiagnosed psychoses .	196	5.3	4	.3	179	11.7	10	1.9	3	1.3	39	2.7	1	.2	37	7.6	1	.4	–	–	12	1.8
Without psychoses. . .	702	19.1	40	2.9	295	19.4	277	51.5	90	40.2	294	20.2	14	2.3	104	21.4	127	56.6	49	38.6	2	.3
Primary behavior disorders .	103	2.8	1	.1	59	3.9	40	7.4	3	1.3	15	1.0	–	–	6	1.2	9	4.1	–	–	–	–
Total With Mental Disorder.	2,873	78.1	1,351	97.1	1,170	76.8	221	41.1	131	58.5	1,148	78.8	606	97.7	376	77.4	88	39.3	78	61.4	676	99.7
Total Without Mental Disord.	805	21.9	41	2.9	354	23.2	317	58.9	93	41.5	309	21.2	14	2.3	110	22.6	136	60.7	49	38.6	2	.3
Grand Total . . .	3,678	100.0	1,392	100.0	1,524	100.0	538	100.0	224	100.0	1,457	100.0	620	100.0	486	100.0	224	100.0	127	100.0	678	100.0

(See Table 207 for detail)

[1] Includes McLean Hospital, Bridgewater, Tewksbury, and U. S. Veterans' Administration Facilities Nos. 95 and 107.

TABLE 39. —*Mental Condition of All Court Cases Discharged, 1936: Rates per 100 Admissions of Same Diagnosis*

MENTAL DISORDERS	ALL ADMISSIONS[1]	ALL DISCHARGES[1]		RECOVERED		IMPROVED		UNIMPROVED	
		Number	Rate per 100 Admissions Same Diagnosis	Number	Rate per 100 Admissions Same Diagnosis	Number	Rate per 100 Admissions Same Diagnosis	Number	Rate per 100 Admissions Same Diagnosis
With syphilitic meningo-encephalitis	213	75	35.2	1	.5	66	31.0	8	3.8
With other forms of syphilis	19	11	57.9	–	–	10	52.6	1	5.3
With epidemic encephalitis	12	4	33.3	–	–	4	33.3	–	–
With other infectious diseases	21	11	52.4	5	23.8	5	23.8	1	4.8
Alcoholic psychoses	271	187	69.0	76	28.0	96	35.4	15	5.5
Due to drugs, etc.	12	13	108.3	9	75.0	3	25.0	1	8.3
Traumatic psychoses	23	14	60.9	3	13.0	11	47.8	–	–
With cerebral arteriosclerosis	853	121	14.2	9	1.1	89	10.4	23	2.7
With other disturbances of circulation	27	9	33.3	3	11.1	6	22.2	–	–
With convulsive disorders (epilepsy)	94	44	46.8	3	3.2	22	23.4	19	20.2
Senile psychoses	246	35	14.2	2	.8	26	10.6	7	2.8
Involutional psychoses	165	100	60.6	20	12.1	68	41.2	12	7.3
Due to other metabolic diseases, etc.	79	18	22.8	2	2.5	14	17.7	2	2.5
Due to new growth	16	6	37.5	–	–	1	6.3	5	31.3
With organic changes of nervous system	68	22	32.4	2	2.9	19	27.9	1	1.5
Psychoneuroses	119	64	53.8	10	8.4	47	39.5	7	5.9
Manic-depressive psychoses	727	472	64.9	182	25.0	270	37.1	20	2.8
Dementia praecox	1,033	572	55.4	46	4.5	444	43.0	82	7.9
Paranoia and paranoid conditions	106	51	48.1	3	2.8	39	36.8	9	8.5
With psychopathic personality	78	50	64.1	16	20.5	32	41.0	2	2.6
With mental deficiency	167	73	43.7	12	7.2	53	31.7	8	4.8
Undiagnosed psychoses	28	5	17.9	–	–	1	3.6	4	14.3
Without psychoses	69	54	78.3	–	–	2	2.9	14	20.3
Primary behavior disorders	1	1	100.0	–	–	1	100.0	–	–
Total With Mental Disorder	4,377	1,957	44.7	404	9.2	1,326	30.3	227	5.2
Total Without Mental Disorder	70	55	78.6	–	–	3	4.3	14	20.0
Grand Total	4,447	2,012	45.2	404	9.1	1,329	29.9	241	5.4

(See Tables 214 and 215 for detail)

[1] Includes admissions and discharges under regular court commitment.

The highest recovery rate among the most important psychoses is noted in the alcoholic psychoses with a rate of 28.0 cases discharged per 100 admissions of the same diagnosis. Next come the manic-depressive psychoses with 25.0, and the psychoneuroses with 8.4. Among the "improved", the dementia praecox cases show the highest rate with 43.0 cases discharged per 100 admissions of the same diagnosis. The manic-depressive psychoses and the psychoneuroses show "improved" rates of 37.1 and 39.5 respectively. It will be noted that 9.1 out of every hundred admissions of the same diagnosis are discharged as "recovered"; 29.9 are discharged as "improved"; and 5.4 as "unimproved".

Table 40 gives the numbers and percentages of all court first and readmissions leaving hospitals during 1936 by mental condition at discharge. In the first admissions discharged as "recovered", the manic-depressive psychoses with 37.7 per cent present the high proportion. The alcoholic psychoses are second with 21.1 per cent, and dementia praecox third with 11.6 per cent. In the group discharged as "improved", the largest proportion, or 32.5 per cent is observed in dementia praecox. The next psychosis in order is the manic-depressive group with 15.7 per cent. In the "unimproved" classification, 26.8 per cent of the cases are classified as dementia praecox; 13.9 per cent are in the group with cerebral arteriosclerosis; and 7.9 per cent are alcoholic psychoses.

In the readmissions discharged as "recovered", 62.5 per cent of cases fall in the manic-depressive group. The second psychosis in order is the alcoholic group with 13.3 per cent. In the "improved" cases, 35.5 per cent of the discharges are classified as dementia praecox, with the manic-depressive group second, 30.5 per cent. In the readmissions discharged as "unimproved", dementia praecox comprises 50.0 per cent of the total, and the manic-depressive group, 13.2 per cent. In considering these proportions it must be remembered that the total of cases discharged in each psychosis group is dependent upon the number of cases under care in each psychosis group.

Average Time within Institutions during This Admission, Committed Patients Discharged, 1936

Table 41 presents the average length of hospital stay of court first admissions and readmissions discharged during 1936 by type of mental disorder. Immediately we see that readmissions, remaining 1.80 years, have a length of hospital stay which is 62 per cent higher than that of first admissions, 1.11 years. In the first admissions, the females show a length of stay which is .15 years, or nearly two months longer than the males. In the readmissions, however, the males with an average hospital stay of 2.11 years show a residence which is .66 years (about eight months) longer than that of the females, 1.45 years.

Mental disorders due to new growth, the undiagnosed psychoses, with other disturbances of circulation, primary behavior disorders, with other infectious diseases, the psychoses due to drugs, etc., and cases with cerebral arteriosclerosis show the shortest hospital stay in first admissions, all remaining under six months. The psychoses with epidemic encephalitis show the longest stay of 1.87 years. The next three mental disorders in order are, without psychoses, 1.72 years; dementia praecox, 1.56 years; and paranoid conditions, 1.55 years. Practically all of the psychoses show a longer hospital stay in readmissions than in first admissions. The only exceptions to this are the groups without psychoses; other metabolic diseases; organic changes of the nervous system; traumatic psychoses; and psychoses due to new growth. Here the readmissions tend to have a shorter stay. It is evident that the first admissions are returning to the community after a shorter hospital residence than the readmissions.

Length of Residence of Court First and Readmissions, 1936, by Nativity Groups

Table 42 presents the length of residence during the present admission of court discharges during 1936 in accordance with nativity. In the first admissions the average length of stay of the native born (1.13 years), is 4 per cent higher than the average stay of the foreign born (1.08 years.) We observe that the native born first admissions show a longer hospital residence in both the males and the females. When we divide the native born in accordance with the parentage, the

TABLE 40. — *Mental Condition of Court First Admissions and Readmissions Discharged, 1936: Numbers and Percentages, by Mental Disorders*

MENTAL DISORDERS	COURT FIRST ADMISSIONS DISCHARGED								COURT READMISSIONS DISCHARGED							
	Total		Recovered		Improved		Unimproved		Total		Recovered		Improved		Unimproved	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	55	4.0	1	.4	48	5.2	6	3.6	20	3.2	–	–	18	4.4	2	2.6
With other forms of syphilis	8	.6	–	–	7	.8	1	.6	3	.5	–	–	3	.7	–	–
With epidemic encephalitis	3	.2	–	–	3	.3	–	–	1	.2	–	–	1	.2	–	–
With other infectious diseases	11	.8	5	1.8	5	.5	1	.6	–	–	–	–	–	–	–	–
Alcoholic psychoses	147	10.6	60	21.1	74	8.1	13	7.9	40	6.4	16	13.3	22	5.3	2	2.6
Due to drugs, etc.	10	.7	7	2.5	3	.3	–	–	3	.5	2	1.7	–	–	1	1.3
Traumatic psychoses	10	.7	2	.7	8	.9	–	–	4	.6	1	.8	3	.7	–	–
With cerebral arteriosclerosis	107	7.7	9	3.2	75	8.2	23	13.9	14	2.3	–	–	14	3.4	–	–
With other disturbances of circulation	9	.6	3	1.0	6	.7	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	32	2.3	3	1.0	17	1.9	12	7.3	12	1.9	–	–	5	1.2	7	9.3
Senile psychoses	29	2.1	2	.7	20	2.2	7	4.2	6	1.0	–	–	6	1.5	–	–
Involutional psychoses	82	5.9	16	5.6	57	6.2	9	5.5	18	2.9	4	3.3	11	2.7	3	4.0
Due to other metabolic diseases, etc.	17	1.2	2	.7	14	1.5	1	.6	1	.2	–	–	–	–	1	1.3
Due to new growth	4	.3	–	–	1	.1	3	1.8	2	.3	–	–	–	–	2	2.6
With organic changes of nervous system	14	1.0	2	.7	11	1.2	1	.6	8	1.3	–	–	8	1.9	–	–
Psychoneuroses	48	3.4	9	3.2	34	3.7	5	3.0	16	2.6	1	.8	13	3.1	2	2.6
Manic-depressive psychoses	261	18.7	107	37.7	144	15.7	10	6.1	211	34.0	75	62.5	126	30.5	10	13.2
Dementia praecox	375	26.9	33	11.6	298	32.5	44	26.8	197	31.7	13	10.9	146	35.5	38	50.0
Paranoia and paranoid conditions	40	2.9	3	1.0	29	3.2	8	4.8	11	1.8	–	–	10	2.4	1	1.3
With psychopathic personality	34	2.4	13	4.6	20	2.2	1	.6	16	2.6	3	2.5	12	2.9	1	1.3
With mental deficiency	51	3.7	7	2.5	39	4.3	5	3.0	22	3.5	5	4.2	14	3.4	3	4.0
Undiagnosed psychoses	4	.3	–	–	1	.1	3	1.8	1	.2	–	–	–	–	1	1.3
Without psychoses	40	2.9	–	–	1	.1	12	7.3	14	2.3	–	–	1	.2	2	2.6
Primary behavior disorders	1	.1	–	–	1	.1	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,351	97.1	284	100.0	914	99.8	153	92.7	606	97.7	120	100.0	412	99.8	74	97.4
Total Without Mental Disorder	41	2.9	–	–	2	.2	12	7.3	14	2.3	–	–	1	.2	2	2.6
Grand Total	1,392	100.0	284	100.0	916	100.0	165	100.0	620	100.0	120	100.0	413	100.0	76	100.0

(See Tables 214 and 215 for detail)

Table 41. — *Average Length of Hospital Stay during This Admission, of Regular Court First and Readmissions Discharged, 1936, by Mental Disorders and Sex*

Mental Disorders	Average Hospital Stay in Years										
	Total All Discharges			First Admissions			Position	Readmissions			Position
	M.	F.	T.	M.	F.	T.		M.	F.	T.	
With epidemic encephalitis	2.52	–	2.52	1.87	–	1.87	1	4.50	–	4.50	1
Without psychoses	.58	2.89	1.40	.61	3.38	1.72	2	.53	.29	.48	17
Dementia praecox	1.75	1.47	1.61	1.36	1.72	1.56	3	2.32	.83	1.71	10
Paranoia and paranoid conditions	2.60	1.66	1.97	1.16	1.71	1.55	4	6.05	1.43	3.53	3
With mental deficiency	2.29	1.69	1.96	.89	2.09	1.53	5	6.01	.84	2.96	4
With convulsive disorders (epilepsy)	1.80	1.30	1.61	1.53	.97	1.31	6	2.44	2.37	2.42	6
Involutional psychoses	1.54	1.31	1.37	1.44	1.13	1.22	7	1.85	2.26	2.10	8
Alcoholic psychoses	1.25	.97	1.22	1.14	.53	1.08	8	1.67	2.39	1.76	9
Manic-depressive psychoses	1.30	1.02	1.15	1.15	.93	1.03	9	1.51	1.12	1.28	13
Due to other metabolic diseases, etc.	.24	1.13	.93	.24	1.19	.97	10	–	.37	.37	19
Senile psychoses	.58	1.60	1.16	.65	1.12	.91	11	.16	3.51	2.39	7
With syphilitic meningo-encephalitis	1.10	.80	1.07	.90	.89	.90	12	1.64	.54	1.53	12
With psychopathic personality	1.83	.76	1.44	.94	.80	.90	13	4.09	.68	2.60	5
With organic changes of nervous system	.96	.43	.67	1.16	.50	.83	14	.51	.34	.40	18
With other forms of syphilis	2.04	.57	1.76	.91	.57	.82	15	4.31	–	4.31	2
Psychoneuroses	1.33	.79	.98	.53	.85	.75	16	3.05	.58	1.66	11
Traumatic psychoses	.68	.12	.64	.72	.12	.66	17	.61	–	.61	16
With cerebral arteriosclerosis	.41	.68	.52	.41	.60	.48	18	.48	.95	.85	14
Due to drugs, etc.	.34	.62	.51	.43	.49	.47	19	.20	1.50	.63	15
With other infectious diseases	.18	.70	.37	.18	.70	.37	20	–	–	–	22
Primary behavior disorders	.29	–	.29	.29	–	.29	21	–	–	–	24
With other disturbances of circulation	.20	.26	.25	.20	.26	.25	22	–	–	–	23
Undiagnosed psychoses	.20	.20	.20	.20	.16	.18	23	–	.29	.29	20
Due to new growth	.04	.20	.06	.04	.20	.08	24	.04	–	.04	21
Total With Mental Disorder	1.40	1.24	1.33	1.06	1.14	1.10		2.16	1.46	1.83	
Total Without Mental Disorder	.58	2.89	1.38	.59	3.38	1.68		.53	.29	.48	
Grand Total	1.37	1.27	1.33	1.04	1.19	1.11		2.11	1.45	1.80	

native born of native parentage show the long hospital stay of 1.17 years. The native born of foreign parentage are second with a stay of 1.12 years, and the native born of mixed parentage third with a stay of 1.06 years.

In the readmissions the average length of stay for the foreign born of 2.24 years is 36 per cent higher than the average stay of the native born, 1.64 years. The longer stay of the foreign born occurs in both males and females. Dividing the native born in accordance with parentage, the native born of foreign parentage show the longest residence of 1.91 years. The native-native are second, with a stay of 1.43 years, and the native-mixed are third with a hospital residence of 1.18 years.

TABLE 42. — *Average Length of Residence During THIS Admission of Court Discharges, 1936, by Nativity Groups and Sex*

NATIVITY	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Foreign Born	1.40	1.44	1.42	1.00	1.17	1.08	2.39	2.10	2.24
Native Born:	1.36	1.20	1.29	1.06	1.21	1.13	2.01	1.18	1.64
Foreign Parentage	1.52	1.15	1.37	1.12	1.11	1.12	2.39	1.24	1.91
Mixed Parentage	1.18	.99	1.09	1.07	1.04	1.06	1.49	.85	1.18
Native Parentage	1.20	1.31	1.25	1.01	1.34	1.17	1.59	1.26	1.43
Unknown Parentage	1.88	1.44	1.73	.91	1.63	1.21	3.23	.51	2.78
Nativity Unknown	.71	–	.71	.71	–	.71	–	–	–
Total	1.37	1.27	1.33	1.04	1.19	1.11	2.11	1.45	1.80

In summarizing, we note that the length of hospital stay of the first admissions does not show as great a spread as that of the readmissions. In the first admissions, the native born remained in hospital about two and a half weeks longer than the foreign born. In the readmissions, the foreign born remained in hospital about thirty-one weeks longer than the native born. In the first admissions the native born show rather small variations between the long hospital residence of 1.17 years in the native of native parentage and 1.06 years in the native of mixed parentage. Thus, the native-native group remained in hospital about five and a half weeks longer than the native of mixed parentage. Studying the native born group in the readmissions, we observe that the greatest length of stay occurs in the native born of foreign parentage, with a hospital residence of 1.91 years, while the shortest residence occurs in the native-mixed group with a stay of 1.18 years. Here the hospital stay of the first group is thirty-eight weeks longer than that of the second group.

TABLE 43. — *Country of Birth of Court First and Readmissions Discharged, 1936, by Sex: Discharge Rates per 1,000 Under Care*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Care	Total Dis-charges	Rate per 1,000	Total Under Care	Total Dis-charges	Rate per 1,000
Scotland	125	13	104.0	81	2	24.6
Italy	616	60	97.4	416	20	48.0
Portugal	175	16	91.4	119	8	67.2
United States	11,042	982	88.9	9,102	451	49.5
Poland	426	32	75.1	312	8	25.6
Sweden	191	13	68.0	155	3	19.3
Russia	369	25	67.7	566	26	45.9
England	376	25	66.4	262	10	38.1
Canada[1]	1,375	91	66.1	938	41	43.7
Greece	86	5	58.1	70	2	28.5
Finland	109	6	55.0	78	1	12.8
Ireland	1,215	65	53.4	1,082	29	26.8
Germany	120	6	50.0	102	3	29.4
Austria	102	5	49.0	101	2	19.8
All Other Countries	594	48	80.8	426	14	32.8
Total	16,921	1,392	82.2	13,810	620	44.8

(See Table 234 for detail)

[1] Includes Newfoundland.

COUNTRY OF BIRTH OF COURT FIRST AND READMISSIONS DISCHARGED, 1936: DISCHARGE RATES PER 1,000 UNDER CARE

Table 43 presents the discharge rates per thousand under care of the different nativity groups in both first and readmissions based on court cases. There were 16,921 first admissions under care during 1936. One thousand three hundred ninety-two court first admissions were discharged during the year, giving a court discharge rate of 82.2 per thousand under care. Patients born in Scotland, Italy and Portugal show the highest discharge rates of 104, 97 and 91, respectively. The United States shows the largest total number under care of 11,042 with 982 discharged and a discharge rate of 88. Germany and Austria show the low discharge rate of 50 and 49, respectively. It should be remembered that these comparative discharge rates are greatly dependent on the age of the cases under care. Countries with larger numbers in the older ages would be expected to show lower discharge rates.

There were 13,810 readmissions under care during the year, with 620 discharges, making a court discharge rate of 44.8 per thousand under care. This discharge rate is a little more than half that observed in the first admissions. In the foreign countries among readmissions Portugal, Italy and Russia present the high discharge rates of 67, 48 and 45, respectively. That of the United States is 49. The lowest discharge rates for readmissions are observed in Finland and Sweden with 12 and 19, respectively. In considering these findings it should be remembered that the numbers of discharged readmissions from any one country are rather small and for that reason no particular significance can be attached to the findings for any single year.

AVERAGE AGE OF COURT FIRST ADMISSIONS AND READMISSIONS DISCHARGED, BY MENTAL DISORDERS AND SEX

Table 44 reveals that there is a difference of 1.4 years between the average age at discharge for first admissions (42.4 years), and readmissions (43.8 years). The first admissions show an average age of 42.5 years for the males and 42.3 years for the females. In the readmissions the males show a discharge age of 43.1 years and the females 44.7 years. In cases admitted to mental hospitals during 1936 the first admissions entered at an average age of 49.4 years and the readmissions at an average age of 44.1 years (Table 19).

The senile cases discharged showed the highest average ages of 71.2 years for first admissions and 68.3 years for readmissions. Cases with cerebral arteriosclerosis were next with 66.6 years in the first admissions and 65.0 years in the readmissions. The involutional psychoses showed an average age of 53.7 years in the first admissions and 58.0 years in the readmissions. Excluding the intermediate psychoses because of the small number of cases involved, we find that the alcoholic show a discharge age of 48.1 years in first admissions and 47.3 years in readmissions, and the manic-depressive psychoses, 39.4 years in the first admissions and 44.7 years in the readmissions. Patients with dementia praecox had an average discharge age of 33.3 years in the first admissions, and 39.3 years in the readmissions. Cases with mental deficiency showed an average age of 34.0 years in the first admissions and 40.0 years in the readmissions, and the cases without psychoses, 32.5 years in the first admissions and 47.8 years in the readmissions. Some of the psychoses tend to show *older* average discharge ages among the first admissions than among the readmissions, although the greater tendency is for higher discharge ages among the readmissions.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL

Table 45 presents the average age of first admissions discharged during 1936 from the various hospitals. Excluding Tewksbury where only one case was discharged, the highest average age for all discharges is seen at Gardner with 46.2 years. Boston State and Metropolitan are second with 44.8 years, and Taunton and Westborough third with 44.3 years each. The Monson State Hospital with 29.0 years, and Bridgewater with 39.0 years show the youngest discharge ages. At the Gardner State Hospital and at Foxborough, the first admissions discharged were older than the readmissions discharged. The remaining institutions showed the average age of readmissions discharged to be higher than that of the first

TABLE 44. — *Average Age at Discharge of Court First and Readmissions Discharged, 1936 by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile psychoses	15	20	35	71.8	70.0	70.7	13	16	29	71.7	70.9	71.2	2	4	6	72.5	66.2	68.3
With cerebral arteriosclerosis	71	50	121	67.0	65.6	66.4	68	39	107	66.8	66.2	66.6	3	11	14	70.8	63.4	65.0
Involutional psychoses	29	71	100	57.6	53.2	54.5	22	60	82	56.3	52.8	53.7	7	11	18	61.7	55.6	58.0
With other forms of syphilis	9	2	11	52.5	42.5	50.6	6	2	8	53.3	42.5	50.6	3	–	3	50.8	–	50.8
Due to new growth	5	1	6	46.5	42.5	45.8	3	1	4	52.5	42.5	50.0	2	–	2	37.5	–	37.5
Due to drugs, etc.	5	8	13	46.5	52.5	50.1	3	7	10	47.5	50.3	49.5	2	1	3	45.0	67.5	52.5
Paranoia and paranoid conditions	17	34	51	51.9	50.4	50.9	12	28	40	47.9	50.1	49.5	5	6	11	61.5	51.6	56.1
With other disturbances of circulation	1	8	9	47.5	49.3	49.1	1	8	9	47.5	49.3	49.1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	4	14	18	62.5	44.6	48.6	4	13	17	62.5	44.0	48.3	–	1	1	–	52.5	52.5
Alcoholic psychoses	166	21	187	47.7	49.8	47.9	131	16	147	48.0	48.7	48.1	35	5	40	46.5	53.5	47.3
With other infectious diseases	7	4	11	45.3	47.5	46.1	7	4	11	45.3	47.5	46.1	–	–	–	–	–	–
With organic changes of nervous system	10	12	22	45.5	44.2	44.7	7	7	14	42.5	49.6	46.0	3	5	8	52.5	36.6	42.5
Undiagnosed psychoses	2	3	5	47.5	35.8	40.5	2	2	4	47.5	40.0	43.7	–	1	1	–	27.5	27.5
Traumatic psychoses	13	1	14	39.4	37.5	39.2	9	1	10	43.0	37.5	42.5	4	–	4	31.2	–	31.2
With syphilitic meningo-encephalitis	67	8	75	42.5	46.8	43.0	49	6	55	41.8	45.0	42.2	18	2	20	44.4	52.5	45.2
Manic-depressive psychoses	213	259	472	41.6	41.9	41.8	125	136	261	39.9	39.0	39.4	88	123	211	44.1	45.2	44.7
Psychoneuroses	22	42	64	36.1	35.5	35.7	15	33	48	33.1	36.8	35.7	7	9	16	42.5	30.8	35.9
With psychopathic personality	32	18	50	35.0	35.5	35.2	23	11	34	33.5	37.0	34.7	9	7	16	38.6	33.2	36.2
With convulsive disorders (epilepsy)	27	17	44	36.9	39.5	37.9	19	13	32	34.3	35.1	34.7	8	4	12	43.1	53.7	46.6
With mental deficiency	33	40	73	33.1	38.1	35.8	24	27	51	30.0	37.6	34.0	9	13	22	41.3	39.0	40.0
Dementia praecox	289	283	572	34.0	36.7	35.3	172	203	375	31.0	35.2	33.3	117	80	197	38.4	40.5	39.3
With epidemic encephalitis	4	–	4	31.2	–	31.2	3	–	3	32.5	–	32.5	1	–	1	27.5	–	27.5
Without psychoses	35	19	54	37.0	35.3	36.4	24	16	40	33.1	31.5	32.5	11	3	14	45.6	55.8	47.8
Primary behavior disorders	1	–	1	17.5	–	17.5	1	–	1	17.5	–	17.5	–	–	–	–	–	–
Total With Mental Disorder	1,041	916	1,957	42.8	43.2	43.0	718	633	1,351	42.7	42.6	42.7	323	283	606	43.0	44.6	43.7
Total Without Mental Disorder	36	19	55	36.5	35.3	36.1	25	16	41	32.5	31.5	32.1	11	3	14	45.6	55.8	47.8
Grand Total	1,077	935	2,012	42.7	43.1	42.8	743	649	1,392	42.5	42.3	42.4	334	286	620	43.1	44.7	43.8

(See Tables 208 and 209 for detail)

TABLE 45. — *Average Age at Discharge of Court First and Readmissions Discharged, 1936, by Hospital and Sex*

HOSPITALS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Gardner	28	23	51	49.1	42.7	46.2	19	15	34	49.6	46.8	48.3	9	8	17	48.0	35.0	41.9
Boston State	112	108	220	44.0	45.6	44.8	90	80	170	44.1	45.3	44.7	22	28	50	43.4	46.6	45.2
Taunton	73	83	156	43.3	45.3	44.3	53	58	111	43.3	44.3	43.8	20	25	45	43.2	47.7	45.7
Westborough	80	100	180	43.9	42.8	43.3	55	66	121	45.1	41.8	43.3	25	34	59	41.3	44.8	43.3
Northampton	119	145	264	42.2	44.3	43.4	99	102	201	42.6	43.6	43.1	20	43	63	40.5	45.9	44.2
Worcester	155	126	281	42.5	44.1	43.2	118	90	208	42.2	44.0	43.0	37	36	73	43.5	44.4	44.0
Veterans' Adm. Facility No. 95	68	–	68	44.0	–	44.0	28	–	28	42.8	–	42.8	40	–	40	44.8	–	44.8
Veterans' Adm. Facility No. 107	76	–	76	43.4	–	43.4	22	–	22	42.5	–	42.5	54	–	54	43.7	–	43.7
Danvers	151	154	305	42.2	42.5	42.4	106	116	222	41.8	41.8	41.8	45	38	83	43.1	44.8	43.9
Foxborough	42	36	78	41.7	39.1	40.5	36	31	67	41.9	39.2	40.7	6	5	11	40.8	38.5	39.7
Boston Psychopathic	36	18	54	40.5	40.5	40.5	31	15	46	40.4	39.8	40.2	5	3	8	41.5	44.1	42.5
McLean	36	33	69	41.2	39.0	40.1	27	19	46	41.5	37.7	40.0	9	14	23	40.2	40.7	40.5
Medfield	45	71	116	43.7	39.1	40.9	30	42	72	43.6	36.3	39.3	15	29	44	43.8	43.3	43.5
Grafton	10	15	25	34.0	44.8	40.5	7	7	14	37.5	38.9	38.2	3	8	11	25.8	50.0	43.4
Bridgewater	16	–	16	39.0	–	39.0	9	–	9	38.0	–	38.0	7	–	7	40.3	–	40.3
Monson	17	9	26	27.5	31.9	29.0	13	8	21	24.8	30.6	27.0	4	1	5	36.2	42.5	37.5
Metropolitan	12	14	26	45.8	43.9	44.8	–	–	–	–	–	–	12	14	26	45.8	43.9	44.8
Tewksbury	1	–	1	67.5	–	67.5	–	–	–	–	–	–	1	–	1	67.5	–	67.5
Total	1,077	935	2,012	42.7	43.1	42.8	743	649	1,392	42.5	42.3	42.4	334	286	620	43.1	44.7	43.8
Percent	100.0	100.0	100.0				69.0	69.4	69.2				31.0	30.6	30.8			

(See Tables 216 and 217 for detail)

admissions. When we take the entire sample, comprised of all cases discharged from all institutions throughout the State, we see that the average age at discharge is slightly higher for readmissions than for first admissions.

Length of Hospital Stay during this Admission, Court Cases Discharged, 1929–1936

Table 46 shows that the average length of hospital stay of court cases discharged has averaged 1.2 years during the past eight years. From 1933 on, the length of residence has been subdivided into first and readmissions. While the first admissions have remained in hospital one year, from 1933 on, the length of hospital stay of readmissions increases from 1.5 years in 1933 to 1.8 years in 1936. These differences in length of hospital stay are quite significant if we recall the tendency for first admissions to make up larger proportions of the discharges (Table 37). The readmissions which are showing decreasing proportions in the discharges, are tending to remain in hospital a longer period of time.

Table 46. — *Length of Hospital Stay during This Admission, Court Cases Discharged, 1929–1936, by Year and Sex: Average*[1]

Years	Average Length of Hospital Stay in Years								
	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1929	1.0	.8	1.0	–	–	–	–	–	–
1930	1.2	1.2	1.2	–	–	–	–	–	–
1931	1.2	1.3	1.2	–	–	–	–	–	–
1932	1.2	1.1	1.2	–	–	–	–	–	–
1933	1.3	1.1	1.2	1.1	1.0	1.0	1.6	1.3	1.5
1934	1.2	1.2	1.2	1.0	1.1	1.0	1.6	1.6	1.6
1935	1.3	1.1	1.2	1.0	.9	1.0	1.9	1.4	1.7
1936	1.3	1.2	1.3	1.0	1.1	1.1	2.1	1.4	1.8

[1] Includes all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95.

Average Length of Hospital Stay during This Admission and All Admissions, by Mental Disorders

Table 47 and Graph 3 show us that the average length of hospital stay of court first admissions discharged during 1936 was 1.11 years; 1.04 years for the males and 1.19 years for the females. The average hospital stay during this admission for the court readmissions was 1.80 years; 2.11 years for the males and 1.45 for the females. Court first admissions leave the hospital in about one year while the readmissions discharged stay approximately eight and a half months longer, or 1.80 years.

During previous hospital residences, the readmissions remained within institutions an average of 1.62 years and had a residence of 1.80 years during the present admission, a total during all admissions of 3.42 years; 3.61 years for the males and 3.20 years for the females. We notice a five months' difference in length of residence between the sexes here. We note also that the females tend to remain in institutions longer during the early admissions (previous admissions), while the males remain longer during the present admission.

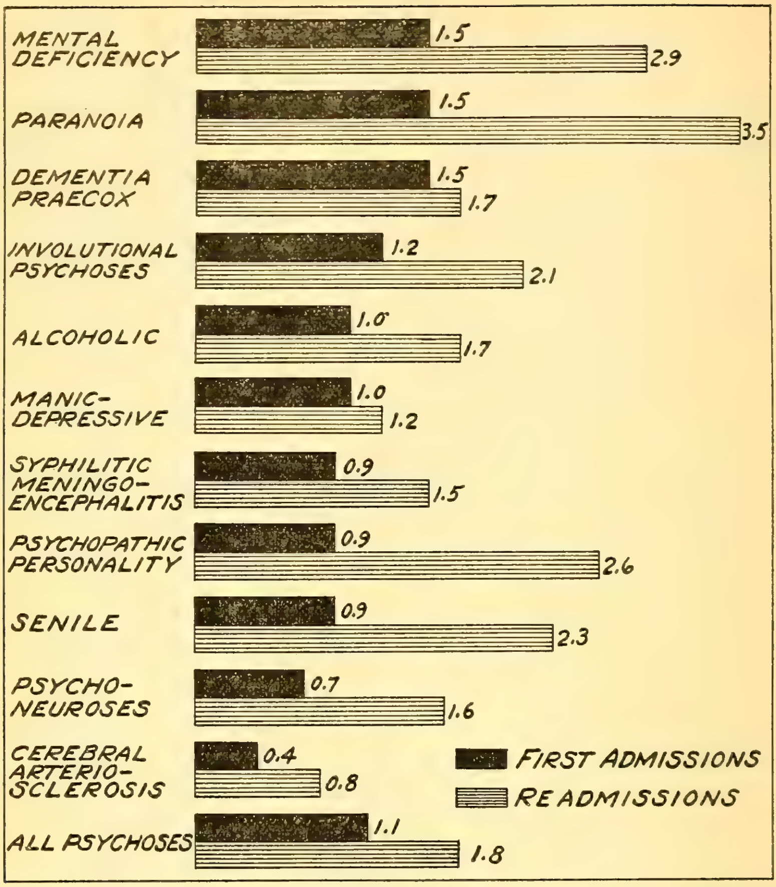
Turning to the individual psychoses, and referring to *this* admission only, we note that the psychoses with epidemic encephalitis show the longest average hospital stay of 1.87 years for first admissions while the readmissions reveal a hospital stay of 4.50 years. Dementia praecox reveals an average hospital stay of 1.56 years in the first admissions and 1.71 in readmissions; paranoia, 1.55 years for first admissions and 3.53 years for readmissions; with mental deficiency, 1.53 years for first admissions and 2.96 years for the readmissions; epilepsy, 1.31 years for first admissions and 2.42 years for readmissions; involutional psychoses, 1.22 years for first admissions and 2.10 years for readmissions; and alcoholic psychoses, 1.08 years for first admissions and 1.76 years for readmissions.

Table 47. — *Average Length of Hospital Stay*[1] *During Previous Admissions and the Present Admission: Court First and Readmissions Discharged, 1936, by Mental Disorders and Sex*

Mental Disorders	First Admissions			Readmissions								
	This Admission			This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With epidemic encephalitis	1.87	–	1.87	4.50	–	4.50	–	–	–	4.50	–	4.50
Without psychoses	.61	3.38	1.72	.53	.29	.48	2.04	.68	1.75	2.57	.97	2.23
Dementia praecox	1.36	1.72	1.56	2.32	.83	1.71	1.90	3.14	2.41	4.22	3.97	4.12
Paranoia and paranoid conditions	1.16	1.71	1.55	6.05	1.43	3.53	1.25	1.23	1.24	7.30	2.66	4.77
With mental deficiency	.89	2.09	1.53	6.01	.84	2.96	1.48	3.10	2.43	7.49	3.94	5.39
With convulsive disorders (epilepsy)	1.53	.97	1.31	2.44	2.37	2.42	2.43	4.15	3.00	4.87	6.52	5.42
Involutional psychoses	1.44	1.13	1.22	1.85	2.26	2.10	2.93	.58	1.50	4.78	2.84	3.60
Alcoholic psychoses	1.14	.53	1.08	1.67	2.39	1.76	.78	4.31	1.22	2.45	6.70	2.98
Manic-depressive psychoses	1.15	.93	1.03	1.51	1.12	1.28	1.32	1.71	1.53	2.83	2.83	2.83
Due to other metabolic diseases, etc.	.24	1.19	.97	–	.37	.37	–	1.13	1.13	–	1.50	1.50
Senile psychoses	.65	1.12	.91	.16	3.51	2.39	.77	3.06	2.30	.93	6.57	4.69
With syphilitic meningo-encephalitis	.90	.89	.90	1.64	.54	1.53	.67	.44	.65	2.31	.98	2.18
With psychopathic personality	.94	.80	.90	4.09	.68	2.60	3.00	1.13	2.18	7.09	1.81	4.78
With organic changes of nervous system	1.16	.50	.83	.51	.34	.40	.85	1.21	1.08	1.36	1.55	1.48
With other forms of syphilis	.91	.57	.82	4.31	–	4.31	1.19	–	1.19	5.50	–	5.50
Psychoneuroses	.53	.85	.75	3.05	.58	1.66	1.15	1.32	1.25	4.20	1.90	2.91
Traumatic psychoses	.72	.12	.66	.61	–	.61	1.86	–	1.86	2.47	–	2.47
With cerebral arteriosclerosis	.41	.60	.48	.48	.95	.85	.72	.86	.83	1.20	1.81	1.68
Due to drugs, etc.	.43	.49	.47	.20	1.50	.63	.29	–	.20	.49	1.50	.83
With other infectious diseases	.18	.70	.37	–	–	–	–	–	–	–	–	–
Primary behavior disorders	.29	–	.29	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	.20	.26	.25	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	.20	.16	.18	–	.29	.29	–	.33	.33	–	.62	.62
Due to new growth	.04	.20	.08	.04	–	.04	.04	–	.04	.08	–	.08
Total With Mental Disorder	1.06	1.14	1.10	2.16	1.46	1.83	1.48	1.77	1.62	3.64	3.23	3.45
Total Without Mental Disorder	.59	3.38	1.68	.53	.29	.48	2.04	.68	1.75	2.57	.97	2.23
Grand Total	1.04	1.19	1.11	2.11	1.45	1.80	1.50	1.75	1.62	3.61	3.20	3.42

---

[1] Exclusive of time spent out on visit, etc.



Graph 3. — Length of Time in Residence during This Admission of Certain Psychoses, Court First Admissions and Readmissions Discharged During 1936: Averages in Years

Cases with dementia praecox, paranoia, with mental deficiency and with epilepsy show long periods of hospital residence for both first and readmissions. Cases due to new growth, the undiagnosed psychoses, with other disturbances of circulation, primary behavior disorders and with other infectious diseases show the shorter periods of hospital residence.

In studying the readmissions we find that some of the psychoses have tended to show shorter hospital residences in the earlier admissions and a longer stay in the present admission. Dementia praecox, convulsive disorders (epilepsy), and the manic-depressive psychoses show a longer time in hospital during previous admissions than in the present admission. Some of these cases, of course, had more than one admission previous to the present admission. An outstanding example of this tendency is observed in the group without psychoses. This group remained in hospital .48 years during the present admission. During the previous admissions, however, they had remained a total of 1.75 years. These without psychoses cases, many of them on the borderline between the normal and an actual psychosis, are showing a tendency to repeated hospital admissions. The psychoses with mental deficiency, involutional psychoses, alcoholic psychoses, senile psychoses and the psychoneuroses show a longer hospital residence during this last admission than they did in previous admissions.

Discharge Rates per 1,000, All First and Readmissions under Care, 1936, by Mental Disorders and Age

Table 48 outlines the discharge rates in the various psychoses per thousand cases under care for both first and readmissions. Previous tables have been based on court discharges but we now include a study of the temporary care, observation and voluntary cases as well. All first admissions show the discharge rate of 189 cases per thousand under care, while the readmissions have a much lower rate of 99. In the first admissions the psychoses due to drugs show the highest discharge rate of 535 per thousand under care. The psychoneuroses are second with a rate of 506; psychoses with other infectious diseases third with 397; due to new growth, fourth with 391; and the alcoholic psychoses fifth with 311. Cases with dementia praecox show a low discharge rate of 99 per thousand under care. The lowest discharge rates are seen in the senile psychoses, with a rate of 56; the psychoses with mental deficiency with 80; in cerebral arteriosclerosis with a rate of 83; and with epidemic encephalitis, with 88 cases discharged per thousand under care. Cases with primary behavior disorders are not discussed in this connection because of the extremely small number of cases involved.

Table 48. — *All First and Readmissions Discharged, 1936, by Mental Disorders: Discharge Rates per Thousand Under Care*

First Admissions	Discharge Rate per 1,000	Readmissions	Discharge Rate per 1,000
Due to drugs, etc.	535.	Due to drugs, etc.	467.
Psychoneuroses	506.	Psychoneuroses	455.
With other infectious diseases	397.	With psychopathic personality	318.
Due to new growth	391.	Traumatic psychoses	250.
Alcoholic psychoses	311.	Due to new growth	250.
With psychopathic personality	300.	With other disturbances of circulation	200.
With other disturbances of circulation	279.	Manic-depressive psychoses	199.
Manic-depressive psychoses	277.	Alcoholic psychoses	167.
Traumatic psychoses	219.	With organic changes of nervous system	127.
With organic changes of nervous system	188.	With other infectious diseases	111.
Involutional psychoses	186.	Involutional psychoses	110.
Due to other metabolic diseases, etc.	185.	With syphilitic meningo-encephalitis	100.
Paranoia and paranoid conditions	160.	With other forms of syphilis	86.
With other forms of syphilis	145.	With cerebral arteriosclerosis	85.
With syphilitic meningo-encephalitis	127.	With convulsive disorders (epilepsy)	83.
With convulsive disorders (epilepsy)	102.	Paranoia and paranoid conditions	78.
Dementia praecox	99.	Senile psychoses	69.
With epidemic encephalitis	88.	With epidemic encephalitis	67.
With cerebral arteriosclerosis	83.	With mental deficiency	43.
With mental deficiency	80.	Dementia praecox	33.
Senile psychoses	56.	Due to other metabolic diseases, etc.	25.
Undiagnosed psychoses	863.	Undiagnosed psychoses	750.
Without psychoses	411.	Without psychoses	517.
Primary behavior disorders	962.	Primary behavior disorders	833.
Total With Mental Disorder	163.	Total With Mental Disorder	81.
Total Without Mental Disorder	443.	Total Without Mental Disorder	527.
Grand Total	189.	Grand Total	99.

Note: — In contrast with other tables in this section, the above table includes rates on *all* discharges from institutions during 1936 and not court discharges only.

Among the readmissions the highest discharge rate of 467 occurs in the psychoses due to drugs. The psychoneuroses are second in order with a discharge rate of 455; with psychopathic personality third with a rate of 318; traumatic psychoses fourth with 250; and due to new growth with a rate of 250 also. The lowest discharge rates among the readmissions are seen in psychoses with other metabolic diseases; dementia praecox and with mental deficiency, with rates of 25, 33 and 43, respectively.

In evaluating these findings the age factor should not be forgotten. With the exception of dementia praecox, most of the psychoses show high discharge rates in the younger ages and lower discharge rates in the older ages. Detailed discharge rates for the different age groups within the respective psychoses are outlined in Table 49.

TABLE 49. — *Discharge Rates per 1000 Under Care,*[1] *All First and Readmissions Discharged, 1936 by Present Age and Mental Disorders*

MENTAL DISORDERS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs, etc.:												
First admissions	450	609	535	–	–	–	500	500	500	1,000	750	833
Readmissions	600	200	467	–	–	–	1,000	–	1,000	1,000	–	750
Psychoneuroses:												
First admissions	569	457	506	692	900	782	687	462	546	627	535	570
Readmissions	537	402	455	–	833	833	285	583	473	588	578	583
With other infectious diseases:												
First admissions	441	345	397	–	500	500	500	571	556	400	–	250
Readmissions	–	200	111	–	–	–	–	–	–	–	500	333
Due to new growth:												
First admissions	444	200	391	1,000	–	1,000	–	–	–	1,000	–	1,000
Readmissions	400	–	250	–	–	–	1,000	–	1,000	–	–	–
Alcoholic psychoses:												
First admissions	316	275	311	–	–	–	692	625	683	571	458	560
Readmissions	178	116	167	–	–	–	667	–	667	566	400	552
With psychopathic personality:												
First admissions	387	198	300	666	333	476	531	157	392	366	363	365
Readmissions	317	320	318	750	1,000	857	363	357	358	368	272	333
With other disturbances of circulation:												
First admissions	166	360	279	–	–	–	–	–	–	–	333	333
Readmissions	333	111	200	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses:												
First admissions	316	247	277	611	472	541	401	385	393	417	277	332
Readmissions	210	192	199	1,000	363	533	426	344	380	322	298	307
Traumatic psychoses:												
First admissions	235	142	219	1,000	–	500	200	–	166	500	1,000	545
Readmissions	264	–	250	1,000	–	1,000	333	–	333	285	–	285
With organic changes of nervous system:												
First admissions	125	288	188	–	375	176	117	200	148	76	555	272
Readmissions	105	155	127	–	500	250	200	142	166	–	142	62
Involutional psychoses:												
First admissions	156	199	186	–	–	–	–	–	–	–	250	250
Readmissions	125	103	110	–	–	–	–	–	–	–	1,000	500
Due to other metabolic diseases, etc.:												
First admissions	175	192	185	333	–	250	–	263	227	222	250	241
Readmissions	–	34	25	–	–	–	–	–	–	–	–	–

Paranoia and paranoid conditions:												
First admissions	200	150	160	–	–	–	375	666	454	368	318	341
Readmissions	107	79	78	–	–	–	–	–	–	142	83	105
With other forms of syphilis:												
First admissions	126	193	145	–	1,000	1,000	–	–	–	300	500	375
Readmissions	128	–	86	–	–	–	–	–	–	–	–	–
With syphilitic meningo-encephalitis:												
First admissions	135	106	127	–	–	–	235	300	259	213	128	192
Readmissions	100	103	100	333	–	250	166	–	83	132	–	118
With convulsive disorders (epilepsy):												
First admissions	123	81	102	268	176	226	170	136	155	115	111	113
Readmissions	88	76	83	–	–	–	208	100	159	137	159	147
Dementia praecox:												
First admissions	88	111	99	288	312	297	200	235	214	84	157	118
Readmissions	36	31	33	71	200	137	141	142	141	44	70	55
With epidemic encephalitis:												
First admissions	100	67	88	143	–	67	71	–	50	200	111	158
Readmissions	36	118	67	–	333	200	143	–	83	–	500	91
With cerebral arteriosclerosis:												
First admissions	98	66	83	–	–	–	–	–	–	–	–	–
Readmissions	66	105	85	–	–	–	–	–	–	–	–	–
With mental deficiency:												
First admissions	78	82	80	363	250	315	110	111	110	73	84	79
Readmissions	42	43	43	500	375	437	93	98	95	38	70	53
Senile psychoses:												
First admissions	54	57	56	–	–	–	–	–	–	–	–	–
Readmissions	75	66	69	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses:												
First admissions	866	860	863	833	875	850	923	857	893	909	861	879
Readmissions	884	615	750	1,000	–	800	1,000	1,000	1,000	875	750	833
Without psychoses:												
First admissions	460	340	411	210	257	231	408	345	383	603	361	509
Readmissions	579	433	517	352	348	350	645	450	557	571	480	539
Primary behavior disorders:												
First admissions	957	972	962	933	1,000	956	1,000	1,000	1,000	1,000	1,000	1,000
Readmissions	666	1,000	833	750	1,000	833	500	1,000	750	–	1,000	666
Total With Mental Disorder:												
First admissions	172	153	163	387	347	369	270	274	272	231	225	228
Readmissions	86	76	81	404	370	386	220	210	215	111	134	120
Total Without Mental Disorder:												
First admissions	492	372	443	298	322	309	436	368	408	613	371	519
Readmissions	581	453	527	394	377	385	640	471	564	565	500	541
Grand Total												
First admissions	205	171	189	336	333	335	295	286	291	275	238	258
Readmissions	109	88	99	400	373	385	272	239	256	140	153	145

---

[1] Cases under care include all cases in residence and cases out of institutions on visit, etc., on September 30, 1936, plus all discharges and all deaths during the year 1936.

TABLE 49. — *Discharge Rates per 1,000 Under Care,*[1] *All First and Readmissions Discharged, 1936, by Present Age and Mental Disorders* — Concluded

MENTAL DISORDERS	40-49 YEARS			50-59 YEARS			60-69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs, etc.:												
First admissions	400	778	579	333	333	333	–	400	400	–	–	–
Readmissions	500	–	333	500	–	333	–	1,000	333	–	–	–
Psychoneuroses:												
First admissions	509	431	471	538	290	403	200	277	250	500	–	333
Readmissions	611	285	435	545	200	380	–	200	200	–	–	–
With other infectious diseases:												
First admissions	571	364	480	500	250	417	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth:												
First admissions	–	500	200	285	–	222	1,000	–	666	–	–	–
Readmissions	–	–	–	333	–	333	–	–	–	–	–	–
Alcoholic psychoses:												
First admissions	417	364	412	223	288	232	120	79	115	62	62	62
Readmissions	328	143	304	121	178	131	55	25	48	–	56	10
With psychopathic personality:												
First admissions	461	185	320	111	–	58	66	76	71	–	–	–
Readmissions	366	411	382	181	125	157	–	–	–	–	–	–
With other disturbances of circulation:												
First admissions	400	315	333	272	571	440	66	333	166	–	–	–
Readmissions	1,000	250	400	–	–	–	–	–	–	500	–	333
Manic-depressive psychoses:												
First admissions	301	247	268	218	180	197	186	70	123	60	50	54
Readmissions	228	253	243	152	153	152	78	73	75	93	53	69
Traumatic psychoses:												
First admissions	117	200	136	166	–	157	111	–	90	187	–	100
Readmissions	428	–	428	–	–	–	–	–	–	–	–	–
With organic changes of nervous system:												
First admissions	57	428	163	236	272	253	181	–	121	–	200	71
Readmissions	58	200	125	250	125	200	100	–	71	–	–	–
Involutional psychoses:												
First admissions	181	316	291	170	183	179	166	134	146	–	58	31
Readmissions	–	173	137	120	122	121	133	50	85	500	58	105
Due to other metabolic diseases, etc.:												
First admissions	238	238	238	187	166	175	55	50	52	250	250	250
Readmissions	–	–	–	–	125	111	–	–	–	–	–	–
Paranoia and paranoid conditions:												
First admissions	250	197	218	163	159	160	80	68	70	–	22	17
Readmissions	200	105	142	47	178	142	111	16	45	57	–	18

With other forms of syphilis:												
First admissions	75	125	85	157	142	153	125	–	100	–	–	–
Readmissions	200	–	142	142	–	71	125	–	90	–	–	–
With syphilitic meningo encephalitis:												
First admissions	124	65	110	111	148	120	75	50	68	–	–	–
Readmissions	93	150	101	96	187	111	41	–	33	–	–	–
With convulsive disorders (epilepsy):												
First admissions	101	76	87	76	14	44	29	–	13	–	–	–
Readmissions	93	27	70	23	44	34	35	57	47	–	90	45
Dementia praecox:												
First admissions	48	83	66	21	66	44	4	19	13	–	6	4
Readmissions	39	28	34	14	21	18	4	3	3	–	4	3
With epidemic encephalitis:												
First admissions	83	–	59	–	500	143	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis:												
First admissions	300	375	333	171	141	156	130	82	109	59	39	49
Readmissions	–	200	166	250	190	212	72	159	111	29	31	30
With mental deficiency:												
First admissions	68	81	75	9	25	16	20	60	40	–	–	–
Readmissions	50	37	43	17	9	13	–	14	8	–	–	–
Senile psychoses:												
First admissions	–	500	333	250	214	222	90	139	119	41	30	34
Readmissions	–	–	–	–	6	6	153	100	121	37	19	25
Undiagnosed psychoses:												
First admissions	793	870	833	857	826	837	1,000	1,000	1,000	1,000	–	1,000
Readmissions	714	750	727	1,000	714	750	–	–	–	–	–	–
Without psychoses:												
First admissions	681	463	590	645	320	527	763	619	711	750	444	619
Readmissions	646	465	584	578	448	522	500	409	444	571	–	444
Primary behavior disorders:												
First admissions	1,000	1,000	1,000	1,000	1,000	1,000	1,000	–	1,000	1,000	–	1,000
Readmissions	1,000	1,000	1,000	1,000	1,000	1,000	–	–	–	–	–	–
Total With Mental Disorder:												
First admissions	185	171	178	136	139	137	99	72	86	50	32	40
Readmissions	93	79	87	60	62	61	36	26	30	25	18	21
Total Without Mental Disorder:												
First admissions	692	480	604	652	345	540	775	619	721	769	400	608
Readmissions	650	477	590	589	483	542	500	409	444	571	–	444
Grand Total:												
First Admissions	219	188	205	163	146	155	118	81	100	58	35	47
Readmissions	113	89	103	73	69	71	43	32	36	33	18	24

---

[1] Cases under care include all cases in residence and cases out of institutions on visit, etc., on September 30, 1936, plus all discharges and all deaths during the year 1936.

Table 49 presents the discharge rates in the psychoses by age for both first and readmissions of all cases discharged during 1936. As the discharge rates for the psychoses outlined in Table 48 might be influenced by a preponderance of younger or older patients in a particular psychosis, we are presenting the detail of each psychosis by age. In the psychoses, cases under care in each age group are compared with the number discharged within the same age groups. This gives us a discharge rate based not only on psychosis but on age as well. It also enables us to test whether or not dementia praecox cases aged 30–39 years, for example, will have a greater or a lesser chance of discharge than cases aged 40–49 years. Let us first inspect the discharge rates within the various age groups for first admissions.

In discussing the age differences in discharge rates of the various psychoses we omit consideration of the ages under 20 years because of the small numbers involved. In the 20–29 year age group, the alcoholic psychoses, with a rate of 683, the psychoneuroses, with a rate of 546, and the psychoses due to drugs with 500 present the highest discharge rates. In the group 30–39 years, the psychoses due to new growth, the psychoses due to drugs, and the psychoneuroses present discharge rates of 1,000, 833, and 570, respectively. In the next group, 40–49 years, the psychoses due to drugs, with other infectious diseases, and the psychoneuroses show the highest rates of 579, 480, and 471, respectively. In the age group 50–59 years, the psychoses with other infectious diseases, with a rate of 417, the psychoneuroses with 403, and the psychoses due to drugs with 333 show the greatest tendency to discharge. In the group 60–69 years, the psychoses due to new growth, the psychoses due to drugs, and the psychoneuroses show rates of 666, 400, and 250, respectively. In the age group 70 years and over we find the psychoneuroses heading the list with a discharge rate of 333 cases discharged per each 1,000 under care of the same psychosis. The psychoses due to other metabolic diseases, the traumatic psychoses and psychoses with organic changes of the nervous system are next in order with rates of 250, 100 and 71, respectively. It is evident from the above that certain psychoses tend to have high discharge rates in all of the age groups. However, at the other extreme, we note that psychoses with dementia praecox, psychoses with mental deficiency, and psychoses with convulsive disorders (epilepsy) tend to have low discharge rates whatever the group.

Reviewing the total line for the first admissions we note that the age group 0–19 years shows the highest discharge rate of 335. The age group 20–29 years shows a rate of 291; the 30–39 year age group a rate of 258; the 40–49 year age group a rate of 205; the 50–59 year group a rate of 155; the 60–69 year group a rate of 100; and the 70 years plus group a rate of 47. A rather remarkable correlation between high discharge rates and the younger age groups is observed. This situation prevails in practically all of the psychoses. Even those psychoses which do not make their appearance until later years show lower discharge rates in those developing the psychosis in the older ages.

Important sex differences are noted. For all psychoses together in the first admissions, the males present a discharge rate of 205 which is 19 per cent higher than the female rate of 171. In the age group 20–29 years of the first admissions, the male discharge rate is 3 per cent higher than that of the females. In the age group 30–39 years, it is 15 per cent higher; in the age group 40–49 years, 16 per cent higher, in the age group 50–59 years, 11 per cent higher; in the age group 60–69 years, 45 per cent higher; and in the age group 70 years and over it is 65 per cent higher. We note that the discharge rate for the males is only slightly higher than that of the females in the age group 20–29 years. From the ages 30 to 59 years, the male discharge rate shows an excess of about 15 per cent. However, in the ages above 60, the males show discharge rates that are very much higher than those of the females. Mental disease in the younger ages presents a similar chance of discharge in males and females. However, as the older ages are approached, the chance of discharge from a mental hospital is far greater in males than in the females.

The discharge rates for the readmissions are not discussed owing to space limitations. However, the figures are available in Table 49 and show the same essential characteristics as are observed in the first admissions.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED

The 2,012 committed cases discharged during 1936 had a total of 3,674 visits, or an average of 2.0 visits for each patient discharged, (Table 50.) We note that 12.1 per cent of these patients were discharged directly from the institution without being placed on visit; 52.9 per cent had one visit ; 15.9 per cent, two visits; 7.1 per cent, three visits; and an additional 12.0 per cent had four or more visits previous to discharge.

Considering the individual psychoses, the highest average number of times placed on visit is observed in cases with epidemic encephalitis and with other forms of syphilis, with an average of 5.3 and 3.1 times respectively. This is followed by psychoses with epilepsy, 2.9 and the psychoneuroses, 2.7 times. The lowest average number of times out on visit are observed in primary behavior disorders, due to new growth, with other disturbances of circulation and with other infectious diseases, 1.0 time each. In comparing these averages for the different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of the patients. Obviously, patients with psychoses which average long periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 50. — *Times Out on Visit during This Admission of Court Cases Discharged, 1936, by Mental Disorders*

MENTAL DISORDERS	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	No. of Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
With syphilitic meningo-encephalitis . . .	75	117	8	46	11	3	5	2	–	1.7
With other forms of syphilis	11	22	4	1	2	2	1	1	–	3.1
With epidemic encephalitis	4	16	1	1	–	–	1	1	–	5.3
With other infectious diseases	11	8	3	8	–	–	–	–	–	1.0
Alcoholic psychoses .	187	269	33	106	26	12	5	2	3	1.7
Due to drugs, etc. . .	13	16	2	9	–	1	1	–	–	1.4
Traumatic psychoses .	14	29	2	9	–	1	1	–	1	2.4
With cerebral arteriosclerosis . . .	121	137	14	86	16	3	2	–	–	1.2
With other disturbances of circulation . . .	9	9	–	9	–	–	–	–	–	1.0
With convulsive disorders (epilepsy) . . .	44	122	3	17	7	6	6	4	1	2.9
Senile psychoses . .	35	47	3	25	2	3	2	–	–	1.4
Involutional psychoses .	100	184	5	63	12	7	10	–	3	1.9
Due to other metabolic diseases, etc. . .	18	23	–	14	3	1	–	–	–	1.2
Due to new growth . .	6	6	–	6	–	–	–	–	–	1.0
With organic changes of nervous system . .	22	33	6	11	2	1	1	–	1	2.0
Psychoneuroses . .	64	155	8	31	10	4	5	–	6	2.7
Manic-depressive . .	472	813	38	273	75	32	46	4	4	1.8
Dementia praecox . .	572	1,281	59	244	123	50	60	12	24	2.4
Paranoia and paranoid conditions . . .	51	75	11	24	9	2	4	1	–	1.8
With psychopathic personality. . . .	50	95	14	16	8	4	6	1	1	2.6
With mental deficiency .	73	158	7	39	8	8	5	3	3	2.3
Undiagnosed psychoses .	5	6	–	4	1	–	–	–	–	1.2
Without psychoses . .	54	52	22	21	6	2	3	–	–	1.6
Primary behavior disorders	1	1	–	1	–	–	–	–	–	1.0
Total With Mental Disorder . . .	1,957	3,621	221	1,042	315	140	161	31	47	2.0
Total Without Mental Disorder . . .	55	53	22	22	6	2	3	–	–	1.6
Grand Total . .	2,012	3,674	243	1,064	321	142	164	31	47	2.0
Percent . . .	100.0		12.1	52.9	15.9	7.1	8.2	1.5	2.3	

DISCHARGE RATES BY NUMBER OF ADMISSION

Table 51 shows the discharge rates for 1936 in accordance with the number of this admission. In the total line we note that the first admissions present a discharge rate of 189, which is approximately 90 per cent higher than that of the readmissions, 99. The cases under care experiencing their eleventh admission showed the highest discharge rate of 291.6 per thousand. Patients in hospital for the twelfth time or over show the second highest rate of 290.3. The third place is occupied by first admissions with a discharge rate of 189 per thousand under care.

TABLE 51. — *Discharge Rates of All First and Readmissions under Care in Hospitals for Mental Diseases, 1936, by Number of This Admission and Sex*

NUMBER OF THIS ADMISSION	Cases under Care			Discharges			Rate per 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	10,310	9,059	19,369	2,123	1,555	3,678	205.9	171.6	189.8
Second	3,434	3,200	6,634	396	273	669	115.3	85.3	100.8
Third	2,203	2,127	4,330	189	164	353	85.7	77.1	81.5
Fourth	922	1,003	1,925	91	83	174	98.6	82.7	90.3
Fifth	389	467	856	56	52	108	143.9	111.3	126.1
Sixth	178	213	391	26	34	60	146.0	159.6	153.4
Seventh	116	108	224	15	19	34	129.3	175.9	151.7
Eighth	56	63	119	11	7	18	196.4	111.1	151.2
Ninth	31	44	75	7	5	12	225.8	113.6	160.0
Tenth	14	17	31	2	2	4	142.8	117.6	129.0
Eleventh	10	14	24	3	4	7	300.0	285.7	291.6
Twelfth or over	34	28	62	13	5	18	382.3	178.5	290.3
Total	17,697	16,343	34,040	2,932	2,203	5,135	165.6	134.7	150.8

It is interesting to observe that patients in hospital for the first time and those having a high number of multiple admissions show the higher discharge rates. The lowest discharge rate of 81 is observed in patients having their third admission. Those experiencing the fourth admission show a rate of 90. Those in the hospital for the fifth and sixth time show rates of 126 and 153, respectively.

From this material it is evident that patients having two, three, four, or five admissions are those tending to remain in hospital. Conversely, patients having one, or from six to twelve or more admissions will make up larger proportions of those leaving the hospital.

INFLUENCE OF ECONOMIC STATUS UPON THE DISCHARGE RATE

Table 52 demonstrates the influence of economic status upon the discharge rate of first admissions and readmissions who left the institution during 1936. For example, we had a total of 5,863 dependent cases under care during 1936. This number includes the resident population and all patients out on visit at the end of the year, plus all discharges and deaths that occurred during the year. Of this total, 342 cases were discharged, giving a discharge rate of 58 per 1,000 cases under care. The same method is used in presenting discharge rates for the other economic groups.

Among the first admissions, the discharge rate for the dependent group was 64 cases per 1,000 cases under care. For the marginal group, the rate was 86; and for the comfortable group, 116. The readmissions who left the hospital during the year showed a discharge rate of 47 in the dependent group; 43 in the marginal group; and 66 in the comfortable group. Considering both first and readmissions together, the discharge rate for the dependent group was 58; for the marginal group, 65; and for the comfortable group, 95. Taking all discharges as a whole, it is evident that the economic status of the family plays no small part in the matter of discharge. Economic status appears to have a greater influence in first admissions than in readmissions.

Sex differences are noted. In the dependent first admissions the discharge rate of 64.0 for the males is approximately the same as the rate of 64.6 for the females. In the marginal group, the males have a discharge rate of 87.7, and the females a rate of 85.3. In the comfortable group the males again show the higher discharge rate of 156.0 as against 88.6 for the females. The dependent readmissions show a discharge rate of 53.4 for the males and 39.0 for the females. Marginal readmissions show a discharge rate of 46.3 for the males and 40.6 for the females. Readmissions of the comfortable group show a discharge rate of 78.8 for the males and 58.8 for the females. It will be noted that the males show much higher discharge rates in the comfortable group than the females.

TABLE 52. — *Economic Status of Court First and Readmissions Discharged, 1936, by Sex: Discharge Rates per 1,000 Under Care*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Care . . .	3,265	2,598	5,863	2,124	1,701	3,825	1,141	897	2,038
Discharges . . .	197	145	342	136	110	246	61	35	96
Rate per 1,000 . .	60.3	55.8	58.3	64.0	64.6	64.3	53.4	39.0	47.1
Marginal:									
Under Care . . .	11,570	11,116	22,686	6,131	5,602	11,733	5,439	5,514	10,953
Discharges . . .	790	702	1,492	538	478	1,016	252	224	476
Rate per 1,000 . .	68.2	63.1	65.7	87.7	85.3	86.5	46.3	40.6	43.4
Comfortable:									
Under Care . . .	619	961	1,580	378	553	931	241	408	649
Discharges . . .	78	73	151	59	49	108	19	24	43
Rate per 1,000 . .	126.0	75.9	95.5	156.0	88.6	116.0	78.8	58.8	66.2
Unknown:									
Under Care . . .	275	327	602	196	236	432	79	91	170
Discharges . . .	12	15	27	10	12	22	2	3	5
Rate per 1,000 . .	43.6	45.8	44.8	51.0	50.8	50.9	25.3	32.9	29.4
Total:									
Under Care . . .	15,729	15,002	30,731	8,829	8,092	16,921	6,900	6,910	13,810
Discharges . . .	1,077	935	2,012	743	649	1,392	334	286	620
Rate per 1,000 . .	68.4	62.3	65.4	84.1	80.2	82.2	48.4	41.3	44.8

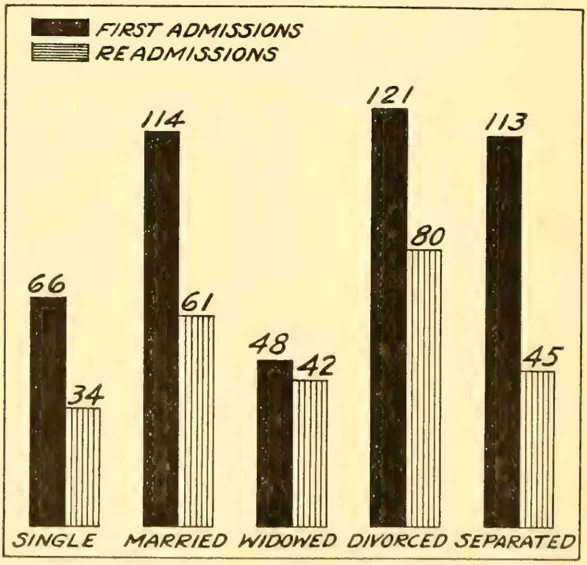
MARITAL STATUS OF COURT FIRST AND READMISSIONS DISCHARGED, 1936; DISCHARGE RATES PER 1,000 UNDER CARE

Table 53 and Graph 4 outline the discharge rates for the various marital status groups in both first and readmissions. In first admissions the low discharge rate of 48 is observed in the widowed. The next higher rate of 66 occurs in the single. The separated, the married and the divorced present rates somewhat on the same level, namely, 113, 114, and 121, respectively. Among the first admissions the single and widowed do not tend to leave the institution at such a rapid rate as the married, the divorced or the separated. It has been considered that the high discharge rate among the married was probably due to the fact that the husband or wife was actively interested in obtaining the release of the patient and that there was a home waiting for him. The opposite situation exists in the single and the widowed and the lack of protective factors is reflected in the lower discharge rates. These factors are also missing among the divorced and the separated but it should be remembered that their children may be acting as the buffer or the protective factor. In addition, we are studying the finding of but a single year. In 1935 the divorced discharge rate was lower than the married.

Among the readmissions, or those cases which might be considered as tending to chronicity, we have a somewhat contrasting set of figures. Here the single show the lowest discharge rate of 34.9. The widowed present a higher rate of 42, the separated a rate of 45, the married a higher rate of 61, and the divorced the highest discharge rate of 80. The groups presenting substantial numbers, namely the single, married and widowed, present the same general contour as in first admissions with the widowed making a little better showing in the readmissions. The divorced and separated present small differences in the first admissions, but the separated group is decidedly lower in the readmissions. Again small numbers and the fact that we are reviewing the sample of but one year may be influencing the observed rates.

TABLE 53. — *Marital Status of Court First and Readmissions Discharged, 1936, by Sex: Discharge Rates per 1,000 Under Care*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Care . . .	9,720	7,095	16,815	5,051	3,686	8,737	4,669	3,409	8,078
Discharges . . .	529	338	867	358	227	585	171	111	282
Rate per 1,000 . .	54.4	47.6	51.5	70.8	61.5	66.9	36.6	32.5	34.9
Married:									
Under Care . . .	4,507	5,418	9,925	2,747	2,842	5,589	1,760	2,576	4,336
Discharges . . .	439	466	905	310	329	639	129	137	266
Rate per 1,000 . .	97.4	86.0	91.1	112.8	115.7	114.3	73.2	53.1	61.3
Widowed:									
Under Care . . .	912	1,848	2,760	678	1,259	1,937	234	589	823
Discharges . . .	53	76	129	36	58	94	17	18	35
Rate per 1,000 . .	58.1	41.1	46.7	53.0	46.0	48.5	72.6	30.5	42.5
Divorced:									
Under Care . . .	346	383	729	199	180	379	147	203	350
Discharges . . .	37	37	74	22	24	46	15	13	28
Rate per 1,000 . .	106.9	96.6	101.5	110.5	133.3	121.3	102.0	64.0	80.0
Separated:									
Under Care . . .	194	243	437	121	116	237	73	127	200
Discharges . . .	18	18	36	16	11	27	2	7	9
Rate per 1,000 . .	92.7	74.0	82.3	132.2	94.8	113.9	27.3	55.1	45.0
Unknown:									
Under Care . . .	50	15	65	33	9	42	17	6	23
Discharges . . .	1	–	1	1	–	1	–	–	–
Rate per 1,000 . .	20.0	–	15.3	30.3	–	23.8	–	–	–
Total:									
Under Care . . .	15,729	15,002	30,731	8,829	8,092	16,921	6,900	6,910	13,810
Discharges . . .	1,077	935	2,012	743	649	1,392	334	286	620
Rate per 1,000 . .	68.4	62.3	65.4	84.1	80.2	82.2	48.4	41.3	44.8



GRAPH 4. — MARITAL STATUS OF COURT FIRST AND READMISSIONS DISCHARGED, 1936: DISCHARGE RATES PER THOUSAND UNDER CARE

AVERAGE TIME WITHIN INSTITUTIONS OF COURT FIRST AND READMISSIONS DISCHARGED, 1936

Table 54 demonstrates the average length of hospital stay during the present admission of court first and readmissions discharged during 1936, by hospital. It will be observed that the average length of stay for all discharges was 1.33 years, 1.11 years for the first admissions and 1.80 years for the readmissions.

In the total for both first and readmissions together, the Boston Psychopathic Hospital shows the shortest hospital stay of discharges of .27 years. Taunton is second with .91 years; Worcester third with 1.09 years; Westborough fourth with 1.10 years; Medfield fifth with 1.20 years; and Gardner sixth with 1.26 years. In the first admissions the Boston Psychopathic Hospital again attains first position with an average hospital stay of .28 years. Medfield is second with .65 years; Taunton third with .90 years; and Boston State and Worcester are tied for fourth position with .98 years each. In the readmissions the Psychopathic again shows the low average hospital stay of .25 years. Monson is second with .92 years, and Taunton third with .93 years. Fourth position is held by Foxborough with 1.03 years, and fifth position is held by Westborough with 1.17 years. It is understood of course that the length of hospital stay is largely dependent upon the type of cases and the age of patients admitted to specific hospitals.

TABLE 54. — *Average Length of Hospital Stay During This Admission of Court First and Readmissions Discharged, 1936, by Hospital*

HOSPITAL	LENGTH OF RESIDENCE		
	Total Discharges	First Admissions	Readmissions
Boston Psychopathic	.27	.28	.25
Taunton	.91	.90	.93
Worcester	1.09	.98	1.41
Westborough	1.10	1.06	1.17
Medfield	1.20	.65	2.10
Gardner	1.26	1.14	1.50
Boston State	1.34	.98	2.60
Foxborough	1.38	1.44	1.03
Danvers	1.40	1.23	1.85
Northampton	1.40	1.30	1.72
Metropolitan	1.51	–	1.51
Monson	1.53	1.68	.92
Grafton	2.36	2.78	1.82
McLean	.62	.49	.87
Bridgewater	2.83	2.94	2.68
Tewksbury	7.50	–	7.50
Veterans' Administration Facility No. 107	2.47	2.33	2.52
Veterans' Administration Facility No. 95	2.71	1.75	3.39
Total	1.33	1.11	1.80

AVERAGE LENGTH OF HOSPITAL STAY BY AGE AT ADMISSION

Table 55 gives the average length of hospital stay during the present admission of court discharges during 1936 by age at admission. Cases admitted to the hospital between the ages of 10–19 years showed a hospital stay of 1.17 years. Those in the 20–29 year group remain slightly longer, with a hospital stay of 1.20 years. At this point we see a remarkable jump to a hospital stay of over one and a half years in the group admitted between the ages 30–39 years. The 40–49 year group drops to 1.45 years. The 50–59 year group is slightly lower, with 1.41 years, and the 60–69 year group is very much lower with 1.03 years. Cases admitted from the age of 70 onward and discharged, show a hospital stay of .53 years.

In the first admissions the cases admitted between the ages of 50–59 years show the longest hospital stay of 1.22 years. Cases admitted in the 30–39 year group and the 40–49 year group with 1.19 years and 1.21 years, respectively, are about on the same level. Patients admitted under 20 years of age and between 20–29 years of age are showing a shorter stay of 1.11 years and 1.09 years. Cases admitted over the age of 60 years are remaining in hospital less than one year. In the totals we note that the female first admissions with a hospital stay of 1.19 years are remaining nearly two months longer than the males. In the readmissions the same general relationships between age at admission and hospital stay is observed as in the first admissions. Cases admitted between 30 and 59 years show consistently long hospital residences. Patients admitted under 30 show shorter hospital residences. Readmissions admitted from the age of 60 show the lowest hospital stay of all. The sexes in the readmissions present a hospital stay in the males (2.11 years), which is nearly two-thirds of a year longer than that of the females, (1.45 years).

TABLE 55. — *Average Length of Hospital Stay During This Admission, Court Cases Discharged, 1936, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	1.09	1.28	1.17	.89	1.39	1.11	2.13	.54	1.52
20–29 years	1.41	.95	1.20	1.19	.98	1.09	1.97	.90	1.47
30–39 years	1.71	1.29	1.52	1.15	1.24	1.19	2.62	1.39	2.11
40–49 years	1.46	1.44	1.45	1.14	1.27	1.21	1.93	1.78	1.87
50–59 years	1.33	1.49	1.41	1.05	1.39	1.22	2.04	1.71	1.86
60–69 years	.80	1.35	1.03	.75	1.18	.90	1.06	1.65	1.41
70 years plus	.62	.40	.53	.53	.29	.43	1.11	.83	.97
Total	1.37	1.27	1.33	1.04	1.19	1.11	2.11	1.45	1.80

(See Tables 218 and 219 for detail)

Section D. Deaths in Mental Hospitals During the Year 1936

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1936.

NUMBER OF COURT CASES DYING IN MENTAL HOSPITALS, 1920–1936: PERCENTAGES

Table 56 presents the number of court deaths occurring in mental hospitals over the period 1920–1936, inclusive. The lowest number of deaths, 1,384, occurred in 1924. A slight increase in the number of deaths over the past few years is observed as compared with the number of deaths occurring at the start of the period. In this connection it should be recalled that the number of cases under care in our hospitals is increasing between four and five hundred cases each year, which of course provides a larger number of cases subjected to the chance of death.

In every year except 1926 the proportion of male deaths has exceeded that of the females. The greatest excess of male deaths is observed in the year 1920, during which year they made up 54 per cent of all deaths in our mental hospitals. Over the past few years it will be observed that there is a greater tendency for the sexes to preserve a balance.

TABLE 56. — *Number of Court Cases Dying in Hospitals for Mental Diseases, 1920–1936: Percentages*

YEARS	COURT DEATHS			PERCENT		
	M.	F.	T.	M.	F.	T.
1920	786	659	1,445	54.4	45.6	100.0
1921	718	714	1,432	50.1	49.9	100.0
1922	764	676	1,440	53.1	46.9	100.0
1923	738	722	1,460	50.5	49.5	100.0
1924	720	664	1,384	52.0	48.0	100.0
1925	791	702	1,493	53.0	47.0	100.0
1926	860	863	1,723	49.9	50.1	100.0
1927	807	720	1,527	52.8	47.2	100.0
1928	821	805	1,626	50.5	49.5	100.0
1929	861	809	1,670	51.6	48.4	100.0
1930	778	763	1,541	50.5	49.5	100.0
1931	882	754	1,636	53.9	46.1	100.0
1932	891	838	1,729	51.5	48.5	100.0
1933	842	812	1,654	50.9	49.1	100.0
1934	934	879	1,813	51.5	48.5	100.0
1935	937	905	1,842	50.9	49.1	100.0
1936	900	842	1,742	51.7	48.3	100.0

FIRST AND READMISSIONS DYING IN MENTAL HOSPITALS, 1933–1936

Table 57 outlines the form of admission of first and readmissions dying over the years 1933–1936. In 1933, first admissions made up 75 per cent of all deaths. In 1934 this figure rose to 77 per cent and dropped to 75 per cent in 1935. In 1936 the first admissions made up a slightly smaller proportion of the deaths with 74 per cent. In the first admissions the court commitments have shown an upward trend, while the temporary care deaths remain about the same. The observation deaths jumped from 41 to 52, while the voluntary deaths have shown a consistent drop from 55 in 1933 to 38 in 1936. In the first admissions there are fairly large numbers of deaths in the admission forms other than court commitment. However, in the readmissions we note that there are very few deaths in the temporary and observation groups. The voluntary group shows a larger relative proportion of deaths in the readmissions than in the first admissions. In the aggregate of all groups the males outnumber the females. However, this is due to the fact that there are more males admitted and in the resident population.

TABLE 57. — *First and Readmissions Dying in Hospitals for Mental Diseases,*[1] *1933–1936, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1933	T.	1,848	1,399	1,232	71	41	55	449	422	4	5	18
	M.	960	747	641	46	31	29	213	201	2	4	6
	F.	888	652	591	25	10	26	236	221	2	1	12
1934	T.	2,001	1,557	1,413	64	34	46	444	415	7	9	13
	M.	1,069	842	743	46	24	29	227	205	6	7	9
	F.	932	715	670	18	10	17	217	210	1	2	4
1935	T.	2,037	1,538	1,367	67	62	42	499	475	4	2	18
	M.	1,056	827	720	48	36	23	229	217	3	2	7
	F.	981	711	647	19	26	19	270	258	1	–	11
1936	T.	1,928	1,437	1,275	72	52	38	491	467	9	7	8
	M.	1,013	783	682	50	34	17	230	218	6	2	4
	F.	915	654	593	22	18	21	261	249	3	5	4

[1] Includes all State Hospitals, Bridgewater, Tewksbury, McLean, Veterans' Administration Facilities Nos. 107 and 95.

DEATHS IN STATE HOSPITALS, 1936; NUMBERS AND PERCENTAGES

In Table 58 we observe that the psychoses with cerebral arteriosclerosis are outstanding among the deaths as they make up 42 per cent of all first admissions who died. The senile group is second in order with 15.0 per cent. Dementia praecox is in third position with 8.9 per cent. Among the readmitted patients who died, dementia praecox comes first with 43.4 per cent of all deaths; the manic-depressive psychoses second with 12.7 per cent; the arteriosclerotic group third with 9.4 per cent; and the alcoholic psychoses fourth with 7.0 per cent.

The three groups which are the most important numerically show the following percentages throughout the various forms of admission included under first admissions: psychoses with cerebral arteriosclerosis make up 42.7 per cent of the court deaths; 45.8 per cent of the temporary care deaths; and 48.1 per cent of the observation deaths. The senile group make up 16.3 per cent of the court deaths; 4.2 per cent of temporary care deaths; and 9.6 per cent of the observation deaths. Dementia praecox is in third position, making up 9.6 per cent of the court deaths; 4.2 per cent of the temporary care deaths; and 3.9 per cent of the observation cases who died. The psychoses with cerebral arteriosclerosis show the largest percentages of deaths occurring in each of the legal forms, court, temporary care and observation. Among the voluntary cases, those without psychoses and the psychoses with convulsive disorders (epilepsy) were the only psychotic groups containing any deaths during the year.

Table 58. — *All Deaths in Hospitals for Mental Diseases, 1936, by Form of Admission and Mental Disorders: Numbers and Percentages*

Mental Disorders	First Admissions										Readmissions									
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	85	5.9	82	6.4	1	1.4	2	3.9	–	–	20	4.1	20	4.3	–	–	–	–	–	–
With other forms of syphilis	9	.6	8	.6	–	–	1	1.9	–	–	5	1.0	4	.9	–	–	1	14.3	–	–
With epidemic encephalitis	4	.3	4	.3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	14	1.0	5	.4	4	5.5	5	9.6	–	–	2	.4	–	–	1	11.1	–	–	1	12.5
Alcoholic psychoses	51	3.5	45	3.5	5	6.9	1	1.9	–	–	34	7.0	33	7.1	1	11.1	–	–	–	–
Due to drugs, etc.	3	.2	1	.1	2	2.8	–	–	–	–	1	.2	–	–	1	11.1	–	–	–	–
Traumatic psychoses	5	.3	2	.2	3	4.2	–	–	–	–	3	.6	3	.6	–	–	–	–	–	–
With cerebral arteriosclerosis	603	42.0	545	42.7	33	45.8	25	48.1	–	–	46	9.4	43	9.3	1	11.1	2	28.5	–	–
With other disturbances of circulation	17	1.2	13	1.0	3	4.2	1	1.9	–	–	3	.6	2	.4	1	11.1	–	–	–	–
With convulsive disorders (epilepsy)	42	2.9	30	2.4	1	1.4	–	–	11	28.9	12	2.4	10	2.1	–	–	–	–	2	25.0
Senile psychoses	216	15.0	208	16.3	3	4.2	5	9.6	–	–	24	4.9	24	5.1	–	–	–	–	–	–
Involutional psychoses	34	2.4	34	2.7	–	–	–	–	–	–	8	1.6	8	1.7	–	–	–	–	–	–
Due to other metabolic diseases, etc.	47	3.3	37	2.9	4	5.5	6	11.5	–	–	4	.8	3	.6	–	–	1	14.3	–	–
Due to new growth	10	.7	9	.7	–	–	1	1.9	–	–	1	.2	–	–	–	–	1	14.3	–	–
With organic changes of nervous system	24	1.7	22	1.7	2	2.8	–	–	–	–	12	2.4	10	2.1	–	–	2	28.5	–	–
Psychoneuroses	4	.3	2	.2	–	–	2	3.9	–	–	1	.2	1	.2	–	–	–	–	–	–
Manic-depressive psychoses	49	3.4	48	3.8	1	1.4	–	–	–	–	62	12.7	59	12.7	3	33.3	–	–	–	–
Dementia praecox	128	8.9	123	9.6	3	4.2	2	3.9	–	–	213	43.4	212	45.4	1	11.1	–	–	–	–
Paranoia and paranoid conditions	14	1.0	14	1.1	–	–	–	–	–	–	10	2.0	10	2.1	–	–	–	–	–	–
With psychopathic personality	6	.4	6	.5	–	–	–	–	–	–	1	.2	1	.2	–	–	–	–	–	–
With mental deficiency	21	1.5	21	1.6	–	–	–	–	–	–	20	4.1	20	4.3	–	–	–	–	–	–
Undiagnosed psychoses	6	.4	–	–	6	8.3	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	45	3.1	16	1.3	1	1.4	1	1.9	27	71.1	9	1.8	4	.9	–	–	–	–	5	62.5
Total With Mental Disorder	1,392	96.9	1,259	98.7	71	98.6	51	98.1	11	28.9	482	98.2	463	99.1	9	100.0	7	100.0	3	37.5
Total Without Mental Disorder	45	3.1	16	1.3	1	1.4	1	1.9	27	71.1	9	1.8	4	.9	–	–	–	–	5	62.5
Grand Total	1,437	100.0	1,275	100.0	72	100.0	52	100.0	38	100.0	491	100.0	467	100.0	9	100.0	7	100.0	8	100.0

(See Table 220 for detail)

In the readmissions we see that the four most important psychoses are dementia praecox, 43.4 per cent; manic-depressive psychoses, 12.7 per cent; psychoses with cerebral arteriosclerosis, 9.4 per cent; and the alcoholic psychoses, 7.0 per cent. Dementia praecox cases made up 45.4 per cent of all court admissions and 11.1 per cent of all temporary care admissions who died. Cases with manic-depressive psychoses made up 12.7 per cent of court deaths and 33.3 per cent of temporary care deaths. The cerebral arteriosclerosis group made up 9.3 per cent of court admissions who died, and 11.1 per cent of temporary care admissions. The alcoholic psychoses made up 7.1 per cent of the court deaths, and 11.1 per cent of the temporary care cases who died. Among the voluntary cases, the highest percentages of deaths occur in the without psychoses group, 62.5 per cent and in the psychoses with convulsive disorders, 25.0 per cent.

Table 59. — *All First and Readmissions Dying, 1936, by Mental Disorders, Death Rates per Thousand under Treatment*

First Admissions	Death Rate per 1,000	Readmissions	Death Rate per 1,000
Due to new growth	476.	With other disturbances of circulation	250.
With cerebral arteriosclerosis	327.	Senile psychoses	226.
Due to other metabolic diseases, etc.	305.	With other infectious diseases	222.
Senile psychoses	277.	With cerebral arteriosclerosis	181.
With other infectious diseases	255.	With organic changes of nervous system	131.
With other disturbances of circulation	209.	Due to new growth	125.
With syphilitic meningo-encephalitis	129.	Due to other metabolic diseases, etc.	117.
With organic changes of nervous system	116.	With other forms of syphilis	96.
With other forms of syphilis	84.	Traumatic psychoses	96.
Due to drugs, etc.	83.	Due to drugs, etc.	67.
Traumatic psychoses	70.	With syphilitic meningo-encephalitis	59.
Involutional psychoses	65.	Alcoholic psychoses	48.
With convulsive disorders (epilepsy)	58.	Involutional psychoses	42.
With epidemic encephalitis	54.	Manic-depressive psychoses	41.
Alcoholic psychoses	40.	Paranoia and paranoid conditions	36.
Manic-depressive psychoses	34.	With convulsive disorders (epilepsy)	30.
With psychopathic personality	30.	Dementia praecox	27.
Paranoia and paranoid conditions	28.	With mental deficiency	20.
Dementia praecox	22.	Psychoneuroses	8.
With mental deficiency	20.	With psychopathic personality	6.
Psychoneuroses	11.	With epidemic encephalitis	–
Undiagnosed psychoses	27.	Undiagnosed psychoses	–
Without psychoses	27.	Without psychoses	16.
Primary behavior disorders	–	Primary behavior disorders	–
Total With Mental Disorder	87.	Total With Mental Disorder	36.
Total Without Mental Disorder	25.	Total Without Mental Disorder	16.
Grand Total	81.	Grand Total	35.

Note: — In contrast with other tables in this section, the above table includes rates on *all* deaths during 1936 and not on court deaths only.

Death Rate, General Population of Massachusetts, 1936, 11.7 per thousand population.

DEATH RATES PER THOUSAND, ALL FIRST AND READMISSIONS UNDER TREATMENT, 1936, BY MENTAL DISORDERS AND AGE

In Table 59 we record the death rates per thousand of the various psychoses under treatment during 1936 divided into first and readmissions. The total death rate for all first admissions under treatment was 81. This figure is over twice the rate of 35 observed in the readmissions. The death rates for the various psychoses are presented in order, the psychoses showing the higher death rates being recorded in the higher positions. In the first admissions the psychoneuroses show the low death rate of 11 cases dying per thousand of the same psychosis. The psychoses with mental deficiency are second with a rate of 20 and dementia praecox third with a death rate of 22. It may be noted here that the low death rate of 22 for dementia praecox in combination with the low discharge rate for this psychosis observed in Tables 48 and 49 explains why we may expect cases of this psychosis to accumulate in our resident population. The manic-depressive psychoses also show a low death rate of 34. The highest death rates are observed in psychoses due to new growth; with cerebral arteriosclerosis; due to other metabolic diseases;

TABLE 60. — *Death Rates per 1,000 Under Treatment,*[1] *All First and Readmissions Dying, 1936, by Present Age, Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:															
First admissions	500	400	476	–	–	–	–	–	–	–	–	–	1,000	–	500
Readmissions	–	333	125	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis:															
First admissions	340	313	327	–	–	–	–	–	–	–	1,000	1,000	100	250	166
Readmissions	180	183	181	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.:															
First admissions	312	300	305	–	1,000	500	333	200	222	–	230	142	222	368	297
Readmissions	100	125	117	–	–	–	–	–	–	–	–	–	500	166	250
Senile psychoses:															
First admissions	311	255	277	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	210	235	226	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases:															
First admissions	281	217	255	–	–	–	500	286	333	250	500	333	143	111	130
Readmissions	–	400	222	–	–	–	–	1,000	1,000	–	500	333	–	–	–
With other disturbances of circulation:															
First admissions	314	130	209	–	–	–	–	–	–	–	666	666	200	117	136
Readmissions	333	166	250	–	–	–	–	–	–	–	1,000	1,000	–	–	–
With syphilitic meningo-encephalitis:															
First admissions	126	137	129	–	500	333	71	–	41	48	151	73	131	140	133
Readmissions	57	70	59	333	–	250	166	–	83	44	–	39	41	50	42
With organic changes of nervous system:															
First admissions	132	89	116	–	125	62	–	–	–	–	–	–	176	–	133
Readmissions	137	125	131	1,000	–	333	250	142	181	–	–	–	176	66	125
With other forms of syphilis:															
First admissions	90	68	84	–	–	–	500	333	400	–	–	–	37	–	29
Readmissions	81	133	96	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.:															
First admissions	167	–	83	–	–	–	500	–	333	–	–	–	125	–	67
Readmissions	–	200	67	–	–	–	–	–	–	–	1,000	250	–	–	–
Traumatic psychoses:															
First admissions	84	–	70	–	–	–	–	–	–	125	–	111	153	–	111
Readmissions	103	–	96	–	–	–	–	–	–	–	–	–	285	–	285
Involutional psychoses:															
First admissions	65	64	65	–	–	–	–	–	–	–	–	–	–	46	39
Readmissions	16	55	42	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy):															
First admissions	64	52	58	31	74	50	38	30	34	44	15	30	42	80	63
Readmissions	42	16	30	250	–	125	–	–	–	–	–	–	16	–	10
With epidemic encephalitis:															
First admissions	65	36	54	–	–	–	77	–	56	–	–	–	83	200	118
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Alcoholic psychoses:															
First admissions	42	27	40	–	–	–	–	–	–	15	–	14	27	40	28
Readmissions	47	48	48	–	–	–	–	–	–	–	–	–	32	48	34
Manic-depressive psychoses:															
First admissions	32	35	34	–	–	–	9	8	8	18	12	14	22	32	28
Readmissions	40	42	41	–	–	–	16	–	8	–	7	4	14	38	29
With psychopathic personality:															
First admissions	36	22	30	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	13	–	6	–	–	–	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions:															
First admissions	31	27	28	–	–	–	–	–	–	–	–	–	20	12	15
Readmissions	63	21	36	–	–	–	–	–	–	–	–	–	–	–	–
Dementia praecox:															
First admissions	22	22	22	–	40	15	31	7	21	9	13	11	17	17	17
Readmissions	21	33	27	–	–	–	4	24	12	8	14	10	14	19	16
With mental deficiency:															
First admissions	11	30	20	–	–	–	9	37	21	8	18	13	16	21	18
Readmissions	25	16	20	–	–	–	25	–	11	20	10	15	–	6	3
Psychoneuroses:															
First admissions	12	11	11	–	–	–	38	–	15	–	–	–	20	–	12
Readmissions	–	14	8	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses:															
First admissions	40	17	27	–	–	–	–	–	–	–	30	18	76	–	35
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:															
First admissions	27	28	27	40	50	44	31	30	31	10	7	9	22	10	17
Readmissions	12	22	16	–	71	41	–	21	9	–	–	–	–	25	8
Primary behavior disorders:															
First admissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder:															
First admissions	90	85	87	4	40	20	28	19	24	15	22	18	42	35	39
Readmissions	33	39	36	73	–	34	12	16	14	8	14	11	18	20	19
Total Without Mental Disorder:															
First admissions	25	26	25	34	45	39	30	29	29	9	7	9	21	10	17
Readmissions	12	21	16	–	68	37	–	20	8	–	–	–	–	24	8
Grand Total:															
First admissions	83	80	81	23	43	32	28	20	25	15	21	17	41	34	37
Readmissions	32	38	35	39	33	36	11	17	14	8	13	10	17	20	18

[1] Cases under treatment include the resident population on September 30, 1936 plus all discharges and all deaths during the year 1936.

TABLE 60. — *Death Rates per 1,000 Under Treatment,*[1] *All First and Readmissions Dying, 1936, by Present Age, Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:												
First admissions	666	500	625	–	1,000	333	1,000	–	1,000	–	–	–
Readmissions	–	–	–	–	–	–	–	1,000	1,000	–	–	–
With cerebral arteriosclerosis:												
First admissions	195	256	224	281	236	261	396	333	366	451	446	448
Readmissions	83	235	172	134	119	127	237	209	225	250	333	300
Due to other metabolic diseases, etc.:												
First admissions	285	272	277	588	294	441	500	666	600	–	–	–
Readmissions	–	125	111	–	200	125	–	–	–	–	–	–
Senile psychoses:												
First admissions	250	250	250	196	152	172	318	248	274	385	328	351
Readmissions	–	–	–	76	117	100	238	256	267	500	307	352
With other infectious diseases:												
First admissions	286	–	200	500	1,000	600	1,000	–	1,000	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation:												
First admissions	100	76	86	400	250	304	500	–	250	1,000	–	1,000
Readmissions	500	–	500	1,000	–	333	–	–	–	–	–	–
With syphilitic meningo-encephalitis:												
First admissions	95	175	113	274	–	202	375	166	318	500	1,000	666
Readmissions	89	66	86	–	166	34	–	333	200	–	–	–
With organic changes of nervous system:												
First admissions	85	166	123	263	–	185	250	–	166	1,000	1,000	1,000
Readmissions	83	250	125	100	250	142	–	500	333	–	–	–
With other forms of syphilis:												
First admissions	–	142	40	250	–	200	200	–	142	–	–	–
Readmissions	142	142	142	125	–	111	333	1,000	500	–	–	–
Due to drugs, etc.:												
First admissions	167	–	125	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses:												
First admissions	–	–	–	125	–	100	166	–	125	–	–	–
Readmissions	–	–	–	125	–	111	–	–	–	–	–	–
Involutional psychoses:												
First admissions	103	76	84	–	–	–	–	–	–	–	–	–
Readmissions	–	83	55	34	55	46	–	62	55	–	–	–
With convulsive disorders (epilepsy):												
First admissions	79	75	76	193	54	117	166	–	74	–	–	–
Readmissions	46	–	23	142	28	79	90	181	136	–	–	–

With epidemic encephalitis:												
First admissions	–	–	–	500	–	500	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses:												
First admissions	31	–	26	77	56	74	93	71	90	167	–	143
Readmissions	36	44	38	80	56	75	68	56	66	111	–	111
Manic-depressive psychoses:												
First admissions	23	65	46	103	68	84	34	60	48	666	250	428
Readmissions	54	38	44	68	61	64	100	132	118	–	–	–
With psychopathic personality:												
First admissions	142	–	76	214	–	120	–	250	166	–	1,000	500
Readmissions	–	–	–	125	–	90	–	–	–	–	–	–
Paranoia and paranoid conditions:												
First admissions	39	9	18	90	63	69	–	29	23	–	125	111
Readmissions	–	–	–	111	52	71	117	–	46	500	166	250
Dementia praecox:												
First admissions	27	27	27	32	33	33	73	81	78	285	–	64
Readmissions	21	21	21	42	45	44	105	89	94	86	191	164
With mental deficiency:												
First admissions	–	38	16	–	62	31	111	111	111	333	–	250
Readmissions	25	–	13	74	31	50	111	95	102	–	400	181
Psychoneuroses:												
First admissions	–	41	22	–	62	41	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	333	250
Undiagnosed psychoses:												
First admissions	142	47	85	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:												
First admissions	21	–	14	–	–	–	9	142	111	–	–	–
Readmissions	52	–	30	142	–	64	–	–	–	–	–	–
Primary behavior disorders:												
First admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder:												
First admissions	56	66	60	157	100	129	288	229	258	407	352	376
Readmissions	31	27	29	65	51	57	122	118	119	126	180	163
Total Without Mental Disorder:												
First admissions	21	–	13	–	–	–	83	142	105	–	–	–
Readmissions	51	–	28	142	–	64	–	–	–	–	–	–
Grand Total:												
First admissions	54	63	58	152	99	126	285	228	256	406	350	374
Readmissions	32	27	29	66	50	57	120	118	119	126	179	162

---

[1] Cases under treatment include the resident population on September 30, 1936 plus all discharges and all deaths during the year 1936.

and the senile psychoses with rates of 476, 327, 305 and 277, respectively. Among the readmissions, the psychoses with psychopathic personality show the low death rate of 6 per thousand cases under treatment of the same diagnosis. The psychoneuroses are second with a rate of 8; and with mental deficiency third with a rate of 20. Among the readmissions, the psychoses with other disturbances of circulation show the highest death rate of 250 per thousand under treatment. The senile psychoses are second with a rate of 226; with other infectious diseases third with 222; and with cerebral arteriosclerosis fourth with 181. The fact that one out of every three first admissions with cerebral arteriosclerosis dies during the first admission explains why this psychosis has a much lower death rate in the readmissions. These patients do not survive to be readmitted.

The death rate for the general population of Massachusetts for 1936 was 11.7 per thousand. We observe that our death rate of 81 for first admissions is seven times as high as that of the general population. The death rate of 35 among the readmissions is over three times that of the rate for the general population. Two outstanding points are evident in this table, first, the tremendously high death rate in mental diseases and, second, the fact that death rates in first admissions are higher than in readmissions in nearly every psychosis.

Table 60 presents the death rates in the psychoses by age for both first and readmissions. As the death rates for the psychoses outlined in Table 59 might be influenced by a preponderance of young patients with low death rates or older patients with high death rates in certain of the psychoses, we are presenting the detail of each psychosis by age. In the psychoses, cases under treatment in each age group are compared with the number dying within the same age group. This gives us a death rate based not only upon psychosis, but on age as well.

Reviewing the total line at the bottom of Table 60 we observe that the age group 30–39 years shows the lowest rate among the first admissions of 17 deaths per thousand cases under treatment. The 0–19 year age group and the 20–29 year age group show rates of 32 and 25, respectively. The 40–49 year group shows a rate of 37; and 50–59 year group a rate of 58; the 60–69 year group a rate of 126; the 70–79 year group a rate of 256; and the group 80 years plus a rate of 374. Consulting the total line for the readmissions we observe lower death rates in all but the first age group. The 0–19 year group shows a rate of 36; the 20–29 year group a rate of 14; the 30–39 year group a rate of 10; the 40–49 year group a rate of 18; the 50–59 year group a rate of 29; the 60–69 year group a rate of 57; the 70–79 year group a rate of 119; and the group 80 years plus a rate of 162.

The total column for the first admissions presents a death rate of 83 for the males and 80 for the females. The death rates are higher for the males in each group except the 0–19 year, 30–39 year and 50–59 year groups. However, the differences in the younger groups are of no great consequence, the excess of males not being particularly noticeable until we arrive at the age group 60–69 years. From this point on the males show much higher rates than the females. The readmissions show a death rate of 35 per thousand under treatment, a rate of 32 for the males and 38 for the females. The rate for the females in this group is 18 per cent higher than that of the males. The various age groups present considerable variation without any particular consistency for the sexes. The males show higher death rates in the age groups 0–19 years, 50–59 years, 60–69 years and 70–79 years.

Considering the various age groups in the first admissions, we note that in the age group 0–19 years, dementia praecox shows the lowest rate of 15 among the first admissions, while psychoses due to other metabolic diseases show the highest rate of 500 deaths per thousand of this psychosis under treatment. In the age group 20–29 years the manic-depressive psychoses show the lowest rate of 8, while the psychoses with other forms of syphilis show the highest rate of 400. The next age group 30–39 years, shows dementia praecox with the low rate of 11, and the psychoses with cerebral arteriosclerosis show the highest rate of 1,000 deaths per thousand under treatment of the same psychosis. In the 40–49 year age group, the psychoneuroses show the lowest rate of 12 and psychoses due to new growth the highest rate of 500. In the group 50–59 years, the psychoses with mental deficiency show the lowest death rate with 16 deaths per thousand under treatment, while the high rate of 625 is evident in the psychoses due to new growth.

In the age group 60–69 years, mental deficiency again presents the lowest rate of 31 and the psychoses with other infectious diseases present the high rate of 600. In the age group 70–79 years, we find the lowest rate of 23 in paranoia and paranoid conditions, while the high rate of 1,000 occurs in the psychoses due to new growth and with other infectious diseases. The age group 80 years plus shows the low rate in dementia praecox with 64 deaths per thousand under treatment. The highest rate of 1,000 occurs in the psychoses with other disturbances of circulation, and with organic changes of the nervous system.

The Influence of Economic Status on the Death Rate

Table 61 measures the influence of the economic condition of court first and readmissions upon the death rate of mental patients. For example, in 1936 we had 5,388 cases of dependent economic status under treatment in mental hospitals. Of these, 463 died. This constitutes a death rate of 85 per thousand dependent cases under treatment. The same method is used in calculating the death rates in each of the other economic status groups.

In the totals including both first and readmissions we note that the high death rate of 85 is in the dependent group. Both the marginal and comfortable groups show little differences, with death rates of 54 each. In the first admissions the high death rate of 113 occurs in the dependent group. The marginal group demonstrates a death rate of 72, and the comfortable group the low death rate of 64. In the dependent and comfortable groups the males show the higher death rates. In the marginal group there is practically no difference between the sexes.

TABLE 61. — *Economic Status of Court First and Readmissions who Died, 1936, by Sex: Death Rates per 1,000 Under Treatment*

Economic Status	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment	3,025	2,363	5,388	1,964	1,528	3,492	1,061	835	1,896
Deaths	262	201	463	227	168	395	35	33	68
Rate per 1,000	86.6	85.0	85.9	115.5	109.9	113.1	32.9	39.5	35.8
Marginal:									
Under Treatment	10,604	10,047	20,651	5,470	4,981	10,451	5,134	5,066	10,200
Deaths	566	553	1,119	397	362	759	169	191	360
Rate per 1,000	53.3	55.0	54.1	72.5	72.6	72.6	32.9	37.7	35.2
Comfortable:									
Under Treatment	570	867	1,437	342	489	831	228	378	606
Deaths	39	39	78	30	24	54	9	15	24
Rate per 1,000	68.4	44.9	54.2	87.7	49.0	64.9	39.4	39.6	39.6
Unknown:									
Under Treatment	252	282	534	175	207	382	77	75	152
Deaths	33	49	82	28	39	67	5	10	15
Rate per 1,000	130.9	173.7	153.5	160.0	188.4	175.3	64.9	133.3	98.6
Total:									
Under Treatment	14,451	13,559	28,010	7,951	7,205	15,156	6,500	6,354	12,854
Deaths	900	842	1,742	682	593	1,275	218	249	467
Rate per 1,000	62.2	62.0	62.1	85.7	82.3	84.1	33.5	39.1	36.3

Death Rate, General Population of Massachusetts, 1936, 11.7 per thousand population.

In the readmissions the dependent and marginal groups show the same death rate of 35, while the comfortable group shows a slightly higher death rate of 39. The females show higher death rates in both the dependent and marginal groups. In the comfortable group the rates are about on the same level.

It is evident that low economic status is a factor of considerable significance when it comes to the possibility of death while in the institution. The dependent group in first admissions shows a death rate which is nearly twice as high as that of the comfortable economic group. In the readmissions, however, the economic status appears to play very little part in the death rate.

MARITAL STATUS OF COURT FIRST AND READMISSIONS WHO DIED, 1936; DEATH RATES PER 1,000 UNDER TREATMENT

Table 62 outlines the death rates in the various marital status groups of court first and readmissions who died in hospitals during the year 1936.

In the totals for first and readmissions together, the high death rate of 178 occurs in the widowed group, and the low death rate of 37 in the single. The females show the higher death rate in both the single and the divorced, while the males show the higher death rates in the married, the widowed and the separated.

In the first admissions the high death rate of 216 occurs in the widowed group. The married are second with a death rate of 97; the separated third with 86; the divorced fourth with 85; and the single fifth with 45. The marked differences between the single and the widowed may be discounted largely because of age differences. However, the married, the divorced and the separated are comparable as to age. We note that the death rate for the married is slightly above that of both the divorced and separated groups. In the single and the divorced, the females show higher death rates than the males. In the married, the widowed and the separated, the males show the higher death rates.

In the readmissions we find that the high death rate of 89 occurs in the widowed. The married are second with a death rate of 41; the divorced third with 40; the separated fourth with 31; and the single fifth with 28. In the readmissions also the single and the divorced show higher death rates among the females than the males. In the married, widowed and separated, the males show the higher death rates.

TABLE 62. — *Marital Status of Court First and Readmissions who Died, 1936, by Sex: Death Rates per 1,000 Under Treatment*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Treatment	9,026	6,501	15,527	4,590	3,336	7,926	4,436	3,165	7,601
Deaths	313	266	579	192	171	363	121	95	216
Rate per 1,000	34.6	40.9	37.2	41.8	51.2	45.7	27.2	30.0	28.4
Married:									
Under Treatment	4,046	4,775	8,821	2,414	2,435	4,849	1,632	2,340	3,972
Deaths	379	261	640	307	168	475	72	93	165
Rate per 1,000	93.6	54.6	72.5	127.1	68.9	97.9	44.1	39.7	41.5
Widowed:									
Under Treatment	846	1,695	2,541	632	1,159	1,791	214	536	750
Deaths	175	279	454	155	232	387	20	47	67
Rate per 1,000	206.8	164.6	178.6	245.2	200.1	216.0	93.4	87.6	89.3
Divorced:									
Under Treatment	307	355	662	174	167	341	133	188	321
Deaths	15	27	42	13	16	29	2	11	13
Rate per 1,000	48.8	76.0	63.4	74.7	95.8	85.0	15.0	58.5	40.4
Separated:									
Under Treatment	177	220	397	109	100	209	68	120	188
Deaths	16	8	24	13	5	18	3	3	6
Rate per 1,000	90.3	36.3	60.4	119.2	50.0	86.1	44.1	25.0	31.9
Unknown:									
Under Treatment	49	13	62	32	8	40	17	5	22
Deaths	2	1	3	2	1	3	–	–	–
Rate per 1,000	40.8	76.9	48.3	62.5	125.0	75.0	–	–	–
Total:									
Under Treatment	14,451	13,559	28,010	7,951	7,205	15,156	6,500	6,354	12,854
Deaths	900	842	1,742	682	593	1,275	218	249	467
Rate per 1,000	62.2	62.0	62.1	85.7	82.3	84.1	33.5	39.1	36.3

To summarize, the single, composed largely of patients in the younger age groups, show the lower death rates. The widowed, in the higher age groups, show higher death rates. The married, divorced and separated are somewhat on the same level with the married slightly higher. Greater differences between the death rates for the different marital groups are observed in the first admissions. Marital status is not associated with as great differences in the readmissions.

Country of Birth of Court First and Readmissions Dying, 1936: Rates per 1,000 under Treatment

Table 63 presents the death rates for first and readmissions dying during 1936 by country of birth. Among the first admissions the total rate for all groups is 84 deaths per thousand patients under treatment. England presents the highest rate of 177 deaths per thousand natives of England who were in mental hospitals during the year. Germany is second with a rate of 157. Canada and Sweden are next with rates of 133 and 119, respectively. The low death rate of 31 is observed in patients coming from Finland, with Austria next in order showing a rate of 32. Poland also presents a comparatively low rate of 49. Patients born in the United States present an intermediate death rate of 72 between the two extremes.

Table 63. — *Deaths in Court First and Readmissions during 1936, by Country of Birth and Sex: Death Rates per 1,000 Under Treatment*

Country of Birth	First Admissions			Readmissions		
	Total Under Treatment	Total Deaths	Rate per 1,000	Total Under Treatment	Total Deaths	Rate per 1,000
England	343	61	177.8	246	10	40.6
Germany	114	18	157.8	99	5	50.5
Canada[1]	1,258	168	133.5	879	49	55.7
Sweden	168	20	119.0	144	10	69.4
Ireland	1,131	132	116.7	1,015	53	52.2
Greece	78	8	102.5	69	2	28.9
Scotland	112	10	89.2	77	4	51.9
Portugal	156	13	83.3	112	4	35.7
Russia	339	26	76.6	526	10	19.0
United States	9,794	712	72.6	8,421	290	34.4
Italy	551	37	67.1	393	8	20.3
Poland	384	19	49.4	298	5	16.7
Austria	93	3	32.2	99	3	30.3
Finland	94	3	31.9	69	4	57.9
All other countries	541	45	83.1	407	10	24.5
Total	15,156	1,275	84.1	12,854	467	36.3

(See Table 234 for detail)
[1] Includes Newfoundland.

Among the readmissions the total rate for all groups is 36 deaths per thousand under treatment. The natives of Sweden present the high death rate of 69. Finland and Canada are next in order with rates of 57 and 55, respectively. The low death rates are observed in the natives of Poland, Russia and Italy with rates of 16, 19 and 20, respectively. In the readmissions also, the natives of the United States present an intermediate death rate of 34.

Death Rates, 1936, by Number of This Admission

Table 64 presents the death rates of all first and readmissions dying during 1936 in accordance with the number of the present admission.[1]

Patients dying during their first admission show the high death rate of 81, and also present a slightly higher death rate in the males than in the females. Cases dying during their second admissions show a death rate of 37, and those dying during the third admission show a death rate of 33. Both of these groups show higher death rates in the females. Those dying during the fourth admission present a death rate of 34, and those dying during the fifth admission a death rate of 32. The last admission group shows a higher death rate in the males. Those dying during the sixth admission show a death rate of 36 with a decidedly higher death rate in the females than in the males. Those dying during the seventh, eighth or ninth admission reveal higher death rates in the males.

From this table it becomes evident that the males coming to mental hospital for the first time are showing death rates which are over twice as high as the death rates of the readmitted cases. There seems to be no discernible trend in the death rates occurring from the second to the ninth admission. This in itself is quite significant as patients with a higher number of admissions are quite naturally in the older age groups, and might be expected to show higher death rates.

---

[1] The difference in death rates between this table and the three preceding tables is due to the fact that Table 64 considers *all* first and readmissions dying while the others considered court cases only.

TABLE 64. — *Death Rates of All First and Readmissions Under Treatment in Hospitals for Mental Diseases, 1936, by Number of This Admission and Sex*

NUMBER OF THIS ADMISSION	CASES UNDER TREATMENT			DEATHS			RATE PER 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First . .	9,432	8,172	17,604	783	654	1,437	83.0	80.0	81.6
Second . .	3,273	2,982	6,255	110	127	237	33.6	42.5	37.8
Third . .	2,102	1,977	4,079	65	71	136	30.9	35.9	33.3
Fourth . .	868	926	1,794	30	32	62	34.5	34.5	34.5
Fifth . .	359	412	771	12	13	25	33.4	31.5	32.4
Sixth . .	162	193	355	3	10	13	18.5	51.8	36.6
Seventh . .	102	97	199	6	5	11	58.8	51.5	55.2
Eighth . .	50	55	105	3	1	4	60.0	18.1	38.0
Ninth . .	25	38	63	1	1	2	40.0	26.3	31.7
Tenth . .	10	14	24	–	–	–	–	–	–
Eleventh. .	9	13	22	–	–	–	–	–	–
Twelfth or over	27	21	48	–	1	1	–	47.6	20.8
Total .	16,419	14,900	31,319	1,013	915	1,928	61.6	61.4	61.5

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1936, BY MENTAL DISORDERS

Table 65 and Graph 5 show the length of hospital stay of patients dying during 1936, by mental disorders. In many cases these averages point out the cases presenting rather severe physical conditions superimposed upon their mental disorder. In the first admissions the average length of stay previous to death was 3.6 years, 3.7 years for the males and 3.5 years for the females. The alcoholic psychoses showed the long hospital stay of 12 years previous to death. Dementia praecox and psychopathic personality are second with 10 years each. Paranoia is next with 9 years, and mental deficiency fifth with 7 years. The last four mental disorders of the first admissions present such small numbers that they do not merit discussion. Excluding these four, the shortest hospital stay is observed in the psychoses with cerebral arteriosclerosis, 1.2 years. Other metabolic diseases, other infectious diseases, and other disturbances of circulation also show a hospital residence between one and two years. The short hospital stay of the cases with cerebral arteriosclerosis points to the seriousness of the physical condition of patients with this diagnosis. In the psychoses which are the more important from the numerical standpoint, we note that the alcoholic psychoses, dementia praecox, mental deficiency, the senile psychoses, and cerebral arteriosclerosis show a longer hospital residence previous to death in the females.

Among the readmissions the longer periods of hospital residence before death occur in psychopathic personality, 27 years; dementia praecox, 16 years; paranoia, 16 years; with convulsive disorders, 11 years; and the alcoholic psychoses, 10 years. In general, this table checks with the preceding tables which show a very high death rate for the first admissions as compared with the readmissions. The higher death rate for first admissions might be expected to be associated with a shorter length of hospital stay for these cases. We see that this is the case, as this table shows the first admissions with an average stay of 3.64 years, and 10.99 years for the readmissions.

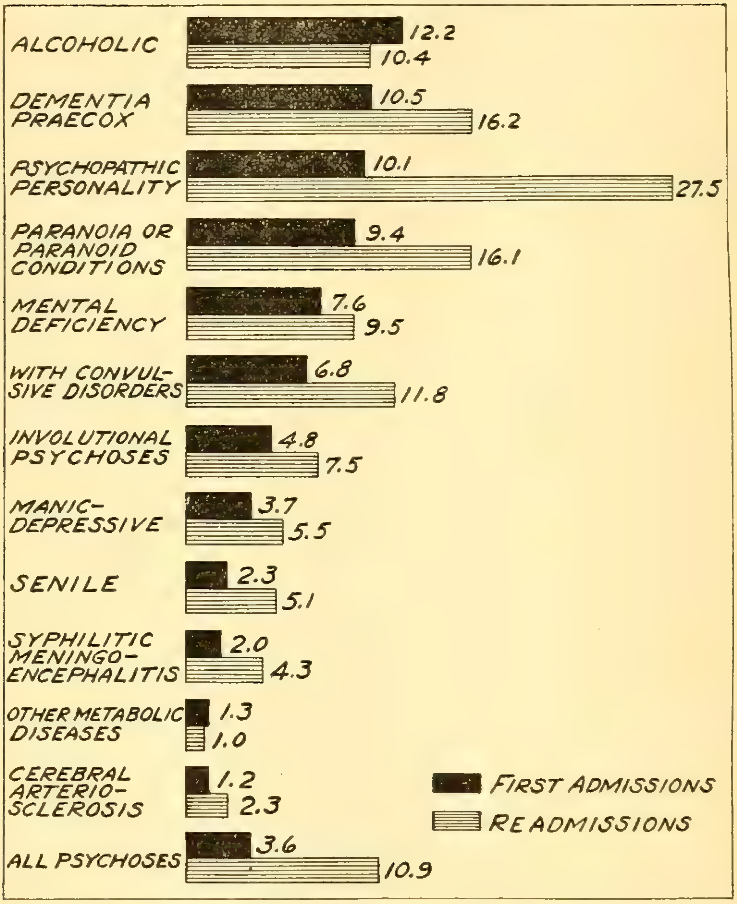
AVERAGE LENGTH OF HOSPITAL STAY, FIRST AND READMISSIONS DYING, 1928-1936

Table 66 shows the length of hospital stay during the present admission of court cases dying during each year, 1928 to 1936, inclusive. In 1928 the average length of stay of deaths was 4.7 years. This rose to 5.6 years in 1936, an increase of nine tenths of a year. The first impulse, of course, is to credit this increase to improvements in the medical and general care of patients. The figures are divided into first and readmissions from 1933 onward. Here we note a tremendous difference

TABLE 65. — *Average Length of Hospital Stay during THIS Admission, Regular Court First and Readmissions Dying, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	AVERAGE HOSPITAL STAY IN YEARS										
	Total — All Deaths			First Admissions			Position	Readmissions			Position
	M.	F.	T.	M.	F.	T.		M.	F.	T.	
Alcoholic psychoses	10.71	16.52	11.46	11.95	15.05	12.23	1	8.84	17.50	10.41	5
Dementia praecox	14.23	14.09	14.15	10.41	10.74	10.57	2	17.15	15.66	16.23	2
With psychopathic personality	15.10	6.50	12.64	12.00	6.50	10.16	3	27.50	–	27.50	1
Paranoia and paranoid conditions	12.36	12.18	12.26	6.70	11.04	9.49	4	17.08	14.75	16.15	3
With mental deficiency	6.53	10.22	8.60	4.42	9.00	7.69	5	7.58	12.52	9.56	6
With epidemic encephalitis	6.73	7.50	6.92	6.73	7.50	6.92	6	–	–	–	18
With convulsive disorders (epilepsy)	8.08	8.14	8.10	8.26	4.45	6.87	7	7.60	21.66	11.82	4
Traumatic psychoses	6.55	–	6.55	6.27	–	6.27	8	6.73	–	6.73	10
Involutional psychoses	4.26	5.74	5.35	4.24	5.07	4.83	9	4.50	8.03	7.58	7
Manic-depressive psychoses	5.00	4.57	4.73	4.36	3.32	3.73	10	5.59	5.52	5.55	11
With organic changes of nervous system	2.32	5.97	3.46	1.88	5.70	2.92	11	3.50	6.38	4.65	13
Senile psychoses	2.10	3.08	2.67	2.02	2.66	2.39	12	2.97	6.17	5.10	12
With syphilitic meningo-encephalitis	2.02	4.06	2.52	2.00	2.24	2.07	13	2.06	13.62	4.37	14
With other disturbances of circulation	2.35	.85	1.85	2.33	1.06	1.94	14	2.50	.04	1.27	16
With other infectious diseases	3.77	.09	1.56	3.77	.09	1.56	15	–	–	–	19
Due to other metabolic diseases, etc.	2.13	.68	1.30	2.23	.62	1.32	16	.50	1.27	1.01	17
With cerebral arteriosclerosis	1.21	1.45	1.33	1.17	1.34	1.25	17	1.77	2.86	2.30	15
With other forms of syphilis	2.52	3.85	2.74	.71	.21	.65	18	6.73	7.50	6.92	9
Psychoneuroses	–	2.73	2.73	–	.35	.35	19	–	7.50	7.50	8
Due to new growth	.16	.21	.17	.16	.21	.17	20	–	–	–	21
Due to drugs, etc.	.04	–	.04	.04	–	.04	21	–	–	–	20
Total With Mental Disorder	5.19	5.87	5.52	3.61	3.39	3.51		10.11	11.75	10.99	
Total Without Mental Disorder	12.16	15.31	13.42	12.50	16.25	13.90		10.50	12.50	11.50	
Grand Total	5.28	5.96	5.61	3.74	3.52	3.64		10.11	11.76	10.99	

in the length of stay of first admissions, averaging 3.6 years, as compared with readmissions, averaging 10.9 years. The first admissions who die have a hospital stay preceding death which is only about a third that of the readmissions. In the four-year period covered, no trends in either first or readmissions are observable. In the first admissions the males tend to show the longer hospital residence preceding death, while in the readmissions, the females demonstrate the longer hospital stay.



GRAPH 5. — LENGTH OF TIME IN RESIDENCE OF CERTAIN PSYCHOSES, COURT FIRST ADMISSIONS AND READMISSIONS DYING, 1936: AVERAGES IN YEARS

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1936, BY MENTAL DISORDERS AND STATUS OF ADMISSION

Table 67 studies the court readmissions specifically in reference to the length of hospital stay previous to death. We analyze not only the present admission during which the patient died, but also present the length of residence in hospitals during all previous admissions. In the totals we observe that these readmitted cases had been in hospital during their lives a total of 15.4 years, 14.6 years for the males and 16.2 years for the females. In the last admission during which the patient died, the hospital residence was 10.9 years, 10.1 years for the males and 11.7 years for the females. These same cases had been in hospital during previous admissions for a total of 4.5 years, the length of residence being the same for both sexes. As many of these patients had several previous admissions, it is evident that their early hospital residences were of comparatively short duration. However, it will be noted that the last admission, terminating in death, tends to be nearly two and a half times as long as all the other previous admissions combined.

TABLE 66. — *Length of Hospital Stay during THIS Admission, Court Cases Dying, 1928–1936, by Year and Sex: Averages*[1]

YEARS	AVERAGE LENGTH OF HOSPITAL STAY IN YEARS								
	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928 . . .	4.4	5.0	4.7	–	–	–	–	–	–
1929 . . .	5.1	5.1	5.1	–	–	–	–	–	–
1930 . . .	5.4	5.4	5.4	–	–	–	–	–	–
1931 . . .	5.3	5.3	5.3	–	–	–	–	–	–
1932 . . .	5.5	6.3	5.9	–	–	–	–	–	–
1933 . . .	5.5	5.8	5.7	3.8	3.5	3.6	11.2	12.0	11.6
1934 . . .	5.2	5.3	5.3	3.6	3.4	3.5	10.6	10.8	10.7
1935 . . .	5.3	6.0	5.7	3.9	3.7	3.8	10.1	11.9	11.1
1936 . . .	5.2	5.9	5.6	3.7	3.5	3.6	10.1	11.7	10.9

[1] Includes Bridgewater, Tewksbury, McLean and Veterans' Adm. Facilities Nos. 107 and 95.

TABLE 67. — *Average Length of Hospital Stay during the Present Admission and Previous Admissions, Court Readmissions Dying, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	ALL ADMISSIONS			THIS ADMISSION			PREVIOUS ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With psychopathic personality	27.50	–	27.50	27.50	–	27.50	–	–	–
Paranoia and paranoid conditions.	25.00	17.87	22.65	17.08	14.75	16.15	7.92	3.12	6.50
Dementia praecox. . . .	23.37	21.16	22.00	17.15	15.66	16.23	6.22	5.50	5.77
With mental deficiency .	18.87	24.75	21.22	7.58	12.52	9.56	11.29	12.23	11.66
With convulsive disorders (epilepsy)	11.07	23.33	14.75	7.60	21.66	11.82	3.47	1.67	2.93
Alcoholic psychoses . .	11.42	18.33	12.67	8.84	17.50	10.41	2.58	.83	2.26
Psychoneuroses . . .	–	12.50	12.50	–	7.50	7.50	–	5.00	5.00
With other forms of syphilis.	8.50	22.50	12.00	6.73	7.50	6.92	1.77	15.00	5.08
Involutional psychoses. .	7.50	10.64	10.25	4.50	8.03	7.58	3.00	2.61	2.67
Manic-depressive psychoses	9.68	8.33	8.81	5.59	5.52	5.55	4.09	2.81	3.26
Traumatic psychoses . .	8.50	–	8.50	6.73	–	6.73	1.77	–	1.77
With other disturbances of circulation	12.50	.21	6.35	2.50	.04	1.27	10.00	.17	5.08
Senile psychoses . . .	4.29	6.94	6.05	2.97	6.17	5.10	1.32	.77	.95
With organic changes of nervous system . . .	5.11	7.33	6.00	3.50	6.38	4.65	1.61	.95	1.35
With syphilitic meningo-encephalitis . . .	3.52	13.87	5.59	2.06	13.62	4.37	1.46	.25	1.22
With cerebral arteriosclerosis	3.90	6.16	5.00	1.77	2.86	2.30	2.13	3.30	2.70
Due to other metabolic diseases, etc.	1.50	1.85	1.73	.50	1.27	1.01	1.00	.58	.72
Total With Mental Disorder	14.65	16.22	15.49	10.11	11.75	10.99	4.54	4.47	4.50
Total Without Mental Disorder	11.00	21.25	16.12	10.50	12.50	11.50	.50	8.75	4.62
Grand Total . . .	14.62	16.26	15.49	10.11	11.76	10.99	4.51	4.50	4.50

But two psychoses show longer hospital residences during their previous admissions than during the present admission which resulted in death. These are with mental deficiency and with cerebral arteriosclerosis. In all the other psychoses under discussion* the last admission during which the patient died was longer than all previous admissions combined. In the manic-depressive psychoses the length of stay during the present admission, 5.5 years, was 70 per cent longer than that of all previous admissions combined, 3.2 years. The other psychoses present more marked differences, with longer hospital residences in the last admission. For example, in convulsive disorders (epilepsy), the length of residence during the last admission, 11.8 years, was 303 per cent longer than the residence during previous admissions, 2.9 years. In the alcoholic psychoses the present admission,

---

*To simplify the discussion we have arbitrarily excluded the psychoses presenting less than ten deaths among readmissions during the year. These are as follows: psychopathic personality, psychoneuroses, other forms of syphilis, involutional psychoses, traumatic psychoses, other disturbances of circulation and other metabolic diseases, etc.

10.4 years, was 360 per cent longer than all previous admissions combined, 2.2 years. In the senile psychoses the present admission, 5.1 years, was 436 per cent longer than all previous admissions, .95 years.

In summarizing, we note that but two psychoses (with mental deficiency and cerebral arteriosclerosis), show a longer hospital residence during previous admissions than during the last admission which resulted in death. All other psychoses of numerical importance show a comparatively short sum total of hospital residence during previous admissions and a long hospital residence during their final admission. As many of these patients had several previous admissions, it becomes evident that it is common for patients to have several short hospital residences and to be discharged to the community. However, it appears that the later attacks of mental disorder are more serious and keep them in hospital for a comparatively long period of time before their death.

Average Length of Hospital Stay during This Admission and All Admissions, Committed Patients Dying, 1936, by Number of Times Admitted

Table 68 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions. The apparent differences between Table 68 and Table 67 are due to the fact that Table 68 includes the figures for first admissions as well as readmissions in the totals of the column "This Admission". Table 67 is based on readmissions only, in other words, upon cases having from two to ten or more admissions.

The length of hospital residence of this last admission during which the patient died is shortest in the case of patients who had only one admission, 3.6 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 12.0 years. When the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 11.0 years. The average length of stay if the patient had four admissions was 10.8 years and if he had five admissions it was 11.7 years. In the remaining groups we observe a decrease in the length of the last hospital residence during the admission in which the death occurred. Patients having ten or more admissions showed a duration of hospital residence of 4.5 years.

Table 68. — *Length of Time in Residence During This Admission and All Admissions, Court Cases Dying During 1936, by Number of Times Admitted: Averages in Years*

Number of Times Admitted	Number			Average Length of Hospital Stay in Years					
				This Admission			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	682	593	1,275	3.74	3.52	3.64	–	–	–
Two	101	118	219	10.06	13.79	12.07	13.42	17.39	15.56
Three	64	68	132	12.31	9.82	11.03	17.36	15.77	16.54
Four	28	32	60	10.17	11.36	10.81	17.96	17.12	17.51
Five	12	13	25	9.09	14.12	11.70	14.60	18.42	16.59
Six	3	10	13	2.79	2.75	2.76	15.83	12.44	13.23
Seven	6	5	11	3.77	10.97	7.04	6.67	15.70	10.77
Eight	3	1	4	6.90	7.50	7.05	9.17	43.00	17.63
Nine	1	1	2	7.50	.04	3.77	22.50	.37	11.44
Ten or more	–	1	1	–	4.50	4.50	–	12.50	12.50
Total	900	842	1,742	5.28	5.96	5.61	14.62	16.26	15.49

(See Tables 231 and 232 for detail)

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence falls to the patients admitted to hospital but once (3.6 years). The longest stay for the last admission is noted in the cases dying during the second of two admissions (12.0 years). In the cases having three or more admissions we note that the length of hospital stay previous to death decreases as the number of admissions increases. Patients having a larger number of admissions in general are found in the older age groups. Under these conditions, a shorter hospital residence previous to death might be expected in these cases.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We shall now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 15.5 years. For cases admitted three times, the average length of hospital residence was 16.5 years. For patients admitted four times, the average length of stay was 17.5 years, and so on. The longest average stay is observed in cases admitted eight times with an average hospital residence of 17.6 years during all admissions. We observe that the accumulation of years spent in hospitals does not seem to be associated with the number of admissions. There is a rather remarkable consistency in the length of time spent in hospital by these cases during all admissions, regardless of the number of times they returned to institutions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, COURT READMISSIONS DYING DURING 1936

Table 69 gives the average length of hospital stay during each admission in accordance with the number of times admitted. We observe that the average length of stay during all admissions remains on somewhat the same level in the first four groups. When we come to the smaller numbers involved in the cases having six or more admissions, variations begin to occur. However, surprisingly little variation occurs in these averages, regardless of the number of times admitted.

The average length of stay during each admission for patients with two admissions is 7.7 years. For patients having three admissions, the average length of stay during each admission is 5.5 years. For persons having four admissions, the average length of stay is 4.3 years for each of the four admissions. In the case of five admissions the patient remained an average of 3.3 years for each of the five admissions.

TABLE 69. — *Length of Time in Residence During Each Admission, Court Readmissions Dying during 1936: Averages in Years*

NUMBER OF TIMES ADMITTED	Average Length of Stay in Years during All Admissions	Average Length of Stay in Years for Each Time Admitted
Two	15.56	7.78
Three	16.54	5.51
Four	17.51	4.37
Five	16.59	3.31
Six	13.23	2.20
Seven	10.77	1.53
Eight	17.63	2.20
Nine	11.44	1.27
Ten or more	12.50	1.25

(See Table 232 for detail)

In discussing these deaths which demonstrate the final outcome of the hospital life of these patients, we note that patients who have but few admissions tend to remain for a long time during these admissions. Those who have a large number of admissions show correspondingly shorter residences during each admission. However, the total time within hospital during all admissions tends to remain approximately the same, whatever the actual number of admissions may be.

TIME WITHIN INSTITUTION DURING THIS ADMISSION, ALL COURT FIRST AND READMISSIONS WHO DIED DURING 1936, BY HOSPITAL

Table 70 is arranged in accordance with the length of hospital stay of cases dying during 1936, the hospital showing the longest average stay coming first in the table. The total net hospital residence of all deaths was 5.6 years. The first admissions showed a net residence of 3.6 years. The readmissions remained 10.9 years or three times as long as the first admissions.

The institutions vary markedly in the length of time spent within the hospital prior to death. The State hospitals caring for the chronic or transferred patients show the longest net residence. The lowest average for the chronic group occurs at Medfield with an average stay of 10.9 years while the longest residence is evident at Grafton, 12.6 years. The hospital for epileptics (Monson) shows an average net residence of 10.5 years. The hospitals which show active admission rates and which handle the acute and seriously ill patients show much shorter average residences. The longest stay in this group is seen at Foxborough with an average residence of 5.2 years, and the shortest stay of 3.0 years is observed at Danvers. The Metropolitan Hospital and the Psychopathic are not included in this group as the Metropolitan deals only with readmissions and the Psychopathic has very few court admissions who died. The Veterans' hospitals show hospital residences of 6.0 years and 4.7 years, respectively.

TABLE 70. — *Length of Time in Residence During THIS Admission, Court First and Readmissions Dying During 1936, by Hospital: Averages in Years*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Deaths	First Admissions	Readmissions
Bridgewater	19.28	18.77	20.95
Tewksbury	16.73	13.61	18.13
Grafton	12.69	4.47	15.58
Medfield	10.98	2.96	17.15
Monson	10.50	9.87	13.50
Gardner	9.24	2.80	13.56
McLean	8.63	4.12	13.14
Veterans' Administration Facility No. 107	6.05	2.83	7.25
Foxborough	5.29	3.53	12.36
Metropolitan	5.17	–	5.17
Westborough	4.87	4.56	6.13
Veterans' Administration Facility No. 95	4.72	2.86	6.20
Worcester	4.47	3.71	7.26
Northampton	4.33	3.81	7.10
Taunton	3.43	2.82	7.00
Boston State	3.22	2.18	8.83
Danvers	3.02	2.20	7.93
Boston Psychopathic	.13	.12	.13
Total	5.61	3.64	10.99

While the figures of this table show marked variations between the length of hospital residence of cases dying within the various institutions, no conclusions are justified owing to the fact that different types of patients are being admitted to these hospitals. The active admitting hospitals are receiving a group of patients, many of whom are acutely ill as well as disturbed mentally. These cases show a high mortality within the first few weeks following admission. The chronic hospitals, on the other hand, receive certain types of patients chiefly by transfer. They have been selected for transfer to the chronic hospital because of their excellent physical condition and the moderate development of their psychosis. These patients may be expected to survive for long periods of time. The marked difference in hospital residence of deaths in first admissions and readmissions is partially explained by the fact that the patients who combine a serious physical condition with a mental disorder died during the first admission. The better physical specimens recovered, were discharged and survived to be admitted in later years.

Causes of Death of Patients in Mental Hospitals

Table 71 outlines the causes of death in mental hospitals during 1936 in order of importance. Diseases of the myocardium are found to be the cause of death in 24.4 per cent of cases. Bronchopneumonia is next with 15.2 per cent, and arteriosclerosis third, with 11.8 per cent. Fourth place is occupied by tuberculosis of the respiratory system with 6.3 per cent. Cerebral hemorrhage is fifth with 3.8 per cent and general paresis sixth with 3.7 per cent. An interesting finding is presented when we add together the percentages for cardiovascular diseases or disorders (diseases of the myocardium, arteriosclerosis, cerebral hemorrhage, other diseases of the heart, chronic endocarditis, and diseases of the coronary arteries and angina pectoris). These conditions account for 45.9 per cent of all deaths in mental hospitals. Again, disorders attacking the lungs show a high incidence. The total percentage for the conditions, bronchopneumonia, tuberculosis of the respiratory system, and lobar pneumonia is 24.9 per cent. Combining the two major groups under the two headings "Cardiovascular disorders" and "Repsiratory disorders", we find that they account for 70.8 per cent of deaths. Seven out of every ten deaths occuring in mental hospitals are to be found in these two main groups.

Table 71. — *Causes of Death of All Patients Dying in Hospitals for Mental Diseases Compared with Causes of Death in the General Population: Numbers and Percentages*

Causes of Death	Mental Diseases						General Population Percent
	Number			Percent			
	M.	F.	T.	M.	F.	T.	
Diseases of the myocardium	258	211	469	25.4	23.0	24.4	12.7
Bronchopneumonia	170	123	293	16.7	13.4	15.2	4.3
Arteriosclerosis	100	128	228	9.8	14.0	11.8	2.0
Tuberculosis of the respiratory system	62	59	121	6.1	6.4	6.3	3.4
Cerebral hemorrhage	37	36	73	3.7	3.9	3.8	7.5
General paresis of the insane	54	18	72	5.3	2.0	3.7	.2
Cancer and other malignant tumors	28	40	68	2.8	4.3	3.5	12.8
Nephritis	32	36	68	3.2	3.9	3.5	6.2
Lobar pneumonia	40	25	65	3.9	2.7	3.4	3.8
Other diseases of the heart	27	29	56	2.7	3.2	2.9	8.7
Epilepsy	22	20	42	2.2	2.2	2.2	.2
Chronic endocarditis	10	27	37	1.0	3.0	1.9	3.7
Other external causes	18	19	37	1.8	2.1	1.9	5.9
Diseases of the coronary arteries and angina pectoris	16	5	21	1.6	.5	1.1	6.2
Other diseases of the respiratory system (tuberculosis excepted)	12	9	21	1.2	1.0	1.1	.1
Ill-defined causes of death	13	6	19	1.3	.7	1.0	.02
Syphilis (non-nervous forms)	9	6	15	.9	.7	.8	.4
Hernia, intestinal obstruction	7	8	15	.7	.9	.8	.7
Diabetes	6	8	14	.6	.9	.7	2.7
Cirrhosis of the liver	7	7	14	.7	.8	.7	.8
Purulent infection (septicaemia)	7	4	11	.7	.4	.6	.03
Erysipelas	2	8	10	.2	.9	.5	.1
Suicides	4	5	9	.3	.5	.4	1.0
All Other Causes	72	78	150	7.2	8.6	7.8	16.5
Total	1,013	915	1,928	100.0	100.0	100.0	100.0

(See Table 233 for detail)

Comparing the deaths in mental hospitals with deaths in the general population, we observe very interesting differences. Cases with mental disease show approximately twice as many deaths from diseases of the myocardium as the population; nearly six times as many deaths from arteriosclerosis; over three times as many deaths from bronchopneumonia; twice as many deaths from tuberculosis of the respiratory system; eighteen times as many deaths from general paresis; and eleven times as many deaths from epilepsy. On the other hand, cases with mental disorder are low in their proportion of deaths from certain other conditions, namely; cancer, cerebral hemorrhage, other diseases of the heart, nephritis, chronic endocarditis, and diseases of the coronary arteries and angina pectoris. An extremely interesting observation is that but .4 per cent of the mental hospital deaths are from suicide, while in the general population the percentage is 1.0. The most significant differences are the high rates in the mental disorders for diseases of the cardiovascular system and diseases of the respiratory system. Mental disease is very low in its proportion of deaths from cancer and nephritis and suicide.

Average Length of Hospital Residence by Age at Admission, Cases Dying during 1936

Table 72 gives the average length of hospital stay of deaths during 1936 by age at admission. In the first admissions patients showing the longest hospital stay preceding death, 10.7 years, were admitted in the age group 30–39 years. We note that the cases dying who were admitted in the younger age groups tend to show the longer periods of hospital residence. From 40 years onward, however, a steadily decreasing length of hospital residence is observed, with the low average of .91 years occuring in the age group 80 years and over. The decrease in length of stay as age advances might be expected, as the expectation of life is decreasing as the patients grow older. It will be noted that only one of the admission age groups shows an average length of stay of 10 years or over. In the first admissions the males show a longer hospital residence in the admission age groups 0–19 years, 30–39 years and 40–49 years. In the admission age groups 20–29 years and the ages above 50 years the females show the longer hospital residence preceding death.

Table 72. — *Length of Time in Residence during THIS Admission, Court First and Readmissions Dying, 1936, by Age at Admission and Sex: Averages in Years*

Age at Admission	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	7.93	3.67	6.45	8.57	3.13	6.46	6.16	7.50	6.43
20–29 years	11.81	11.88	11.84	8.42	9.68	8.89	17.56	14.47	16.14
30–39 years	16.36	12.92	14.69	11.82	9.70	10.79	20.69	16.06	18.46
40–49 years	8.99	11.60	10.29	7.38	5.07	6.37	11.83	18.13	15.48
50–59 years	5.23	7.31	6.33	4.95	5.31	5.13	5.81	10.40	8.46
60–69 years	2.56	3.42	2.95	2.13	2.59	2.32	4.35	5.56	5.00
70–79 years	1.46	2.03	1.73	1.38	1.77	1.56	2.13	3.97	3.03
80 years and over	.60	1.15	.89	.60	1.18	.91	.29	.31	.31
Total	5.28	5.96	5.61	3.74	3.52	3.64	10.11	11.76	10.99

(See Tables 229 and 230 for detail)

The readmissions likewise show the longest length of hospital residence preceding death in those cases admitted in the age group 30–39 years, 18.4 years. An important difference is observed in contrast with the first admissions. The latter showed one group with an average stay of 10 years or over, while the readmissions present a hospital residence over ten years in three age groups, 20–29 years, 30–39 years and 40–49 years. From 50 years onward they show the same decrease as observed in first admissions, culminating in the short hospital residence of .31 years, in cases admitted in the age group 80 years and over. In the readmissions the males show a longer hospital residence in but two admission age groups, 20–29, and 30–39 years. In the admission age group 0–19 years and in all admission ages from 40 years onward the females show the longer hospital residence.

The reasons for the shorter average length of stay in first admissions as compared with readmissions is explained if we study the distribution of length of hospital stay as outlined in Tables 229 and 230 of the Appendix. The first admissions dying (1,275 cases) present 21.5 per cent (274 cases), with a hospital residence of less than one month preceding death. On the other hand, the readmissions (467 cases), showed but 4.7 per cent (22 cases), with a hospital residence of less than one month. The first admissions show 55 per cent of cases dying under one year, while the readmissions show but 18 per cent dying under one year. When we get into the longer lengths of hospital residence preceding death, we see a shift to larger proportions in the readmissions. In the group remaining 5–9 years preceding death, we find the first admissions with 8.7 per cent and the readmissions with 14.7 per cent. In the group remaining 10–14 years, the first admissions show 4.0 per cent and the readmissions 12.6 per cent In those remaining 20–24 years, the first admissions show 1.6 per cent, and the readmissions 5.5 per cent. In the group remaining in the hospital 30 years or longer, the first admissions place 1.7 per cent, and the readmissions 9.2 per cent.

TABLE 73. — *Age at Death, Court First and Readmissions Dying, 1936, by Mental Disorders and Sex: Averages in Years*

MENTAL DISORDERS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	77	25	102	51.6	49.9	51.2	61	21	82	52.9	47.9	51.7	16	4	20	46.5	60.0	49.2
With other forms of syphilis	10	2	12	60.0	50.0	58.3	7	1	8	58.2	22.5	53.7	3	1	4	64.1	77.5	67.5
With epidemic encephalitis	3	1	4	47.5	42.5	46.2	3	1	4	47.5	42.5	46.2	–	–	–	–	–	–
With other infectious diseases	2	3	5	52.5	47.5	49.5	2	3	5	52.5	47.5	49.5	–	–	–	–	–	–
Alcoholic psychoses	68	10	78	63.1	62.5	63.1	41	4	45	63.4	63.7	63.4	27	6	33	62.8	61.6	62.6
Due to drugs, etc.	1	–	1	47.5	–	47.5	1	–	1	47.5	–	47.5	–	–	–	–	–	–
Traumatic psychoses	5	–	5	52.5	–	52.5	2	–	2	55.0	–	55.0	3	–	3	50.8	–	50.8
With cerebral arteriosclerosis	314	274	588	72.8	73.2	73.0	292	253	545	72.8	73.4	73.1	22	21	43	72.7	70.8	71.8
With other disturbances of circulation	10	5	15	66.0	46.5	59.5	9	4	13	67.5	50.0	62.1	1	1	2	52.5	32.5	42.5
With convulsive disorders (epilepsy)	26	14	40	52.3	50.3	51.6	19	11	30	51.1	44.3	48.6	7	3	10	55.3	72.5	60.5
Senile psychoses	97	135	232	77.4	77.6	77.5	89	119	208	77.7	77.7	77.7	8	16	24	74.3	76.5	75.8
Involutional psychoses	11	31	42	59.3	58.6	58.8	10	24	34	59.0	57.9	58.2	1	7	8	62.5	61.0	61.2
Due to other metabolic diseases, etc.	17	23	40	56.3	50.5	53.0	16	21	37	56.8	50.5	53.3	1	2	3	47.5	50.0	49.1
Due to new growth	8	1	9	56.8	62.5	57.5	8	1	9	56.8	62.5	57.5	–	–	–	–	–	–
With organic changes of nervous system	22	10	32	53.4	49.7	52.2	16	6	22	59.0	51.2	56.9	6	4	10	38.4	47.5	42.0
Psychoneuroses	–	3	3	–	65.8	65.8	–	2	2	–	62.5	62.5	–	1	1	–	72.5	72.5
Manic-depressive psychoses	40	67	107	59.7	58.0	58.6	19	29	48	58.8	54.5	56.2	21	38	59	60.5	60.6	60.6
Dementia praecox	143	192	335	53.2	58.9	56.5	62	61	123	47.9	53.8	50.8	81	131	212	57.3	61.3	59.7
Paranoia and paranoid conditions	11	13	24	65.2	67.1	66.2	5	9	14	57.5	65.8	62.8	6	4	10	71.6	70.0	71.0
With psychopathic personality	5	2	7	63.5	77.5	67.5	4	2	6	63.7	77.5	68.3	1	–	1	62.5	–	62.5
With mental deficiency	18	23	41	55.0	54.2	54.5	6	15	21	51.6	47.8	48.9	12	8	20	56.6	66.2	60.5
Without psychoses	12	8	20	37.1	37.5	37.2	10	6	16	32.5	38.3	34.7	2	2	4	60.0	35.0	47.5
Total With Mental Disorder	888	834	1,722	64.3	65.7	65.0	672	587	1,259	65.8	66.9	66.3	216	247	463	59.4	63.1	61.4
Total Without Mental Disorder	12	8	20	37.1	37.5	37.2	10	6	16	32.5	38.3	34.7	2	2	4	60.0	35.0	47.5
Grand Total	900	842	1,742	63.9	65.4	64.6	682	593	1,275	65.3	66.6	65.9	218	249	467	59.4	62.5	61.1

(See Tables 221 and 222 for detail)

AVERAGE AGE AT DEATH, COURT FIRST ADMISSIONS AND READMISSIONS DYING, 1936, BY MENTAL DISORDERS AND SEX

Table 73 tells us that the average age at death of all cases dying during 1936 was 64.6 years; 63.9 years for the males and 65.4 years for the females. The average age of first admissions dying was 65.9 years, that of the males (65.3 years) being 1.3 years less than that of the females (66.6 years). The average age of readmissions dying was 61.1 years. Here the males (59.4 years) averaged 3.1 years less than the females (62.5 years).

The four numerically important psychoses showing the highest average ages at death are the senile, 77.7 years for first admissions and 75.8 for readmissions; psychoses with cerebral arteriosclerosis, 73.1 years for first admissions and 71.8 years for readmissions; alcoholic psychoses, with an average of 63.4 years for the first admissions and 62.6 years for the readmissions; the involutional psychoses with 58.2 years for first admissions and 61.2 years for readmissions; the manic-depressive cases with an average age of 56.2 years among the first admissions and 60.6 years in the readmissions; and dementia praecox cases with an average age of 50.8 years in first admissions and 59.7 years in readmissions. Again among the numerically important psychoses, the lowest average age at death occurs in the psychoses with syphilitic meningo-encephalitis, 51.7 years among the first admissions and 49.2 years among readmissions; psychoses with mental deficiency with an average of 48.9 years among first admissions and 60.5 years among readmissions; and the without psychoses group with an average age at death of 34.7 years among first admissions and 47.5 years among readmissions.

From the above table we observe that the cases who die are drawn largely from the older age groups. The average age at death of 64.6 years is over 21 years higher than the average age of cases who were discharged during the year, (42.8 years.)

AVERAGE AGE AT DEATH OF COURT FIRST ADMISSIONS AND READMISSIONS DYING, 1936, BY HOSPITAL AND SEX

Table 74 presents the average age at death of court first and readmissions dying during 1936, by hospital. The McLean Hospital shows the highest average age at death of 70 years, 72 years in the first admissions and 67 years in the readmissions. Tewksbury is second with a total average age of 69 years, 74 years in first admissions and 67 years in readmissions. Westborough is third with a total average age of 68 years, 70 years in the first admissions and 58 years in the readmissions.

In all of the institutions the average ages at death remain over 60 years until we reach the Metropolitan State Hospital which shows an average of 55.4 years. The Boston Psychopathic Hospital shows the lowest average age at death of 39.2 years; 45.0 years for first admissions and 27.7 years for readmissions. In thirteen of these institutions the average ages at death are over 60 years. One institution falls in the age group 50–59 years; three hospitals in the group 40–49 years, and one hospital in the 30–39 year group. In the mental hospitals as in the general population, we see the higher proportion of deaths occurring in the older age groups.

Section E. Resident Population of Mental Hospitals on September 30, 1936

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1936. We now turn to a discussion of the resident population and analyze specific factors on all patients in residence, and all patients out of our mental hospitals, on September 30, 1936, On that date there were 24,256 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, Veterans' Administration Facilities Nos. 95 and 107, and McLean Hospital. Twelve thousand four hundred seventy-four of these were males and 11,782 were females.

In the following discussion it should be recalled that the resident population is simply an accumulation of admissions who have not left the hospital by reason of discharge or death. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar

TABLE 74. — *Age at Death, Court First and Readmissions Dying, 1936, by Hospital and Sex: Averages in Years.*

HOSPITALS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
McLean	4	8	12	68.7	70.6	70.0	2	4	6	75.0	71.2	72.5	2	4	6	62.5	70.0	67.5
Tewksbury	7	22	29	73.9	67.7	69.2	5	4	9	77.5	70.0	74.1	2	18	20	65.0	67.2	67.0
Westborough	57	98	155	69.5	67.9	68.5	50	74	124	71.4	70.6	70.9	7	24	31	56.0	59.4	58.7
Northampton	73	74	147	67.9	67.0	67.5	61	62	123	68.4	69.1	68.8	12	12	24	65.8	56.2	61.0
Boston State	172	160	332	65.9	68.1	67.0	149	131	280	67.2	68.4	67.7	23	29	52	57.9	67.1	63.0
Foxborough	38	47	85	67.6	66.2	66.8	33	35	68	67.8	66.3	67.0	5	12	17	66.5	65.8	66.0
Medfield	55	53	108	64.3	66.8	65.5	25	22	47	69.3	65.9	67.7	30	31	61	60.1	67.5	63.8
Danvers	125	104	229	65.1	64.5	64.9	109	87	196	65.5	65.9	65.7	16	17	33	62.5	57.7	60.0
Taunton	102	81	183	63.1	65.4	64.1	89	67	156	63.0	65.3	64.0	13	14	27	63.6	65.7	64.7
Gardner	29	22	51	61.6	66.5	63.7	13	7	20	62.5	76.0	67.2	16	15	31	60.9	62.1	61.5
Worcester	90	105	195	64.1	62.3	63.1	72	82	154	65.5	63.6	64.5	18	23	41	58.3	57.7	58.0
Grafton	40	37	77	61.7	63.7	62.6	14	6	20	57.1	65.0	59.5	26	31	57	64.2	63.4	63.8
Bridgewater	43	–	43	61.8	–	61.8	33	–	33	61.1	–	61.1	10	–	10	64.0	–	64.0
Metropolitan	17	15	32	55.7	55.1	55.4	–	–	–	–	–	–	17	15	32	55.7	55.1	55.4
Veterans' Adm. Fac. No. 107	11	–	11	45.2	–	45.2	3	–	3	42.5	–	42.5	8	–	8	46.2	–	46.2
Veterans' Adm. Fac. No. 95	18	–	18	45.2	–	45.2	8	–	8	43.1	–	43.1	10	–	10	47.0	–	47.0
Monson	17	12	29	41.9	37.5	40.1	15	9	24	40.8	34.1	38.3	2	3	5	50.0	47.5	48.5
Boston Psychopathic	2	4	6	27.7	45.0	39.2	1	3	4	42.5	45.8	45.0	1	1	2	13.0	42.5	27.7
Total	900	842	1,742	63.9	65.4	64.6	682	593	1,275	65.3	66.6	65.9	218	249	467	59.4	62.5	61.1
Percent	100.0	100.0	100.0				75.8	70.4	73.2				24.2	29.6	26.8			

(See Tables 225 and 226 for detail)

process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

Patients in Residence in Public and Private Mental Hospitals on September 30, 1904–1936

Table 75 presents the numbers and rates per 100,000 of the population of patients in residence in mental hospitals on September 30 of each year from 1904 to 1936, inclusive. Consulting the total section of this table we observe that Massachusetts had 9,840 patients in residence in public and private mental hospitals in 1904. In 1914 this number had increased to 14,582; in 1924 to 18,288; and in 1936 to 24,495. In other words there was an increase of 14,655 patients in residence in mental hospitals over the 33–year period. From the viewpoint of rates 324 persons per one hundred thousand of the population were in residence in 1904. In 1936 this rate had increased to 560, a rate increase of 72 per cent or 2.2 per cent per year.

The second section of this table records the numbers and rates for patients resident in State hospitals only. In 1904 this group had 8,445 patients in residence, and in 1936, 21,187. The residence rates per hundred thousand of the population increased from 278 in 1904 to 484 in 1936. This is a percentage increase in rates of 74.1, or 2.3 per cent per year.

Bridgewater and Tewksbury showed a moderate increase from 1,062 in 1904 to 1,389 in 1936. The Governmental Hospitals have quadrupled their number in residence, increasing from 339 in 1924 to 1,474 in 1936. The McLean Hospital increased from 189 patients in residence in 1904 to 206 in 1936, and all other private hospitals increased from 144 in 1904 to 239 in 1936. From these figures we note that the private institutions care for but 1.8 per cent of mental cases within the state. Conversely, State and Governmental institutions care for 98.2 per cent.

Interesting sex variations are observed. In the total group it will be noted that the rates for the males in residence are higher in twenty-six of the thirty-three years under consideration. The females show higher rates in but seven years, 1904 and the years 1918–1923, inclusive. In the State hospital group the females show higher residence rates in all but one (1912) of the thirty-three years. The sex differences observed in the above discussion demonstrate clearly how statistics based upon State hospitals alone give a biased picture of mental diseases as a State wide problem. In Massachusetts female criminals with mental disorders are taken care of in the various State hospitals. but the males are committed to Bridgewater. In addition, many of the males with mental disorders go to the Veterans' Hospitals. As a result, the rates for the females in our State hospitals are uniformly higher than the rates for the males. Basing opinions upon the findings for the State hospitals only would give a falsely high residence rate for females. However, when we combine all hospitals throughout the State, as in the total section of Table 75, we obtain the complete picture and a better balance between the sexes. It becomes increasingly evident, then, that the significance of mental diseases as a State wide problem can be determined only by a thorough study of *all* cases of mental diseases under care in any hospital, whatever the particular type.

Average Length of Hospital Stay, All Patients in Residence on September 30, 1928–1936

Table 76 gives the hospital stay during the present admission of patients in residence in mental hospitals at the end of the statistical years 1928 to 1936, inclusive. The length of stay of these resident cases has increased about six per cent from 8.9 years in 1928 to 9.5 years in 1936. In the total figures the sexes seem to be fairly well balanced. The length of stay of first admissions, if anything, shows a slight decrease over the last two or three years. In this group we notice that the males show uniformly longer hospital residences in each of the years outlined but that the decreases over the last three years are more noticeable in the males. The longer hospital residence of the males amounted to nearly a full year in 1929, but the stay for the two sexes seems to be showing smaller differences as time goes on.

TABLE 75. — *All Classes of Patients in Residence in Hospitals for Mental Diseases on September 30, 1904–1936, Numbers and Rates per 100,000 Population of State*

YEARS	TOTAL						STATE HOSPITALS — D.M.D.						BRIDGEWATER AND TEWKSBURY			GOVERNMENTAL HOSPITALS			McLEAN HOSPITAL			OTHER PRIVATE HOSPITALS		
	NUMBER			RATE [1]			NUMBER			RATE			NUMBER			NUMBER			NUMBER			NUMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	4,760	5,080	9,840	321	328	324	3,959	4,486	8,445	267	289	278	678	384	1,062	–	–	–	94	95	189	29	115	144
1905	5,139	5,263	10,402	340	334	337	4,326	4,744	9,070	286	301	293	682	316	998	–	–	–	82	98	180	49	105	154
1906	5,213	5,370	10,583	338	335	336	4,371	4,768	9,139	283	297	290	706	382	1,088	–	–	–	90	94	184	46	126	172
1907	5,437	5,529	10,966	346	339	342	4,553	4,862	9,415	290	298	294	753	426	1,179	–	–	–	97	108	205	34	133	167
1908	5,870	5,976	11,846	367	360	364	4,945	5,238	10,183	309	316	312	792	479	1,271	–	–	–	95	123	218	38	136	174
1909	6,135	6,245	12,380	377	370	373	5,178	5,470	10,648	318	324	321	830	508	1,338	–	–	–	93	126	219	34	141	175
1910	6,427	6,511	12,938	388	380	384	5,393	5,731	11,124	325	334	330	909	519	1,428	–	–	–	89	128	217	36	133	169
1911	6,705	6,647	13,352	399	382	390	5,607	5,867	11,474	334	337	335	970	517	1,487	–	–	–	90	127	217	38	136	174
1912	7,022	6,857	13,879	412	389	400	5,888	6,060	11,948	345	344	344	986	521	1,507	–	–	–	96	125	221	52	151	203
1913	7,128	7,127	14,255	413	398	405	6,005	6,317	12,322	347	353	350	994	516	1,510	–	–	–	87	131	218	42	163	205
1914	7,209	7,373	14,582	412	406	409	6,084	6,555	12,639	347	361	354	988	538	1,526	–	–	–	85	122	207	52	158	210
1915	7,505	7,682	15,187	423	418	420	6,356	6,870	13,226	358	374	366	1,022	509	1,531	–	–	–	80	131	211	47	172	219
1916	7,724	7,774	15,498	430	417	423	6,543	6,955	13,498	364	373	369	1,042	514	1,556	–	–	–	85	127	212	54	178	232
1917	7,893	7,980	15,873	433	422	428	6,686	7,187	13,873	367	380	374	1,044	517	1,561	–	–	–	88	122	210	75	154	229
1918	7,802	8,155	15,957	423	426	424	6,565	7,350	13,915	356	384	370	1,045	516	1,561	–	–	–	86	123	209	106	166	272
1919	7,726	8,128	15,854	413	419	416	6,559	7,331	13,890	351	378	365	1,013	506	1,519	–	–	–	90	122	212	64	169	233
1920	7,793	8,329	16,122	412	424	418	6,632	7,532	14,164	350	383	367	1,021	501	1,522	–	–	–	84	122	206	56	174	230
1921	8,242	8,658	16,900	431	436	434	7,040	7,825	14,865	368	394	381	1,050	513	1,563	–	–	–	87	130	217	65	190	255
1922	8,427	8,815	17,242	437	439	438	7,197	8,024	15,221	373	400	387	1,076	513	1,589	–	–	–	83	123	206	71	155	226
1923	8,470	9,020	17,490	435	444	440	7,223	8,240	15,463	371	406	389	1,097	491	1,588	–	–	–	84	130	214	66	159	225
1924	8,957	9,331	18,288	456	455	455	7,330	8,515	15,845	373	415	395	1,138	532	1,670	339	–	339	81	123	204	69	161	230
1925	9,290	9,581	18,871	468	462	465	7,568	8,770	16,338	382	423	403	1,139	513	1,652	426	–	426	86	135	221	71	163	234
1926	9,339	9,687	19,026	467	463	465	7,592	8,874	16,466	379	424	402	1,166	517	1,683	429	–	429	84	140	224	68	156	224
1927	9,637	9,859	19,496	477	466	472	7,854	9,016	16,870	389	426	408	1,183	544	1,727	436	–	436	85	138	223	79	161	240
1928	10,142	10,122	20,264	498	474	485	8,007	9,262	17,269	393	433	414	1,177	551	1,728	807	–	807	85	134	219	66	175	241
1929	10,419	10,294	20,713	507	477	492	8,222	9,444	17,666	400	437	419	1,176	549	1,725	896	–	896	74	133	207	51	168	219
1930	10,746	10,559	21,305	518	484	501	8,373	9,726	18,099	404	446	425	1,195	554	1,749	1,040	–	1,040	86	120	206	52	159	211
1931	11,172	10,889	22,061	534	495	514	8,744	10,070	18,814	418	457	438	1,098	534	1,632	1,184	–	1,184	86	126	212	60	159	219
1932	11,428	11,022	22,450	542	496	518	9,026	10,229	19,255	428	460	444	1,081	520	1,601	1,185	–	1,185	78	118	196	58	155	213
1933	11,678	11,256	22,934	549	501	524	9,184	10,491	19,675	431	467	450	1,055	488	1,543	1,309	–	1,309	71	106	177	59	171	230
1934	12,030	11,389	23,419	561	503	531	9,442	10,649	20,091	440	470	455	1,017	471	1,488	1,425	–	1,425	73	119	192	73	150	223
1935	12,342	11,618	23,960	570	508	538	9,717	10,870	20,587	449	475	462	1,002	444	1,446	1,475	–	1,475	77	129	206	71	175	246
1936	12,543	11,952	24,495	592	530	560	9,953	11,234	21,187	469	498	484	969	420	1,389	1,474	–	1,474	78	128	206	69	170	239

---

[1] Population estimated for each intercensal year.

In the readmissions we observe that the length of hospital stay increased seventeen per cent or from 9.3 years in 1929 to 10.9 years in 1936. Patients who have returned to mental hospitals for further treatment (the readmissions) are evidently showing a tendency to longer hospital stay. This checks somewhat with the findings of Table 46 recording the length of stay of discharges. There the first admissions were showing little changes over the years, while the readmissions discharged showed tendencies to a longer hospital stay. In the readmissions in the resident population, the females show the longer time in residence. In the first admissions the males show the longer stay.

TABLE 76. — *Average Length of Hospital Stay during THIS Admission, Patients Resident in Hospitals for Mental Diseases*[1] *on September 30, 1928–1936, by Year and Sex: Averages*

YEAR	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T	M.	F.	T.	M.	F.	T.
1928	9.3	8.6	8.9	–	–	–	–	–	–
1929	8.9	8.8	8.9	8.6	7.7	8.3	9.2	9.4	9.3
1930	8.9	9.0	8.9	8.6	7.8	8.2	8.9	9.6	9.3
1931	8.6	8.7	8.6	8.6	7.9	8.3	8.5	9.2	8.9
1932	8.6	8.8	8.7	8.8	8.1	8.4	8.6	9.3	8.9
1933	8.8	9.1	9.0	8.9	8.3	8.6	8.8	9.5	9.2
1934	9.0	9.3	9.1	8.2	7.9	8.0	9.9	10.7	10.3
1935	9.2	9.4	9.3	8.3	8.0	8.1	10.2	10.9	10.5
1936	9.5	9.6	9.5	8.4	8.0	8.2	10.7	11.2	10.9

[1] Includes Bridgewater, Tewksbury, McLean and Veterans' Adm. Facilities Nos. 107 and 95.

The long length of hospital stay of these in residence cases demonstrates some of the difficulties faced by hospital administrators in providing medical and general care for the mental patient. The first admissions with an average residence of 8.2 years and the readmissions with an average residence of 10.9 years show how lengthy must be the treatment provided for certain of the chronic types of mental disorders.

FORM OF ADMISSION AND MENTAL DISORDERS OF FIRST AND READMISSIONS IN RESIDENCE IN STATE HOSPITALS ON SEPTEMBER 30, 1936

It is important that we know the diagnosis and legal status of patients resident in State hospitals at the end of a statistical year. Table 77 gives us this information for both first and readmissions. Thus, on that date we observe that 12,489 first admissions were in residence in our State hospitals: 6,526 males and 5,963 females. Of this total, 11,684 were held under court commitment; 31 on temporary care status; 40 on observation status; and 734 on voluntary status. The court cases, the temporary care, and the observation cases present a predominance of males. The voluntary cases show more females. In the court commitments in residence, cases with dementia praecox, psychoses with cerebral arteriosclerosis, psychoses with mental deficiency and the manic-depressive psychoses show the largest relative proportions. In the temporary care group, the cases without psychoses and the manic-depressive psychoses show the largest number. In the observation group the cases without psychoses, the alcoholic psychoses and dementia praecox show the largest proportions. In the voluntary group we note the interesting fact that the without psychoses group and the psychoses with convulsive disorders (epilepsy) provide 96.6 per cent of cases.

There were 11,767 readmissions in residence: 5,948 males and 5,819 females. Eleven thousand four hundred ninety-two of these were held under court commitment; 5 on temporary care status; 28 on observation status; and 242 on voluntary status. The males predominate in the court, temporary care, and observation cases in residence, the females in the voluntary cases. Among the court readmissions in residence we note that dementia praecox with 63.7 per cent, the manic-depressive group with 9.3 per cent; mental deficiency with 7.8 per cent, and the alcoholic group with 4.8 per cent show the largest proportions of cases in residence. Among the observation cases the largest proportions, 42.8 per cent and 17.8 per cent are evident in the cases without psychoses and in dementia

TABLE 77. — *All First and Readmissions Resident in Hospitals for Mental Diseases on September 30, 1936, by Form of Admission and Mental Disorders: Number and Percentage Distribution*

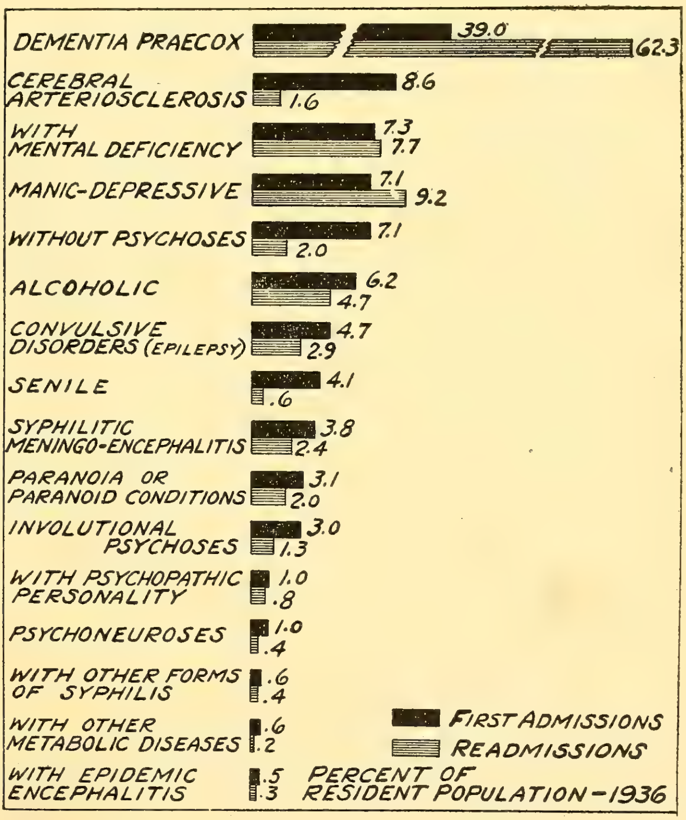
MENTAL DISORDERS	FIRST ADMISSIONS																			
	TOTAL				COURT				TEMPORARY CARE				OBSERVATION				VOLUNTARY			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	361	118	479	3.8	358	118	476	4.1	–	–	–	–	–	–	–	–	3	–	3	.4
With other forms of syphilis	60	21	81	.6	59	20	79	.7	–	–	–	–	–	–	–	–	1	1	2	.3
With epidemic encephalitis	38	25	63	.5	38	25	63	.5	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	8	8	16	.1	8	8	16	.1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	679	97	776	6.2	668	95	763	6.5	4	–	4	12.9	6	2	8	20.0	1	–	1	.1
Due to drugs, etc.	6	4	10	.1	5	4	9	.1	–	–	–	–	–	–	–	–	1	–	1	.1
Traumatic psychoses	38	10	48	.4	38	10	48	.4	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	539	533	1,072	8.6	535	533	1,068	9.2	1	–	1	3.2	3	–	3	7.5	–	–	–	–
With other disturbances of circulation	18	22	40	.3	18	21	39	.3	–	1	1	3.2	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	283	311	594	4.7	185	168	353	3.0	–	2	2	6.5	–	–	–	–	98	141	239	32.6
Senile psychoses	191	326	517	4.1	189	325	514	4.4	–	–	–	–	1	1	2	5.0	1	–	1	.1
Involutional psychoses	114	262	376	3.0	114	262	376	3.2	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	31	42	73	.6	30	42	72	.6	–	–	–	–	1	–	1	2.5	–	–	–	–
Due to new growth	–	2	2	.01	–	2	2	.01	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	93	45	138	1.1	92	45	137	1.2	–	–	–	–	–	–	–	–	1	–	1	.1
Psychoneuroses	50	70	120	1.0	47	61	108	.9	1	2	3	9.7	–	1	1	2.5	2	6	8	1.1
Manic-depressive psychoses	356	534	890	7.1	350	528	878	7.5	4	1	5	16.1	–	–	–	–	2	5	7	1.0
Dementia praecox	2,526	2,350	4,876	39.0	2,520	2,348	4,868	41.7	1	2	3	9.7	4	–	4	10.0	1	–	1	.1
Paranoia and paranoid conditions	118	271	389	3.1	117	270	387	3.3	–	1	1	3.2	1	–	1	2.5	–	–	–	–
With psychopathic personality	57	65	122	1.0	56	65	121	1.0	–	–	–	–	1	–	1	2.5	–	–	–	–
With mental deficiency	482	427	909	7.3	480	427	907	7.8	–	–	–	–	2	–	2	5.0	–	–	–	–
Undiagnosed psychoses	5	8	13	.1	2	7	9	.1	2	1	3	9.7	1	–	1	2.5	–	–	–	–
Without psychoses	470	412	882	7.1	206	185	391	3.3	5	–	5	16.1	14	2	16	40.0	245	225	470	64.0
Primary behavior disorders	3	–	3	.02	–	–	–	–	3	–	3	9.7	–	–	–	–	–	–	–	–
Total With Mental Disorder	6,053	5,551	11,604	92.9	5,909	5,384	11,293	96.7	13	10	23	74.2	20	4	24	60.0	111	153	264	36.0
Total Without Mental Disorder	473	412	885	7.1	206	185	391	3.3	8	–	8	25.8	14	2	16	40.0	245	225	470	64.0
Grand Total	6,526	5,963	12,489	100.0	6,115	5,569	11,684	100.0	21	10	31	100.0	34	6	40	100.0	356	378	734	100.0

TABLE 77. — *All First and Readmissions Resident in Hospitals for Mental Diseases on September 30, 1936, by Form of Admission and Mental Disorders: Number and Percentage Distribution* — Concluded

MENTAL DISORDERS	READMISSIONS																			
	TOTAL				COURT				TEMPORARY CARE				OBSERVATION				VOLUNTARY			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	232	47	279	2.4	232	47	279	2.4	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	29	13	42	.4	29	12	41	.4	–	–	–	–	–	1	1	3.6	–	–	–	–
With epidemic encephalitis	26	12	38	.3	25	12	37	.3	–	–	–	–	1	–	1	3.6	–	–	–	–
With other infectious diseases	4	2	6	.1	4	2	6	.1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	450	104	554	4.7	445	103	548	4.8	2	–	2	40.0	3	1	4	14.3	–	–	–	–
Due to drugs, etc.	4	3	7	.1	4	3	7	.1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	17	2	19	.2	17	2	19	.2	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	100	84	184	1.6	98	84	182	1.6	–	–	–	–	–	–	–	–	2	–	2	.8
With other disturbances of circulation	2	4	6	.1	2	4	6	.1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	184	167	351	2.9	143	122	265	2.3	–	–	–	–	–	–	–	–	41	45	86	35.5
Senile psychoses	27	47	74	.6	27	47	74	.6	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	52	106	158	1.3	52	106	158	1.4	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	9	20	29	.2	9	20	29	.3	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	3	2	5	.04	3	2	5	.04	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	38	28	66	.6	37	28	65	.5	–	–	–	–	–	–	–	–	1	–	1	.4
Psychoneuroses	21	33	54	.4	19	28	47	.4	–	–	–	–	–	–	–	–	2	5	7	2.9
Manic-depressive psychoses	410	668	1,078	9.2	405	664	1,069	9.3	–	–	–	–	1	–	1	3.6	4	4	8	3.3
Dementia praecox	3,640	3,696	7,336	62.3	3,634	3,693	7,327	63.7	1	–	1	20.0	3	2	5	17.8	2	1	3	1.2
Paranoia and paranoid conditions	78	162	240	2.0	77	161	238	2.1	–	–	–	–	1	–	1	3.6	–	1	1	.4
With psychopathic personality	48	43	91	.8	47	43	90	.8	–	–	–	–	1	–	1	3.6	–	–	–	–
With mental deficiency	445	459	904	7.7	443	459	902	7.8	–	–	–	–	2	–	2	7.1	–	–	–	–
Undiagnosed psychoses	3	2	5	.04	3	1	4	.03	–	1	1	20.0	–	–	–	–	–	–	–	–
Without psychoses	124	115	239	2.0	51	42	93	.8	–	1	1	20.0	7	5	12	42.8	66	67	133	55.0
Primary behavior disorders	2	–	2	.01	1	–	1	.008	–	–	–	–	–	–	–	–	1	–	1	.4
Total With Mental Disorder	5,822	5,704	11,526	98.0	5,755	5,643	11,398	99.2	3	1	4	80.0	12	4	16	57.2	52	56	108	44.6
Total Without Mental Disorder	126	115	241	2.0	52	42	94	.8	–	1	1	20.0	7	5	12	42.8	67	67	134	55.4
Grand Total	5,948	5,819	11,767	100.0	5,807	5,685	11,492	100.0	3	2	5	100.0	19	9	28	100.0	119	123	242	100.0

praecox. In the voluntary group we see the cases without psychoses and the psychoses with convulsive disorders (epilepsy) showing 90.5 per cent of the voluntary readmissions in residence. Ninety-three and five-tenths per cent of the first admissions in residence were court cases, while 97.6 per cent of the readmissions were court cases. Temporary care cases in residence made up .2 per cent of the first admissions and .04 per cent of the readmissions. Observation cases comprised .3 per cent of the first admissions and .2 per cent of the readmissions. The voluntary cases presented 5.8 per cent of resident first admissions, and 2.1 per cent of resident readmisssions.

Graph 6 shows the percentage of certain psychoses in first and readmissions of the resident population. Outstanding is the fact that dementia praecox contributed 39 per cent, or four out of every ten of all first admissions in residence. This same psychosis contributes 62 per cent, or six out of every ten readmissions in residence. The psychoses with mental deficiency and the manic-depressive psychoses also show larger proportions in readmissions than in first admissions. These three psychoses completely overbalance all other psychoses together. The remaining psychotic groups all show higher proportions in first admissions than in readmissions.



Graph 6. — First Admissions and Readmissions in Residence on September 30, 1936, by Psychoses: Percentage Distribution

ECONOMIC STATUS OF COURT ADMISSIONS, DISCHARGES AND DEATHS, 1936, AND RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1936, FIRST AND READMISSIONS

Table 78 demonstrates the part played by economic status in connection with admissions, discharges, deaths and the resident population. First admissions for the year 1936 showed 24 per cent of cases in the dependent group. Among the discharges (first admissions) for the same year, however, the dependent group made up but 17 per cent. Among the deaths (first admissions) this group was observed to the extent of 31 per cent, while they made up 22 per cent of the first admissions in the resident population and 18 per cent of first admissions out on visit, etc. The dependent group, which makes up 24 per cent of first admissions is not holding up to this proportion in the discharges (17 per cent), but is going higher than the admission proportion in the deaths (31 per cent). The chance of discharge in this group is low. The chance of death is high.

The marginal economic group made up 65 per cent of first admissions; 73 per cent of the first admissions discharged during the year; 59 per cent of first admission deaths for the year; 69 per cent of resident population (first admissions); and 72 per cent of the patients out on September 30, 1936. Thus, the marginal economic group is high in discharges and low in deaths. However, it is also high in the resident population and in the patients out at the end of the year.

The comfortable economic group made up 5 per cent of first admissions, 7 per cent of first admissions discharged, 4 per cent of the deaths, 5 per cent of the resident population, and 5 per cent of patients out. The comfortable economic group is high in discharges, low in deaths, and occupies an intermediate position in the resident population.

Now we turn to the readmissions and make these same comparisons. Readmissions for the year 1936 showed 20 per cent in the dependent group; 15 per cent in the readmissions discharged; 14 per cent in the deaths; 14 per cent in the resident population and 14 per cent in the patients out. The dependent cases have a low percentage in the discharges, deaths and resident population. The marginal economic group (readmissions) shows higher proportions than in first admissions. Here we have 71 per cent of readmissions for the year; 76 per cent of readmissions discharged; 77 per cent of deaths; 79 per cent of the resident population; and 78 per cent of the patients out. The marginal group shows a high proportion among the discharges, deaths and resident population. The economic group of comfortable, reveals 5 per cent of readmissions for the year; 6 per cent in the readmissions discharged; 5 per cent in the deaths; 4 per cent in the resident population; and 4 per cent in the patients out. Readmissions of comfortable status show slightly higher proportions discharged but lower proportions remaining in hospital.

Reviewing this material, the tendency is for the dependent group to have low proportions of cases discharged. On the other hand, the marginal and comfortable groups show higher proportions of cases discharged. In both first and readmissions the economic group "dependent" does not show any great tendency to accumulate in the resident population, this accumulation apparently coming from the "marginal" group.

PERCENTAGE DISTRIBUTION OF MENTAL DISORDERS AMONG ADMISSIONS, DISCHARGES, DEATHS, 1936, AND RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1936

In Table 79 we divide the admissions, discharges, deaths, resident population and patients out for the year into first and readmissions, and then compare the percentage distribution of the psychoses within these separate divisions. Insofar as the percentages of psychoses in first admissions tend to be the same from year to year, we have here a rough means of comparing the outcome of some of the psychosis groups. Dementia praecox made up 20 per cent of first admissions during 1936. It made up 26 per cent of first admissions discharged, and 8 per cent of first admission deaths for the same year. Thus, dementia praecox is unexpectedly high in the discharges, and low in the deaths among first admissions. However, in the resident population we see that this psychosis comprises 39 per

TABLE 78. — *Economic Status of Court Admissions, Discharges and Deaths, 1936, and Resident Population and Patients Out on September 30, 1936: First and Readmissions, by Sex: Numbers and Percentages*

ECONOMIC STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admissions:[1]												
Dependent	468	420	888	25.1	24.5	24.8	104	71	175	24.8	15.8	20.2
Marginal	1,227	1,108	2,335	65.9	64.5	65.3	283	340	623	67.5	75.6	71.7
Comfortable	92	96	188	5.0	5.6	5.3	22	27	49	5.3	6.0	5.6
Unknown	74	93	167	4.0	5.4	4.6	10	12	22	2.4	2.6	2.5
Total	1,861	1,717	3,578	100.0	100.0	100.0	419	450	869	100.0	100.0	100.0
Discharges:[1]												
Dependent	136	110	246	18.3	16.9	17.7	61	35	96	18.3	12.2	15.5
Marginal	538	478	1,016	72.4	73.7	73.0	252	224	476	75.4	78.3	76.8
Comfortable	59	49	108	7.9	7.6	7.7	19	24	43	5.7	8.4	6.9
Unknown	10	12	22	1.4	1.8	1.6	2	3	5	.6	1.1	8
Total	743	649	1,392	100.0	100.0	100.0	334	286	620	100.0	100.0	100.0
Deaths:[1]												
Dependent	227	168	395	33.3	28.4	31.0	35	33	68	16.1	13.3	14.6
Marginal	397	362	759	58.2	61.0	59.5	169	191	360	77.5	76.7	77.1
Comfortable	30	24	54	4.4	4.0	4.2	9	15	24	4.1	6.0	5.1
Unknown	28	39	67	4.1	6.6	5.3	5	10	15	2.3	4.0	3.2
Total	682	593	1,275	100.0	100.0	100.0	218	249	467	100.0	100.0	100.0
Resident Population:												
Dependent	1,601	1,250	2,851	24.5	21.0	22.8	965	767	1,732	16.2	13.2	14.7
Marginal	4,535	4,141	8,676	69.5	69.4	69.5	4,713	4,651	9,364	79.2	79.9	79.6
Comfortable	253	416	669	3.9	7.0	5.4	200	339	539	3.4	5.8	4.6
Unknown	137	156	293	2.1	2.6	2.3	70	62	132	1.2	1.1	1.1
Total	6,526	5,963	12,489	100.0	100.0	100.0	5,948	5,819	11,767	100.0	100.0	100.0
Patients Out:												
Dependent	160	173	333	18.2	19.5	18.9	80	62	142	20.0	11.2	14.9
Marginal	661	621	1,282	75.3	70.0	72.6	305	448	753	76.2	80.6	78.7
Comfortable	36	64	100	4.1	7.2	5.7	13	30	43	3.3	5.4	4.5
Unknown	21	29	50	2.4	3.3	2.8	2	16	18	.5	2.8	1.9
Total	878	887	1,765	100.0	100.0	100.0	400	556	956	100.0	100.0	100.0

[1] Includes first and readmissions by regular court commitment.

TABLE 79. — *Admissions, Discharges, Deaths, 1936, Resident Population and Patients Out on September 30, 1936: First and Readmissions, by Mental Disorders: Percentage Distribution.*

MENTAL DISORDERS	ADMISSIONS [1]		DISCHARGES [1]		DEATHS [1]		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	5.4	2.4	4.0	3.2	5.9	4.1	3.8	2.4	4.4	2.3
With other forms of syphilis	.4	.5	.6	.5	.6	1.0	.6	.4	.2	.6
With epidemic encephalitis	.3	.2	.2	.2	.3	–	.5	.3	.3	.4
With other infectious diseases	.6	–	.8	–	1.0	.4	.1	.1	.6	–
Alcoholic psychoses	6.7	3.7	10.6	6.4	3.5	7.0	6.2	4.7	8.9	4.6
Due to drugs, etc.	.3	–	.7	.5	.2	.2	.1	.1	.4	–
Traumatic psychoses	.5	.3	.7	.6	.3	.6	.4	.2	.6	.5
With cerebral arteriosclerosis	22.5	5.6	7.7	2.3	42.0	9.4	8.6	1.6	7.6	1.7
With other disturbances of circulation	.7	.1	.6	–	1.2	.6	.3	.1	.3	.3
With convulsive disorders (epilepsy)	2.1	2.1	2.3	1.9	2.9	2.4	4.7	2.9	4.3	2.4
Senile psychoses	6.6	1.3	2.1	1.0	15.0	4.9	4.1	.6	2.0	.9
Involutional psychoses	4.2	1.7	5.9	2.9	2.4	1.6	3.0	1.3	4.4	1.3
Due to other metabolic diseases, etc.	2.1	.6	1.2	.2	3.3	.8	.6	.2	1.6	.6
Due to new growth	.4	–	.3	.3	.7	.2	.01	.04	.1	–
With organic changes of nervous system	1.6	1.0	1.0	1.3	1.7	2.4	1.1	.6	1.5	1.2
Psychoneuroses	2.9	1.6	3.4	2.6	.3	.2	1.0	.4	4.6	2.0
Manic-depressive psychoses	12.5	32.1	18.7	34.0	3.4	12.7	7.1	9.2	17.0	29.1
Dementia praecox	20.0	36.4	26.9	31.7	8.9	43.4	39.0	62.3	28.0	38.8
Paranoia and paranoid conditions	2.7	1.2	2.9	1.8	1.0	2.0	3.1	2.0	2.0	2.7
With psychopathic personality	1.6	2.4	2.4	2.6	.4	.2	1.0	.8	1.9	1.8
With mental deficiency	3.6	4.5	3.7	3.5	1.5	4.1	7.3	7.7	4.1	5.2
Undiagnosed psychoses	.7	.5	.3	.2	.4	–	.1	.04	.7	.8
Without psychoses	1.5	1.8	2.9	2.3	3.1	1.8	7.1	2.0	4.4	2.7
Primary behavior disorders	.02	–	.1	–	–	–	.02	.01	.1	.1
Total With Mental Disorder	98.5	98.2	97.1	97.7	96.9	98.2	92.9	98.0	95.5	97.2
Total Without Mental Disorder	1.5	1.8	2.9	2.3	3.1	1.8	7.1	2.0	4.5	2.8
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

---

[1] First and readmissions by regular court commitment.

cent of resident cases. Apparently the low death rate of previous years has resulted in considerable accumulation of dementia praecox cases in our institutions. Twenty-eight per cent of cases who were out on September 30, 1936 had this psychosis. The manic-depressive psychoses made up 12 per cent of first admissions for 1936; 18 per cent of discharges; but 3 per cent of deaths; only 7 per cent of the resident population; and 17 per cent of cases out on visit. This psychosis has a high discharge rate, a very low death rate, a low retention rate and a high visit rate. Psychoses with cerebral arteriosclerosis made up 22 per cent of first admissions during 1936; 7 per cent of discharges; 42 per cent of deaths; 8 per cent of the resident population; and 7 per cent of the patients out. This psychosis has a low discharge rate but an extremely high death rate, and little tendency towards retention within institutions.

We will now discuss these same psychoses in the readmissions. Dementia praecox made up 36 per cent of readmissions during 1936; 31 per cent of the discharges; 43 per cent of the deaths; 62 per cent of the resident population; and 38 per cent of the patients out of institutions on September 30, 1936. Readmissions with this psychosis apparently have a low discharge rate, a very high death rate, and a remarkable tendency towards retention within institutions. In this case the smaller numbers of discharges apparently tend to have an accumulative effect as we see 62 per cent of dementia praecox cases in the resident readmissions as compared with 36 per cent of the readmissions admitted for the year. The manic-depressive group made up 32 per cent of readmissions during 1936; 34 per cent of the discharges; 12 per cent of deaths; 9 per cent of readmitted cases in the resident population; and 29 per cent of the cases out on visit at the end of the year. The manic group apparently has a high discharge rate and a low death rate, no tendency to accumulate in the resident population, and a high visit rate. Psychoses with cerebral arteriosclerosis made up but 5 per cent of readmissions during 1936; 2 per cent of discharges; 9 per cent of deaths; 1 per cent of readmissions in the resident population; and 1 per cent of patients out. In readmissions this psychosis has a very low discharge rate, a high death rate, and a low rate of retention within institutions. By pursuing the same method for the separate psychotic groups, the tendencies of each in the matter of discharge, death, and retention may be studied.

Marital Status of Admissions, Discharges and Deaths, 1936, and the Resident Population and Patients Out on September 30, 1936

Table 80 presents the marital status in admissions, discharges and deaths during the year 1936 compared with the resident population and patients out on September 30, 1936. The single comprised 38 per cent of first admissions; 42 per cent of the first admission discharges; 28 per cent of first admission deaths; 55 per cent of the resident population (first admissions); and 45 per cent of the patients out. The single are low in the proportion of deaths but extremely high in patients retained in the resident population. The married group made up 38 per cent of first admissions; 45 per cent of discharges; 37 per cent of deaths; 29 per cent of the resident population; and 41 per cent of patients out on visit, etc. at the end of the year. The married group is high in discharges, low in the resident population and high among patients allowed out of the institution. The widowed group comprised 17 per cent of first admissions; 6 per cent of discharges; 30 per cent of deaths; 10 per cent of the resident population; and 8 per cent of patients out. The widowed are high in deaths, low in discharges, and low in the resident population and in patients out. The divorced group made up 3 per cent of first admissions; 3 per cent of discharges; 2 per cent of the deaths, 2 per cent of the resident population; and 2 per cent of patients out at the end of the year. The separated show 1 per cent of cases admitted and of cases discharged; 1 per cent of cases dying; 1 per cent of the resident population, and 1 per cent of patients out. Briefly, the single present a low death rate and a high proportion of this group are retained in the resident population. The married present a high discharge rate and a low death rate and but few are retained. The widowed, on the other hand, present a low discharge rate and an extremely high death rate. The divorced and separated tend to show smaller variations.

TABLE 80. — *Marital Status of Admissions, Discharges and Deaths, 1936, and of the Resident Population and Patients Out on September 30, 1936: First and Readmissions, by Sex*

MARITAL STATUS	ADMISSIONS[1]								DISCHARGES[1]								DEATHS[1]							
	FIRST ADMISSIONS				READMISSIONS				FIRST ADMISSIONS				READMISSIONS				FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Single	787	587	1,374	38.4	232	168	400	46.0	358	227	585	42.0	171	111	282	45.5	192	171	363	28.5	121	95	216	46.3
Married	760	626	1,386	38.7	153	195	348	40.0	310	329	639	45.9	129	137	266	42.9	307	168	475	37.3	72	93	165	35.3
Widowed	222	414	636	17.8	17	62	79	9.2	36	58	94	6.8	17	18	35	5.6	155	232	387	30.3	20	47	67	14.3
Divorced	53	53	106	3.0	11	18	29	3.3	22	24	46	3.3	15	13	28	4.5	13	16	29	2.3	2	11	13	2.8
Separated	35	35	70	1.9	5	7	12	1.4	16	11	27	1.9	2	7	9	1.5	13	5	18	1.4	3	3	6	1.3
Unknown	4	2	6	.2	1	–	1	.1	1	–	1	.1	–	–	–	–	2	1	3	.2	–	–	–	–
Total	1,861	1,717	3,578	100.0	419	450	869	100.0	743	649	1,392	100.0	334	286	620	100.0	682	593	1,275	100.0	218	249	467	100.0

MARITAL STATUS	RESIDENT POPULATION								PATIENTS OUT							
	FIRST ADMISSIONS				READMISSIONS				FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Single	4,040	2,938	6,978	55.9	4,144	2,959	7,103	60.3	461	350	811	45.9	233	244	477	49.9
Married	1,797	1,938	3,735	29.9	1,431	2,110	3,541	30.1	333	407	740	41.9	128	236	364	38.1
Widowed	441	869	1,310	10.5	177	471	648	5.5	46	100	146	8.3	20	53	73	7.6
Divorced	139	127	266	2.1	116	164	280	2.4	25	13	38	2.2	14	15	29	3.0
Separated	80	84	164	1.3	63	110	173	1.5	12	16	28	1.6	5	7	12	1.3
Unknown	29	7	36	.3	17	5	22	.2	1	1	2	.1	–	1	1	.1
Total	6,526	5,963	12,489	100.0	5,948	5,819	11,767	100.0	878	887	1,765	100.0	400	556	956	100.0

---

[1] First and readmissions by regular court commitment.

In the readmissions we observe that the single comprised 46 per cent of admissions; 45 per cent of the discharges; 46 per cent of the deaths; 60 per cent of the resident population; and 49 per cent of patients out. The single readmissions present much larger proportions dying than do the firstadmissions and are high in proportions retained in the resident population. The married readmissions comprise 40 per cent of admissions; 42 per cent of readmission discharges; 35 per cent of readmission deaths; 30 per cent of the resident population; and 38 per cent of the cases out. The married show a high discharge rate, a low death rate, and a low retention rate which is similar to the situation in first admissions. The widowed present 9 per cent of readmissions; 5 per cent of discharges; 14 per cent of deaths; 5 per cent of the resident population and 7 per cent of patients out. A low proportion in discharges and a high proportion in deaths was observed also in the first admissions for this particular marital group. The divorced made up 3 per cent of readmissions; 4 per cent of discharges; 2 per cent of deaths; 2 per cent of the resident population; and 3 per cent of the patients out of the hospital at the end of the year.

AVERAGE ADMISSION AGE OF ADMISSIONS, DISCHARGES AND DEATHS DURING 1936 COMPARED WITH THE AVERAGE ADMISSION AGE OF THE RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1936, BY MENTAL DISORDERS

In Table 81 we compare the admission ages of first and readmissions during 1936 with the admission ages of first and readmissions discharged during 1936; patients dying; patients in the resident population, and patients out at the end of the year.

In first admissions, the admission age during 1936 was 49 years. The admission age of cases discharged during that same year was 40 years. The admission age of first admissions dying during 1936 was 62 years. The admission age of first admissions in the resident population was 41 years, and that of patients out, 40 years. The age of discharges is 8 years less than that of the admissions for the year, and the admission age of first admissions in the resident population is also 8 years less. The admission age of patients out at the end of the year is 40 years. However, in the deaths the admission age of persons dying during 1936 was 12.8 years higher than that of the admissions. The discharges and the resident population come from the younger admission ages; the deaths from the older admission ages.

The admission age of readmissions admitted during 1936 was 44 years. Readmissions discharged during 1936 had an average admission age of 41 years; those dying had an admission age of 50 years; the resident population had an admission age of 40 years; and readmissions out had an admission age of 42 years. Among the readmissions we see a little different situation than was observed in the first admissions. The average age at admission of readmissions was 44 years. The average admission age of readmissions discharged during the year is three years less, and the admission age of readmissions in the resident population is also three years lower than the admission age. The admission age of readmissions dying is 6.5 years higher than that of the readmissions admitted during the year. Again the discharges and the resident population are selected from the readmissions of the younger ages. The deaths come from the older ages. However, the spread of these average ages is much less than in first admissions.

Table 81 presents this material by psychosis and for first and readmisssions. The limitations of space prevent a separate discussion of the individual psychoses but the figures are available for study. In general, we may say that the first admissions coming in each year will tend to divide themselves into three groups. The older patients admitted will be grouped in the deaths and the younger patients will make up (a) cases discharged, and (b) cases in the resident population. When we come to the readmissions we find also that the older patients go to make up the deaths. The cases admitted at younger ages are divided differently. Of these younger admission age groups, those slightly older are among the discharges, and those slightly younger are apparently retained and take a place in the resident population. In both first and readmissions we observe the tendency for those admitted at the youngest ages to go to make up the resident population.

TABLE 81. — *Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1936, Compared with Average Admission Age of the Resident Population and Patients Out on September 30, 1936, by Mental Disorders*

MENTAL DISORDERS	ADMISSIONS[1]		DISCHARGES[1]		DEATHS[1]		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	46.4	44.6	40.9	43.7	45.0	44.5	44.2	43.0	43.0	42.7
With other forms of syphilis	47.5	53.7	48.1	47.5	53.7	60.0	45.7	45.4	42.5	46.7
With epidemic encephalitis	28.0	22.5	30.8	22.5	40.0	–	29.1	31.9	26.0	42.5
With other infectious diseases	42.9	–	45.6	–	48.5	–	43.7	40.0	42.8	–
Alcoholic psychoses	47.2	50.6	46.4	44.8	51.0	53.1	47.8	48.6	46.7	48.6
Due to drugs, etc.	47.0	–	49.0	49.1	47.5	–	52.0	42.1	42.1	–
Traumatic psychoses	45.5	20.8	46.0	28.7	42.5	44.1	46.3	45.5	42.5	35.0
With cerebral arteriosclerosis	71.0	69.7	65.6	63.9	72.1	69.7	67.9	65.3	65.9	65.0
With other disturbances of circulation	53.8	47.5	49.1	–	61.3	42.5	53.7	53.3	53.0	58.3
With convulsive disorders (epilepsy)	37.1	35.0	33.1	43.3	41.5	50.5	34.4	36.6	31.7	30.5
Senile psychoses	75.9	70.6	69.5	65.0	75.6	72.8	71.9	69.1	74.0	70.6
Involutional psychoses	53.1	54.5	51.3	55.0	53.5	54.3	53.0	54.2	53.2	52.3
Due to other metabolic diseases, etc.	47.0	51.5	47.5	52.5	52.2	47.5	45.8	45.6	43.8	48.3
Due to new growth	52.5	–	50.0	37.5	57.5	–	40.0	47.0	50.0	–
With organic changes of nervous system	46.1	40.8	44.2	42.5	55.0	38.0	42.0	41.3	43.6	39.9
Psychoneuroses	39.5	39.2	34.0	33.1	62.5	62.5	41.2	42.2	38.4	37.2
Manic-depressive psychoses	39.4	45.8	37.4	42.6	52.3	55.7	42.9	46.4	37.1	44.5
Dementia praecox	32.2	38.7	31.2	36.1	39.6	43.4	34.6	38.4	30.3	38.7
Paranoia and paranoid conditions	49.7	51.5	47.1	51.5	54.2	55.0	49.6	51.0	53.0	51.9
With psychopathic personality	37.6	36.0	33.2	32.8	57.5	37.5	36.3	39.1	35.3	33.9
With mental deficiency	34.6	38.5	31.8	35.6	42.0	51.5	33.9	36.7	32.5	39.3
Undiagnosed psychoses	38.9	35.0	41.2	27.5	–	–	34.5	37.0	36.8	61.3
Without psychoses	34.2	38.8	29.9	46.0	20.8	36.2	22.5	27.8	23.7	34.2
Primary behavior disorders	67.5	–	13.0	–	–	–	17.0	26.0	65.0	17.0
Total With Mental Disorder	49.6	44.2	40.9	41.1	62.7	50.7	42.7	40.8	40.9	42.3
Total Without Mental Disorder	35.5	38.8	29.5	46.0	20.8	36.2	22.5	29.0	24.2	33.5
Grand Total	49.4	44.1	40.6	41.2	62.2	50.6	41.3	40.5	40.1	42.1

(See Tables 171–2, 212–13, 227–28 and 236–239 for detail)

[1] First and readmissions by regular court commitment.

AVERAGE AGE OF COURT ADMISSIONS, DISCHARGES AND DEATHS, 1936, AND AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE OF RESIDENT POPULATION AND PATIENTS OUT, SEPTEMBER 30, 1936, BY HOSPITAL

Table 82 outlines the average age at admission, at discharge, and at death of court cases, 1936, and also the average age of the resident population and patients out on September 30, 1936, by hospital. Comparing the totals in each of these groups we observe that the first admissions come into mental hospitals at an average age of 49 years, while the readmissions average 44 years. Among the discharges the first admissions presented an average age at discharge of 42 years, while the readmissions discharged showed an average of 43 years. The average ages at death are much higher, 65 years for first admissions and 61 years for readmissions. In the resident population the age at admission of first admissions is 41 years and of readmissions, 40 years. In the present age of the resident population we note an average age of 48 years for first admissions and 50 years for readmissions. It is apparent in these differences that the readmissions are the cases staying for longer periods. The patients out of the institutions on visit, etc. showed an average age at admission for the first admissions of 40 years, and 42 years for the readmissions. In the present age of this same group the first admissions record 42 years, while the readmissions out present an average present age of 46 years. The average present age of first admissions out of institutions is 42 years as contrasted with the present age of 48 years for first admissions in the resident population. The younger first admissions are those being placed on visit. Among the readmissions also the average present age of 46 years for patients out is lower than the average present age of 50 years for the resident population. As in the case of the first admissions, the readmissions who are younger are the ones tending to be placed out on visit.

Discussing the State hospitals only, we observe that the Boston State Hospital presents the highest average age at admission for first admissions, 55 years. Gardner is second with 51.8 years; Worcester third with 51.2 years, and Northampton next with 50 years. Among the readmissions, Boston State, Worcester and Westborough show the highest average admission ages with 47 years, 46 years and 45 years, respectively. Among the first admissions discharged during the year, the Gardner State Hospital shows the highest average age at discharge of 48 years. Boston State is next with an average discharge age of 44 years, and Taunton third with 43 years. Taunton presents the highest discharge age of readmissions, that of 45.7 years, with Boston State and Metropolitan next in order with 45.2 years, and 44 years, respectively. Among the deaths we find that the highest average age of first admissions dying occurs at the Westborough State Hospital, 70 years. Among the readmissions dying, the highest average age is shown at Foxborough with 66 years. In the resident population the highest average present ages are found at Boston State, Taunton, and Westborough with 52 years, 51.9 years and 51.5 years, respectively. Among the readmissions the highest average present age of 55.3 years occurs at the Grafton State Hospital, with Medfield next, 55.2 years.

AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE, SEPTEMBER 30, 1936

Of the total cases in residence, we observe that patients with dementia praecox have had the longest average hospital stay, 11.7 years (Table 83 and Graph 7). Next in order are the psychoses with mental deficiency, 10.5 years; and next, convulsive disorders (epilepsy), 10.3 years, alcoholic psychoses, 9.8 years, and due to drugs, 9.0 years. Probably it is no coincidence that these same psychoes have tended to show the long terms of residence year after year. The shortest average periods of residence are observed in the psychoses with primary behavior disorders, .30 years; undiagnosed psychoses, 2.03 years; psychoses with cerebral arteriosclerosis, 3.08 years; psychoneuroses and neuroses, 3.50 years; and psychoses with other disturbances of circulation, 3.5 years. The average length of stay for all psychoses is 9.5 years. It will be noted that the females (9.6 years) have a slightly longer average residence than the males (9.5 years).

In first admissions in residence, we note that the time in hospitals for all psychoses and both sexes is 8.2 years. There is a noticeable sex difference here, however,

TABLE 82. — *Average Age at Admission, at Discharge and at Death of Court Cases, 1936, and of the Resident Population and Patients Out on September 30, 1936, by First and Readmissions and Hospitals*

HOSPITALS	ADMISSIONS [1]		DISCHARGES [1]		DEATHS [1]		RESIDENT POPULATION				PATIENTS OUT			
	AGE AT ADMISSION		AGE AT DISCHARGE		AGE AT DEATH		FIRST ADMISSIONS		READMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age
Boston State	55.1	47.2	44.7	45.2	67.7	63.0	45.7	52.5	39.4	50.9	43.2	44.6	42.1	45.0
Boston Psychopathic	36.2	36.4	40.2	42.5	45.0	27.7	37.5	37.5	34.2	34.2	35.4	36.0	32.8	33.8
Danvers	50.0	44.0	41.8	43.9	65.7	60.0	43.1	50.4	41.7	50.3	40.0	41.6	40.9	43.4
Foxborough	48.2	44.1	40.7	39.7	67.0	66.0	41.9	47.5	40.5	51.0	39.0	41.5	42.0	45.3
Gardner	51.8	42.2	48.3	41.9	67.2	61.5	44.5	49.8	39.5	52.2	46.3	50.1	44.8	55.9
Grafton	46.6	40.8	38.2	43.4	59.5	63.8	43.2	50.1	40.5	55.3	40.6	41.4	43.6	51.4
Medfield	47.8	42.2	39.3	43.5	67.7	63.8	44.4	49.2	40.1	55.2	38.8	39.7	41.6	45.1
Metropolitan	–	–	–	44.8	–	55.4	–	–	43.6	47.8	–	–	39.7	42.2
Northampton	50.1	44.4	43.1	44.2	68.8	61.0	43.8	50.6	43.8	52.4	42.3	44.3	44.4	46.1
Taunton	50.0	43.6	43.8	45.7	64.0	64.7	43.3	51.9	42.0	50.8	39.0	40.7	40.2	42.7
Westborough	49.2	45.2	43.3	43.3	70.9	58.7	44.9	51.5	44.4	52.3	42.2	44.3	42.6	46.3
Worcester	51.2	46.2	43.0	44.0	64.5	58.0	42.7	51.4	42.6	51.6	42.1	44.5	44.2	47.9
Monson	33.0	30.0	27.0	37.5	38.3	48.5	25.0	31.8	28.8	37.7	24.3	26.3	26.0	29.7
McLean	46.1	40.7	40.0	40.5	72.5	67.5	48.2	54.9	45.5	54.6	40.7	43.5	48.3	51.4
Bridgewater	33.3	30.0	38.0	40.3	61.1	64.0	34.5	50.1	36.1	51.5	25.0	45.0	28.3	41.7
Tewksbury	–	–	–	67.5	74.1	67.0	37.7	54.6	39.1	57.1	–	–	35.0	45.0
Vet. Adm. Fac. No. 107	42.1	44.6	42.5	43.7	42.5	46.2	37.8	43.8	38.1	43.4	37.1	44.3	40.3	43.8
Vet. Adm. Fac. No. 95	46.7	42.8	42.8	44.8	43.1	47.0	39.9	44.3	35.5	42.6	40.7	43.6	37.7	42.7
Total	49.4	44.1	42.4	43.8	65.9	61.1	41.3	48.9	40.5	50.8	40.2	42.5	42.1	46.5

(See Tables 175–76, 216–17, 225–26, and 240–47 inclusive, for detail)

[1] First and Readmissions by regular court commitment.

in that the males have remained longer (8.4 years) than the females (8.0 years), a difference of nearly five months. Patients with dementia praecox have the longest hospital stay, 11.0 years, followed by psychoses with mental deficiency, 9.6 years; convulsive disorders (epilepsy), 9.1 years; alcoholic psychoses, 8.9 years and due to new growth, 8.8 years. The shortest average hospital residences are observed in psychoses with primary behavior disorders, .13 years; undiagnosed psychoses, 1.2 years; cerebral arteriosclerosis, 2.9 years and psychoneuroses, 3.0 years.

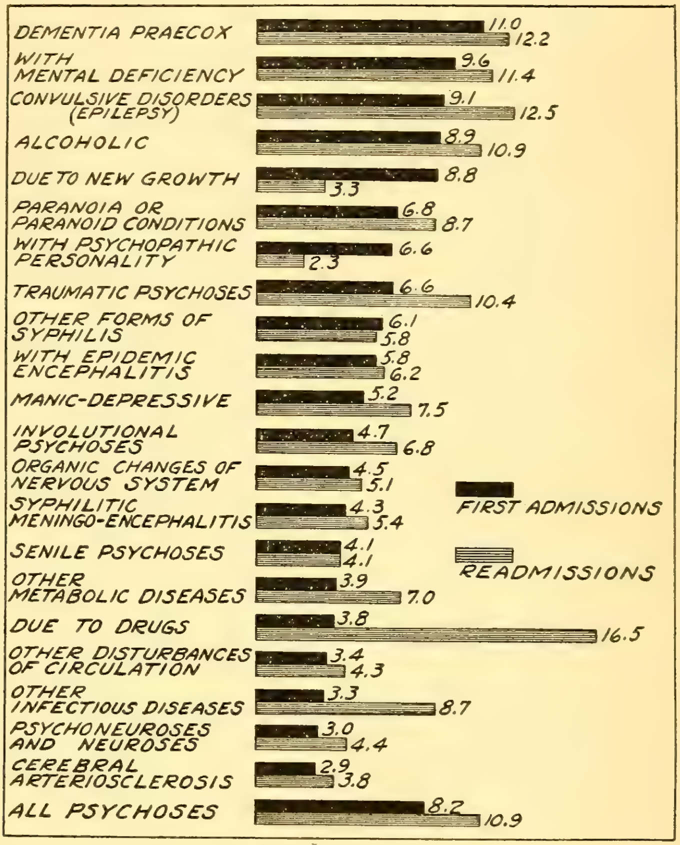
TABLE 83. — *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in the Resident Population on September 30, 1936, by Mental Disorders*[1]

MENTAL DISORDERS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4.74	4.93	4.78	4.31	4.61	4.39	5.39	5.74	5.45
With other forms of syphilis	5.30	8.06	6.07	5.32	8.51	6.15	5.25	7.33	5.89
With epidemic encephalitis	6.54	5.00	5.97	6.32	5.02	5.80	6.84	4.94	6.24
With other infectious diseases	6.13	3.23	4.81	4.50	2.15	3.32	9.38	7.50	8.75
Alcoholic psychoses	9.79	9.87	9.80	9.01	8.55	8.95	10.96	11.10	10.99
Due to drugs, etc.	7.59	11.23	9.09	2.93	5.28	3.87	14.56	19.17	16.54
Traumatic psychoses	7.83	7.04	7.69	7.43	3.45	6.60	8.71	25.00*	10.43
With cerebral arteriosclerosis	2.76	3.41	3.08	2.61	3.29	2.95	3.58	4.15	3.84
With other disturbances of circulation	2.83	4.14	3.57	3.01	3.81	3.45	1.13	5.91	4.31
With convulsive disorders (epilepsy)	9.30	11.43	10.38	8.24	9.91	9.11	10.93	14.24	12.51
Senile psychoses	3.71	4.37	4.12	3.91	4.23	4.11	2.20	5.28	4.16
Involutional psychoses	4.59	5.73	5.37	4.76	4.73	4.74	4.19	8.18	6.87
Due to other metabolic diseases, etc.	4.59	4.99	4.83	3.53	4.22	3.93	8.24	6.58	7.09
Due to new growth	4.54	5.16	4.89	–	8.81	8.81	4.54	1.50	3.33
With organic changes of nervous system	4.60	5.13	4.79	4.36	5.05	4.59	5.15	5.24	5.19
Psychoneuroses	3.43	3.55	3.50	3.03	3.06	3.05	4.37	4.57	4.49
Manic-depressive psychoses	6.02	6.86	6.53	4.98	5.49	5.28	6.92	7.95	7.56
Dementia praecox	11.79	11.75	11.77	11.62	10.52	11.09	11.91	12.53	12.22
Paranoia and paranoid conditions	6.75	7.92	7.56	5.65	7.36	6.84	8.40	8.86	8.71
With psychopathic personality	4.89	3.14	3.79	6.17	7.08	6.66	3.96	1.55	2.33
With mental deficiency	11.00	10.06	10.54	10.02	9.23	9.65	12.06	10.83	11.44
Undiagnosed psychoses	2.75	1.46	2.03	.80	1.50	1.23	6.00	1.31	4.13
Without psychoses:	8.26	9.56	8.87	7.66	9.46	8.50	10.54	9.91	10.23
Alcoholism	.16	.28	.19	.15	.13	.15	.21	.33	.27
Epidemic encephalitis	2.50	–	2.50	2.50	–	2.50	–	–	–
Psychopathic personality — pathological sexuality	12.50	–	12.50	12.50	–	12.50	–	–	–
Psychopathic personality — pathological emotionality	1.71	1.28	1.44	2.50	1.31	1.91	.13	1.25	.97
Psychopathic personality — asocial or amoral trends	.81	4.50	2.04	–	4.50	4.50	.81	–	.81
Psychopathic personality — mixed types	.38	2.50	1.44	–	2.50	2.50	.38	–	.38
Epilepsy	5.51	6.91	6.14	5.10	5.66	5.34	10.00	11.88	11.25
Mental deficiency:	11.98	13.55	12.45	11.13	12.66	11.59	13.05	14.63	13.53
Idiot	8.36	15.24	12.11	10.46	15.79	13.60	3.46	12.50	7.07
Imbecile	13.46	9.90	12.91	12.85	–	12.85	14.50	9.90	13.00
Moron	11.89	13.42	12.32	9.61	8.21	9.18	13.80	18.63	15.10
Epilepsy and mental deficiency:	8.39	9.82	9.11	7.95	9.77	8.85	10.61	10.07	10.32
Idiot	8.23	9.21	8.72	8.59	9.38	8.96	4.08	8.41	7.05
Imbecile	9.69	12.26	10.96	8.70	12.00	10.34	13.84	13.42	13.64
Moron	5.75	6.00	5.88	5.21	6.00	5.64	7.56	5.96	6.76
Other non-psychotic diseases or conditions	6.31	4.94	5.80	4.98	3.71	4.58	9.23	6.31	7.84
No other condition	.17	.12	.16	.17	.12	.16	–	–	–
Primary behavior disorders	.30	–	.30	.13	–	.13	.56	–	.56
Total With Mental Disorder	9.57	9.62	9.60	8.47	7.93	8.21	10.70	11.27	10.99
Total Without Mental Disorder	8.20	9.56	8.84	7.61	9.46	8.47	10.38	9.91	10.16
Grand Total	9.50	9.62	9.56	8.41	8.03	8.23	10.70	11.25	10.97

(See Tables 248–250 for detail)

[1] This table considers only the length of time spent in hospitals during the *present* admission.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous admissions, but concerns *this* admission only. In considering the time in hospital during *this* admission for readmissions in residence, the average stay is 10.9 years, over 2 years and 7 months longer than first admissions in residence. In the readmissions the females (11.2 years) remained a half year longer than the males (10.7 years). This is the reverse of the situation noted among the first admission cases in which the males remain the longer time.



Graph 7. — Length of Time in Residence of First Admissions and Readmissions in Residence in Hospitals for Mental Diseases on September 30, 1936, by Psychoses: Averages in Years

In this one table we present the detailed classification for the group "without psychoses". To the casual observer it appears odd that cases without a mental disorder should be retained in hospital for such unusual lengths of time. In the figures at the bottom of Table 83 we note that the average length of stay for cases with mental disorder is 9.60 years, and that the hospital stay of cases without mental disorders is only slightly shorter, 8.84 years. Now we turn to the without psychoses cases and study the detailed groupings to ascertain the types of cases which are preserving the length of hospital stay at such high levels. We observe that cases diagnosed as psychopathic personality-pathological sexuality have remained in hospital 12.5 years. These are cases with active sex trends who cannot with safety be returned to the community. Cases of epilepsy, without psychosis, have shown a residence of 6.1 years. These are the serious cases of epilepsy, possibly with deterioration, who are having seizures with such frequency that they cannot be cared for outside of a hospital. Cases of mental deficiency, without psychosis, have remained in hospital for a total of about 12 years. The lower grade cases at the idiot or imbecile level are quite obviously unable to care for themselves. These groups and also the morons usually present conduct, such as excitability, irritability and assaultiveness in connection with their mental deficiency which renders their return to the community highly inadvisable. Next we have cases in which epilepsy and mental deficiency are combined. Here we have the erratic behavior of the mental defective accompanied by seizures and other symptoms of epilepsy. These, too, are cases that present such a combination of symptoms that their return to the community has not been considered advisable. Clinical psychiatrists often report that some of these cases without psychosis constitute the most serious conduct problems of all the cases under their care. While they lack mental symptoms to place them in the psychotic groups, they show such abnormal behavior and conduct that institutional care is practically the only way of caring for them.

If we calculate the maintenance costs, capital investment, interest, depreciation, etc., we come to a figure of approximately $465 per year for the State hospital care of mental cases. With an average residence of 9.56 years, the present cases in residence in mental hospitals have cost the tax payers the astounding total of $107,827,622.70.

Average Length of Hospital Stay during Previous Admissions and Present Admission of All Readmitted Cases in Residence, by Mental Disorders

In Table 84 we analyze the readmissions in residence and study the length of hospital stay during the present admission and also the length of time spent in hospital during previous admissions.

The average time in institutions during all admissions was 15.8 years. An average of 10.9 years, or 69.1 per cent of the total hospital residence was spent in hospitals during the present admission, and 4.9 years, or 30.9 per cent of the total hospital residence was spent in hospitals during *previous* admissions. The finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison with the later admissions. We observed the same situation in the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

In considering these readmissions in the light of time within institutions during previous admissions, we note that the longer hospital residence during these earlier admissions occurs in psychoses with mental deficiency, 7.1 years; without psychoses, 6.4 years; psychoses due to drugs, 5.5 years; dementia praecox, 5.3 years; and the alcoholic psychoses, 4.3 years. The psychoses showing shorter residences during previous admissions are: with syphilitic meningo-encephalitis, 1.9 years; due to other metabolic diseases, 1.8 years; psychoneuroses, 1.8 years; and with other infectious diseases, 1.6 years.

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest time in residence are: psychoses due to drugs, 16.5 years; with convulsive disorders, 12.5 years; dementia praecox, 12.2 years; with mental deficiency, 11.4 years; alcoholic psychoses, 10.9 years; and traumatic psychoses, 10.4 years. The psychoses due to new growth, 3.3 years; psychopathic personality, 2.3 years, and primary behavior disorders, .56 years remained the shortest time during the present admission. A sex difference is observed in that the females (11.2 years) have been in residence over six months longer, on the average, than the males (10.7 years).

Now we come to the total of all time in institutions during previous admissions as well as the present admission of readmitted cases. Here we see some rather outstanding total lengths of hospital residence. It should be recalled that these patients are still living and that the total times recorded does not represent the final issue. The psychoses due to drugs have remained in hospital a total of 22.1 years; with mental deficiency is next with 18.6 years; dementia praecox third with 17.5 years; without psychoses next, with 16.7 years; with convulsive disorders (epilepsy) next, with 15.5 years; and the alcoholic psychoses next with 15.3 years. The shorter total hospital residences are noted in primary behavior disorders, 4.0 years; due to new growth, 5.6 years; and with psychopathic personality, 5.8 years.

TABLE 84. — *Average Length of Hospital Stay during Previous Admissions and the Present Admission: Readmitted Cases in Residence September 30, 1936, by Mental Disorders*

MENTAL DISORDERS	Time in Institution during Previous Admissions			Time in Institution during Present Admission			Time in Institution during All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1.77	2.72	1.93	5.39	5.74	5.45	7.16	8.46	7.38
With other forms of syphilis	2.55	3.45	2.83	5.25	7.33	5.89	7.80	10.78	8.72
With epidemic encephalitis	2.99	1.38	2.48	6.84	4.94	6.24	9.83	6.32	8.72
With other infectious diseases	2.31	.44	1.69	9.38	7.50	8.75	11.69	7.94	10.44
Alcoholic psychoses	4.41	4.31	4.39	10.96	11.10	10.99	15.37	15.41	15.38
Due to drugs, etc.	7.06	3.58	5.57	14.56	19.17	16.54	21.62	22.75	22.11
Traumatic psychoses	1.80	4.50	2.09	8.71	25.00	10.43	10.51	29.50	12.52
With cerebral arteriosclerosis	2.53	2.35	2.44	3.58	4.15	3.84	6.11	6.50	6.28
With other disturbances of circulation	4.50	.78	2.02	1.13	5.91	4.31	5.63	6.69	6.33
With convulsive disorders (epilepsy)	3.12	2.97	3.05	10.93	14.24	12.51	14.05	17.21	15.56
Senile psychoses	2.94	2.38	2.58	2.20	5.28	4.16	5.14	7.66	6.74
Involutional psychoses	1.74	2.27	2.10	4.19	8.18	6.87	5.93	10.45	8.97
Due to other metabolic diseases, etc.	2.36	1.54	1.80	8.24	6.58	7.09	10.60	8.12	8.89
Due to new growth	1.25	3.94	2.33	4.54	1.50	3.33	5.79	5.44	5.66
With organic changes of nervous system	2.04	3.40	2.62	5.15	5.24	5.19	7.19	8.64	7.81
Psychoneuroses	1.62	1.92	1.80	4.37	4.57	4.49	5.99	6.49	6.29
Manic-depressive psychoses	3.03	3.47	3.30	6.92	7.95	7.56	9.95	11.42	10.86
Dementia praecox	4.99	5.72	5.36	11.91	12.53	12.22	16.90	18.25	17.58
Paranoia and paranoid conditions	4.45	3.49	3.80	8.40	8.86	8.71	12.85	12.35	12.51
With psychopathic personality	3.13	4.03	3.56	3.96	1.55	2.33	7.09	5.58	5.89
With mental deficiency	7.41	6.95	7.18	12.06	10.83	11.44	19.47	17.78	18.62
Undiagnosed psychoses	2.83	3.00	2.90	6.00	1.31	4.13	8.83	4.31	7.03
Without psychoses	8.46	4.33	6.47	10.54	9.91	10.23	19.00	14.24	16.70
Primary behavior disorders	3.50	–	3.50	.56	–	.56	4.06	–	4.06
Total With Mental Disorder	4.63	5.14	4.88	10.70	11.27	10.99	15.33	16.41	15.87
Total Without Mental Disorder	8.35	4.33	6.44	10.38	9.91	10.16	18.73	14.24	16.60
Grand Total	4.71	5.12	4.91	10.70	11.25	10.97	15.41	16.37	15.88

(See Tables 250–251 for detail)

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

The total number of patients resident in mental hospitals on September 30, 1936, was 24,256. Twelve thousand four hundred eighty-nine of these resident cases or 51 per cent, were first admissions, while 11,767 or 49 per cent were readmissions (Table 85). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. The increase of readmissions from 20 per cent in first admissions to 49 per cent in the resident population shows the dominant role played by the readmissions in the accumulation of cases in the resident population.

The resident first admissions present 2,645 patients admitted between the ages 30–39 years. The admission age group 20–29 years is second with 2,545 patients. The age group 40–49 years is third with 2,373 admitted. We note a sharp reduction in the numbers admitted in the older age groups. The average admission age for both sexes is 41.3 years; 40.0 years for the males and 42.8 years for the females. We see here a sex difference of 2.8 years, the females presenting a higher average age at admission. In the court first admissions for the year 1936 the females averaged 1.1 years older than the males.

In the readmissions the age group 30–39 years again shows the largest number of admissions of 3,667. The age group 40–49 years is next with 3,046, and the age group 20–29 years is third with 2,147. Again the numbers decrease sharply in the older admission ages. The first admissions show higher numbers than the readmissions in the age groups under 19 years, 20–29 years and from 60–69 years onward. The readmissions show higher numbers than first admissions in the ages 30–39 years, 40–49 years and 50–59 years. All readmissions show an average admission age of 40.5 years. The males with 39.2 years were admitted two years younger than the females with 41.9 years.

TABLE 85. — *Admission Ages of First Admissions and Readmissions in the Resident Population, September 30, 1936*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	849	699	1,548	687	552	1,239	162	147	309
20–29 years	2,761	1,931	4,692	1,507	1,038	2,545	1,254	893	2,147
30–39 years	3,440	2,872	6,312	1,421	1,224	2,645	2,019	1,648	3,667
40–49 years	2,579	2,840	5,419	1,170	1,203	2,373	1,409	1,637	3,046
50–59 years	1,564	1,959	3,523	818	925	1,743	746	1,034	1,780
60–69 years	854	923	1,777	560	549	1,109	294	374	668
70–79 years	344	437	781	285	364	649	59	73	132
80–89 years	79	115	194	74	103	177	5	12	17
90 years and over	4	6	10	4	5	9	–	1	1
Total	12,474	11,782	24,256	6,526	5,963	12,489	5,948	5,819	11,767
Average admission age	39.6	42.3	40.9	40.0	42.8	41.3	39.2	41.9	40.5

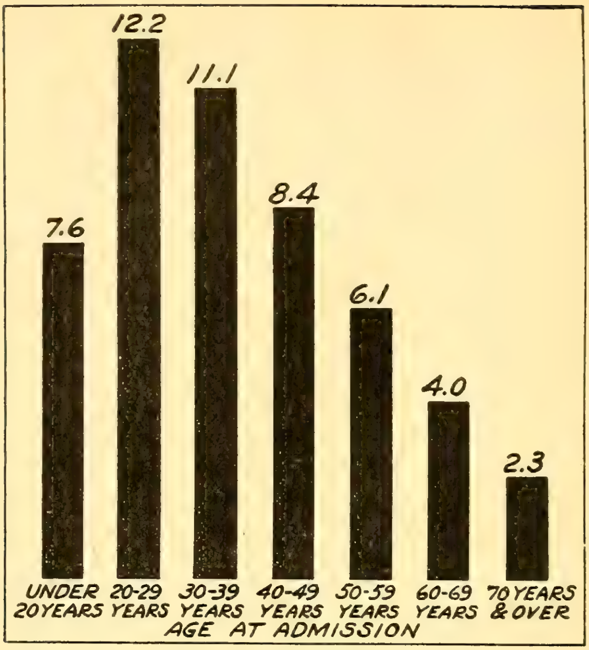
(See Tables 240 and 241 for detail)

AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1936, BY AGE AT ADMISSION

Table 86 and Graph 8 give the average length of stay during the present admission of all first and readmissions in the resident population by age at admission. In the first admissions we observe that cases admitted in the ages 20–29 years or 30–39 years have remained in residence for the longest time, 10.6 years and 9.8 years, respectively. As the age at admission increases, the average length of hospital stay of resident cases decreases. The readmissions in the resident population apparently had their first admission at a comparatively early age inasmuch as they have all remained in residence for long periods of time during the present readmission. Cases readmitted under the age of 19 years have remained in hospital 11.1 years; those readmitted between the ages 20–29 years have remained 14.0 years; and those readmitted between the ages 30–39 years have remained 12.1 years. As the age at readmission increases, the length of hospital stay decreases. Recalling that the cases in residence are largely a selection of the chronic types tending to long periods in hospital, we observe that the first admissions with their shorter hospital stay are showing a lesser degree of chronicity than the readmissions with their long hospital residence.

TABLE 86. — *Average Length of Hospital Stay During the Present Admission, First Admissions and Readmissions in Residence on September 30, 1936, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	All Admissions	First Admissions	Readmissions
Under 19 years	7.6	6.8	11.1
20–29 years	12.2	10.6	14.0
30–39 years	11.1	9.8	12.1
40–49 years	8.4	7.7	9.0
50–59 years	6.1	5.3	6.8
60–69 years	4.0	3.5	4.4
70–79 years	1.7	1.5	2.6
80–89 years	.6	.5	.9



Graph 8. — Length of Time in Residence of Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Age at Admission: Averages in Years

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

Table 87 shows the *present* age of first and readmissions in the resident population of our mental hospitals on September 30, 1936. The average present age of all cases is 49.8 years, 51.3 years for the females and 48.4 years for the males.

Tabld 87. — *Present Ages of First Admissions and Readmissions in the Resident Population, September 30, 1936*

Present Age	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	374	302	676	335	252	587	39	50	89
20–29 years	1,072	870	1,942	764	588	1,352	308	282	590
30–39 years	2,240	1,665	3,905	1,131	894	2,025	1,109	771	1,880
40–49 years	3,235	2,653	5,888	1,366	1,247	2,613	1,869	1,406	3,275
50–59 years	2,665	2,677	5,342	1,317	1,153	2,470	1,348	1,524	2,872
60–69 years	1,792	2,145	3,937	935	978	1,913	857	1,167	2,024
70–79 years	902	1,152	2,054	538	643	1,181	364	509	873
80–89 years	180	299	479	127	195	322	53	104	157
90 years and over	14	19	33	13	13	26	1	6	7
Total	12,474	11,782	24,256	6,526	5,963	12,489	5,948	5,819	11,767
Average Present Age	48.4	51.3	49.8	47.7	50.2	48.9	49.2	52.4	50.8

(See Tables 242 and 243 for detail)

The average present age of first admissions in the resident population is 48.9 years, while that of the readmissions is 50.8 years. Although the average *admission* age of readmissions was less than that of first admissions (Table 85), we note here that the situation is reversed and the average *present* age of readmissions is higher than that of first admissions. It is evident that readmissions not only come into mental hospitals at earlier ages, but they remain in residence for a longer period than do the first admissions. In the present age, the age group 40–49 years shows the largest numbers both in first admissions and in readmissions. In the age groups 30–39 years and younger, the first admissions show decidedly larger numbers than the readmissions. In the age groups 50–59 and 60–69 years, the readmissions show the larger numbers. From 70 years onward, the first admissions again show larger numbers.

ADMISSION AGE AND PRESENT AGE OF RESIDENT POPULATION, SEPTEMBER 30, 1936, BY FIRST AND READMISSIONS AND MENTAL DISORDERS

In Table 88 we divide the resident population into first and readmissions, and show the average age at admission and the average present age for the various psychoses. The 12,489 first admissions in residence show an average admission age of 41.3 years, their average present age being 48.9 years. The 11,767 readmissions in residence show an average admission age of 40.5 years, and an average present age of 50.8 years. The first admissions in residence have a difference of 7.6 years between the admission age and the present age. The readmissions in residence have a difference of 10.3 years between their admission and present ages.

The 4,876 first admissions in residence with a diagnosis of dementia praecox reveal an admission age of 34.6 years and a present age of 45.2 years. The 7,336 dementia praecox readmissions show an average admission age of 38.4 years, and a present age of 50.0 years. The second group, numerically, the manic-depressive psychoses, shows that 890 resident first admissions had an average admission age of 42.9 years, and an average present age of 47.6 years. The 1,078 resident manic-depressive readmissions show an average admission age of 46.4 years, and a present age of 53.5 years. The third group, psychoses with mental deficiency, shows that the 909 first admissions have an average admission age of 33.9 years, and an average present age of 42.8 years; and 904 readmissions showan average admission age of 36.7 years and an average present age of 47.5 years.

TABLE 88. — *Average Admission Age and Average Present Age of Resident Population on September 30, 1936: First Admissions and Readmissions, by Mental Disorders*

MENTAL DISORDERS	FIRST ADMISSIONS			READMISSIONS		
	Number	Average Admission Age	Average Present Age	Number	Average Admission Age	Average Present Age
With syphilitic meningo-encephalitis	479	44.2	48.1	279	43.0	47.5
With other forms of syphilis	81	45.7	51.4	42	45.4	51.9
With epidemic encephalitis	63	29.1	33.3	38	31.9	37.3
With other infectious diseases	16	43.7	46.8	6	40.0	48.3
Alcoholic psychoses	776	47.8	56.4	554	48.6	58.7
Due to drugs, etc.	10	52.0	55.0	7	42.1	57.8
Traumatic psychoses	48	46.3	51.7	19	45.5	53.9
With cerebral arteriosclerosis	1,072	67.9	70.4	184	65.3	71.6
With other disturbances of circulation	40	53.7	57.5	6	53.3	58.3
With convulsive disorders (epilepsy)	594	34.4	36.8	351	36.6	47.8
Senile psychoses	517	71.9	75.7	74	69.1	73.0
Involutional psychoses	376	53.0	57.1	158	54.2	59.9
Due to other metabolic diseases, etc.	73	45.8	48.8	29	45.6	51.8
Due to new growth	2	40.0	50.0	5	47.0	51.0
With organic changes of nervous system	138	42.0	46.5	66	41.3	46.5
Psychoneuroses	120	41.2	44.0	54	42.2	47.2
Manic-depressive psychoses	890	42.9	47.6	1,078	46.4	53.5
Dementia praecox	4,876	34.6	45.2	7,336	38.4	50.0
Paranoia and paranoid conditions	389	49.6	55.8	240	51.0	58.9
With psychopathic personality	122	36.3	42.9	91	39.1	44.8
With mental deficiency	909	33.9	42.8	904	36.7	47.5
Undiagnosed psychoses	13	34.5	35.3	5	37.0	41.0
Without psychoses	882	22.5	28.4	239	27.8	36.6
Primary behavior disorders	3	17.0	17.0	2	26.0	26.0
Total With Mental Disorder	11,604	42.7	50.1	11,526	40.8	51.1
Total Without Mental Disorder	885	22.5	28.3	241	29.0	36.6
Grand Total	12,489	41.3	48.9	11,767	40.5	50.8

(See Tables 236 and 238 for detail)

TABLE 89. — *Color in Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders: Percentage Distribution*

MENTAL DISORDERS	TOTAL		WHITE		BLACK		MULATTO		YELLOW		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	758	3.1	721	3.1	22	4.9	11	11.2	–	–	4	9.0
With other forms of syphilis	123	.5	113	.5	6	1.3	2	2.0	1	3.8	1	2.3
With epidemic encephalitis	101	.4	99	.4	2	.4	–	–	–	–	–	–
With other infectious diseases	22	.1	22	.1	–	–	–	–	–	–	–	–
Alcoholic psychoses	1,330	5.5	1,295	5.4	31	6.9	3	3.1	–	–	1	2.3
Due to drugs, etc.	17	.1	17	.1	–	–	–	–	–	–	–	–
Traumatic psychoses	67	.3	67	.3	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1,256	5.2	1,220	5.2	34	7.6	1	1.0	1	3.8	–	–
With other disturbances of circulation	46	.2	43	.2	2	.4	–	–	1	3.8	–	–
With convulsive disorders (epilepsy)	945	3.9	927	3.9	13	2.9	4	4.1	–	–	1	2.3
Senile psychoses	591	2.4	581	2.5	7	1.6	2	2.0	1	3.8	–	–
Involutional psychoses	534	2.2	532	2.2	–	–	1	1.0	–	–	1	2.3
Due to other metabolic diseases	102	.4	101	.4	1	.2	–	–	–	–	–	–
Due to new growth	7	.02	6	.02	1	.2	–	–	–	–	–	–
With organic changes of nervous system	204	.8	203	.9	1	.2	–	–	–	–	–	–
Psychoneuroses	174	.7	173	.7	–	–	–	–	–	–	1	2.3
Manic-depressive psychoses	1,968	8.1	1,924	8.1	32	7.1	7	7.2	2	7.8	3	6.8
Dementia praecox	12,212	50.4	11,885	50.3	225	50.0	58	59.2	16	61.6	28	63.6
Paranoia and paranoid conditions	629	2.6	614	2.6	14	3.1	–	–	1	3.8	–	–
With psychopathic personality	213	.9	202	.9	8	1.8	1	1.0	1	3.8	1	2.3
With mental deficiency	1,813	7.5	1,769	7.4	37	8.3	3	3.1	2	7.8	1	2.3
Undiagnosed psychoses	18	.1	18	.1	–	–	–	–	–	–	–	–
Without psychoses	1,121	4.6	1,100	4.7	14	3.1	5	5.1	–	–	2	4.5
Primary behavior disorders	5	.02	5	.02	–	–	–	–	–	–	–	–
Total With Mental Disorder	23,130	95.4	22,532	95.3	436	96.9	93	94.9	26	100.0	42	95.5
Total Without Mental Disorder	1,126	4.6	1,105	4.7	14	3.1	5	5.1	–	–	2	4.5
Grand Total	24,256	100.0	23,637	100.0	450	100.0	98	100.0	26	100.0	44	100.0

(See Table 252 for detail)

The fourth group, psychoses with cerebral arteriosclerosis, shows 1,072 first admissions with an average admission age of 67.9 years, and an average present age of 70.4 years. The 184 readmissions present an average admission age of 65.3 years and an average present age of 71.6 years.

Color in Patients Resident in Mental Hospitals, September 30, 1936

Table 89 refers to the color of cases in residence in mental hospitals. The percentage distributions allow us to compare the occurrence of certain psychoses in the different color groups.

In the group with syphilitic meningo-encephalitis (general paresis) we observe an occurrence of 3.1 per cent in the whites, 4.9 per cent in the blacks; and 11.2 per cent in the mulattoes. In the group other forms of syphilis we observe .5 per cent in the whites, 1.3 per cent in the blacks, 2.0 per cent in the mulattoes, and 3.8 per cent in the yellows. In the alcoholic psychoses the whites show 5.4 per cent, the blacks, 6.9 per cent; and the mulattoes 3.1 per cent. In the manic-depressive psychoses the whites show an occurrence of 8.1 per cent; the blacks, 7.1 per cent; the mulattoes, 7.2 per cent; and the yellows, 7.8 per cent. In dementia praecox the occurrence among the whites is 50.3 per cent; among the blacks 50.0 per cent; among the mulattoes 59.2 per cent; and among the yellows, 61.6 per cent. The psychoses with cerebral arteriosclerosis make up 5.2 per cent of the whites; 7.6 per cent of the blacks; 1.0 per cent of the mulattoes, and 3.8 per cent of the yellows. Psychoses with mental deficiency comprise 7.4 per cent of the whites; 8.3 per cent of the blacks; 3.1 per cent of the mulattoes; and 7.8 per cent of the yellows.

Considering the psychoses which are important numerically, we note that the whites show the high proportion in the involutional psychoses and the manic-depressive psychoses. The blacks show the high percentage in the alcoholic psychoses, psychoses with cerebral arteriosclerosis, and with mental deficiency. The mulattoes show their high proportion in the cases with syphilitic meningo-encephalitis and with convulsive disorders, epilepsy. The yellow races show the high proportion in other forms of syphilis, other disturbances of circulation, senile psychoses, dementia praecox, paranoia, and with psychopathic personality. Of the foregoing, the only one of consequence is dementia praecox, as the others present very small numbers in the yellow races.

TABLE 90. — *Country of Birth*[1], *Court First Admissions, 1936, and Resident Population September 30, 1936: Rates per 100,000 of State Population Same Country of Birth 15 Years of Age and Over, 1930 Census*

Rates per 100,000 State Population Same Country of Birth					
Country of Birth	Court First Admissions, 1936		Country of Birth	Cases in Residence	
	Number	Rate		Number	Rate
Austria	11	259.	Austria	179	4,217.
Portugal	43	176.	Ireland	1,867	1,183.
Ireland	243	154.	Russia	778	1,156.
Finland	18	139.	Finland	149	1,154.
Sweden	46	126.	Portugal	227	931.
Canada[2]	351	123.	Germany	181	894.
United States	2,331	113.	Poland	618	869.
Scotland	35	111.	Greece	130	783.
Italy	135	109.	United States	15,780	769.
Germany	21	103.	Sweden	266	731.
England	79	102.	Italy	819	663.
Poland	66	92.	Canada[2]	1,788	628.
Russia	59	87.	England	483	627.
Greece	14	84.	Scotland	160	510.
All other countries	126	122.	All other countries	831	808.
Total	3,578	116.		24,256	787.

(See Table 234 for detail)

[1] Countries included in this table are those having one hundred or more patients in the resident population.

[2] Includes Newfoundland.

Comparison between Country of Birth of First Court Admissions, 1936, and Resident Population, September 30, 1936

Table 90 compares the nativity of first admissions during 1936 with the nativity of cases in residence at the end of the statistical year. The first admissions measure simply the intake of a single year, while the cases in residence represent the accumulation from the admissions of many years. The rates on the resident population show the tendency of patients from certain countries to be discharged or die, and the tendency of patients from other countries to survive and be retained in the resident population. In this table we have arranged both of these items in order of importance. Austria takes first position both in first admissions and in the resident population. However, the other countries do not preserve the same relative positions. Portugal, Sweden, Canada, United States, Scotland, Italy and England occupy lower positions in the resident population than they did in the first admissions for 1936. On the other hand, Ireland, Germany, Russia, Poland and Greece occupy higher positions in the resident population than in first admissions for 1936.

County of Residence at Time of Admission of Court Admissions during 1936 and Resident Population on September 30, 1936

Table 91 and Graph 9 give the county of residence at the time of admission and the rate per hundred thousand of the same county for (1) all court cases admitted to mental hospitals during 1936 and (2) all patients in residence in mental hospitals on September 30, 1936.

In the court admissions for 1936, we find the highest rate of 125 in Suffolk county. Franklin is second with a rate of 105; Worcester third with a rate of 103; Plymouth fourth with a rate of 101; and Hampden fifth with a rate of 98. The lowest rates are observed in Essex with an admission rate of 85; Barnstable and Norfolk with rates of 82 each; Bristol with a rate of 79; and Dukes with a rate of 34.

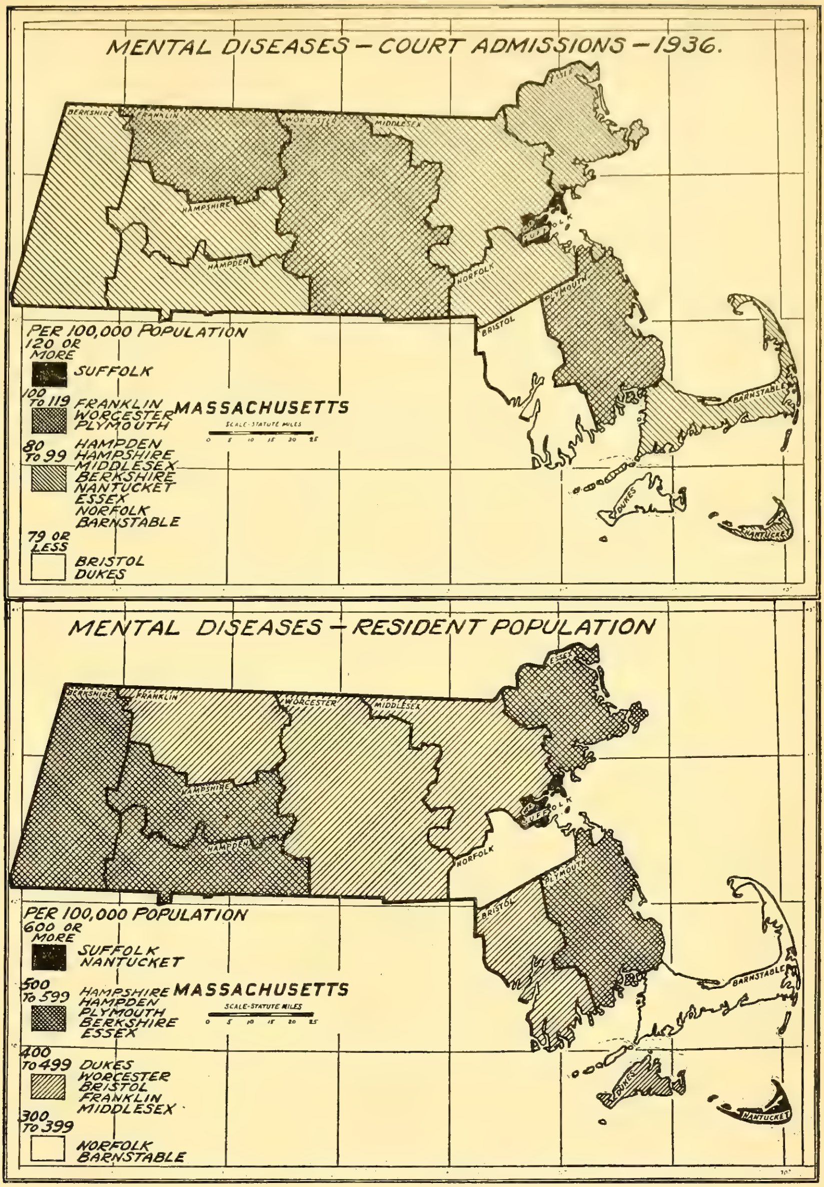
In the resident population the high rate of 708 for cases in residence is observed in Suffolk county. Nantucket is second with 607; Hampshire third with 582; Hampden fourth with 561; and Plymouth fifth with 535. The lowest rates for residence in mental hospitals are observed in Bristol, Franklin, Middlesex, Norfolk and Barnstable, with rates of 489, 479, 459, 387, and 373 respectively.

Table 91. — *County of Residence and Rates per 100,000 of (1) Patients Admitted on Court Commitment to All Hospitals during the Year Ended September 30, 1936; (2) All Patients Remaining Within Institutions on September 30, 1936*

County of Residence at time of Admission	All Court Admissions during Year			Rate per 100,000 Population Same County[1]	County of Residence at time of Admission	Cases Remaining Within Institutions			Rate per 100,000 Population Same County
	M.	F.	T.			M.	F.	T.	
Suffolk	570	582	1,152	125.	Suffolk	3,080	3,430	6,510	708.
Franklin	26	28	54	105.	Nantucket	12	9	21	607.
Worcester	260	254	514	103.	Hampshire	244	190	434	582.
Plymouth	96	73	169	101.	Hampden	911	958	1,869	561.
Hampden	168	161	329	98.	Plymouth	512	383	895	535.
Hampshire	38	31	69	92.	Berkshire	322	306	628	518.
Middlesex	409	449	858	89.	Essex	1,356	1,225	2,581	510.
Berkshire	58	49	107	88.	Dukes	16	13	29	495.
Nantucket	1	2	3	86.	Worcester	1,307	1,133	2,440	491.
Essex	224	208	432	85.	Bristol	891	904	1,795	489.
Norfolk	127	140	267	82.	Franklin	147	99	246	479.
Barnstable	12	19	31	82.	Middlesex	2,127	2,305	4,432	459.
Bristol	152	140	292	79.	Norfolk	614	646	1,260	387.
Dukes	2	–	2	34.	Barnstable	66	74	140	373.
Non-resident	132	26	158	–	Non-resident	668	93	761	–
Unknown	5	5	10	–	Unknown	201	14	215	–
Total	2,280	2,167	4,447	101.	Total	12,474	11,782	24,256	554.

(See Table 256 for detail)

[1] Estimated population of each county, 1936.



Graph 9. — County of Residence at Time of Admission, All Court Admissions. 1936, and Resident Population on September 30, 1936: Rates per Hundred Thousand Population

Comparing the five counties showing the high rates in both the court admissions and the resident population, we note that only three counties, Suffolk, Plymouth and Hampden occur in both groups. Franklin and Worcester counties, which were high in admissions, move to lower positions in the resident population. Among the five counties showing the lowest rates in court admissions and the resident population, three (Barnstable, Norfolk and Bristol) occupy low positions in both groups. Essex and Dukes, although low in the admissions, rise to higher positions in the resident population.

If we attempt to explain the incidence of mental disease on a population concentration basis, we should expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Boston (Suffolk County), Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County (Boston) and Hampden County (Springfield) are the only counties conforming to this hypothesis.

Court Admissions and Cases in Residence from the Forty Leading Cities in Massachusetts from Viewpoint of Population

Table 92 gives us the numbers and rates for court admissions, 1936 and the resident population, 1936, in the forty Massachusetts cities and towns showing the largest population at the time of the 1935 Decennial Census. In the admissions, North Adams shows the high rate of 131. Boston is second with 130; Worcester third with 126; Cambridge fourth with 124; and Springfield fifth with 115. With the exception of North Adams, the leading five cities from the viewpoint of rates are all cities of 100,000 population or higher. The lower admission rates for 1936 are observed in Everett, with 55, Arlington with 57; Fall River with 60; Attleboro with 64; and Haverhill and Medford with 66 each.

Table 92. — *All Court Admissions to Hospitals for Mental Diseases, 1936, and Cases in Residence on September 30, 1936, from the Forty Leading Cities in Massachusetts from the Viewpoint of Population: Rates per 100,000 Population*

City or Town	Population [1], 1935	All Court Admissions 1936	Rate per 100,000	Resident Population September 30, 1936	Rate per 100,000
Boston	817,713	1,071	130.	6,088	744.
Cambridge	118,075	147	124.	795	673.
North Adams	22,085	29	131.	145	656.
Holyoke	56,139	47	83.	363	646.
Brockton	62,407	69	110.	398	637.
Lowell	100,114	97	96.	634	633.
Lawrence	86,785	66	76.	517	595.
Waltham	40,557	35	86.	238	586.
Salem	43,472	38	87.	253	581.
Springfield	149,642	173	115.	868	580.
Fitchburg	41,700	36	86.	241	577.
Attleboro	21,835	14	64.	125	572.
Lynn	100,909	102	101.	567	561.
Worcester	190,471	241	126.	1,055	553.
Gloucester	24,164	26	107.	131	542.
Taunton	37,431	34	90.	201	536.
Chelsea	42,673	43	100.	227	531.
Chicopee	41,952	37	88.	220	524.
New Bedford	110,022	106	96.	566	514.
Northampton	24,525	25	101.	126	513.
Haverhill	49,516	33	66.	248	500.
Framingham	22,651	25	110.	113	498.
Malden	57,277	49	85.	285	497.
Fall River	117,414	71	60.	582	495.
Peabody	22,082	18	81.	107	484.
Pittsfield	47,516	32	67.	228	479.
Somerville	100,773	81	80.	431	427.
Weymouth	21,748	21	96.	93	427.
Beverly	25,871	19	73.	110	425.
Leominster	21,894	23	105.	93	424.
Everett	47,228	26	55.	192	406.
Belmont	24,831	22	88.	97	390.
Revere	35,319	24	67.	132	373.
Brookline	50,319	44	87.	186	369.
Newton	66,144	66	99.	241	364.
Quincy	76,909	57	74.	265	344.
Melrose	24,256	22	90.	83	342.
Arlington	38,539	22	57.	131	339.
Watertown	35,827	34	94.	117	326.
Medford	61,444	41	66.	194	315.
Total	3,080,229	3,166	102.	17,686	574.

(See Table 256 for detail)

[1] Massachusetts Decennial Census, 1935.

In the resident population, Boston occupies first position with a rate of 744. Cambridge is second with 673; North Adams third with 656; Holyoke fourth with 646; and Brockton fifth with 637. We note that Boston, Cambridge and North Adams are among the leading five cities in both admissions and the resident population. In the resident population the low rates are observed in Quincy, Melrose, Arlington, Watertown, and Medford with 344, 342, 339, 326, and 315, respectively. Arlington and Medford thus occupy low positions in both admissions and in the resident population.

MENTALLY DEFICIENT

Section F. General Discussion of All Classes Under Care in State Schools for the Mentally Deficient, 1936

Section F is devoted to the general discussion of all classes of the mentally deficient under care in public and private schools for the year 1936.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT SEPTEMBER 30, 1936

Table 93 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 5,302 actually within the institutions, and 5,935 on the books of the various schools, including cases supervised by the Division of Mental Deficiency. The State schools had 5,133 patients actually within institutions, and 5,597 patients on the books. The Belchertown State School had a total of 1,305 actually within the institution and 1,432 on the books. The Walter E. Fernald State School had 1,875 patients actually within the institution and 2,017 on the books. The Wrentham State School had 1,953 actually within the institution and 2,148 on the books. One hundred sixty-eight mentally defective individuals were under supervision by the Division of Mental Deficiency. Six private schools had 169 patients actually within institutions and 170 on the books at the end of the statistical year.

TABLE 93. — *Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1936, by School*

SCHOOLS	ACTUALLY IN THE INSTITUTIONS		ON THE BOOKS	
State:				
Belchertown	1,305		1,432	
Walter E. Fernald	1,875		2,017	
Wrentham	1,953		2,148	
Total		5,133		5,597
Mental Defectives in Community under Div. of Mental Deficiency		–		168
Private:				
Elm Hill	21		21	
Mentally Defective in Hospital Cottages	84		84	
Standish Manor	6		6	
Perkins School of Adjustment	38		39	
The Freer School	9		9	
Clarke School	11		11	
Total		169		170
Total, all patients		5,302		5,935

NOTE: — In addition to the above, there were 1,935 cases on the books, (1,813 cases within and 122 cases out of mental hospitals on September 30, 1936,) who were diagnosed as "Psychoses with mental deficiency." There were 1,046 on the books, (987 cases within and 59 cases out of mental hospitals) who were diagnosed as "Without psychoses — mental deficiency".

Comparing the figure of 5,302 actually within State institutions for 1936 with the figure of 5,212 for 1935, we observe an increase of 1.7 per cent. The rate per 100,000 of the population for 1936 was 121.2 for patients actually within institutions; for the total on the books of 5,935 patients it was 135.7. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1936.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904–1936

Table 94 gives the number of cases who entered the State schools during each year, 1904–1936, inclusive. Considering the Walter E. Fernald State School alone, we observe that the largest numbers of cases were admitted in 1905, 1909 and 1923 with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, 240 admissions, and 1921, 238 admissions. Belchertown State School admitted the greatest number in 1931, 202 cases, and the fewest in 1929, 54 cases.

TABLE 94. — *All Admissions from the Community*[1] *to State Schools for the Mentally Defective, 1904-1936, by School*

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	–	–
1905	282	282	–	–
1906	187	187	–	–
1907	215	215	–	–
1908	273	273	–	–
1909	275	275	–	–
1910	377	250	127	–
1911	266	188	78	–
1912	361	190	171	–
1913	228	192	36	–
1914	468	228	240	–
1915	322	231	91	–
1916	667	185	482	–
1917	363	195	168	–
1918	418	190	228	–
1919	372	230	142	–
1920	356	220	136	–
1921	414	176	238	–
1922	283	174	109	–
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
1934	471	157	213	101
1935	392	125	173	94
1936	455	137	209	109
Total	12,315	6,198	4,571	1,546

[1] All First and Readmissions included but not transfers.

Considering the totals for the three schools, we observe that the largest number of cases was admitted in 1916, with 667 cases, and in 1923 with 586 cases. Observing particularly the period from 1923 onward, during which each of the three State schools was receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930 and 1931, however, there was a large increase in the number of admissions, this being largely due to the increase of patients at the Belchertown State School. The year 1932 showed a decrease in admissions, 369 cases as against 461 in 1931. This decrease is most evident at the Wrentham and Belchertown State Schools. The year 1933 showed a decided increase in admissions to 478, and the year 1934 a decrease to 471. The year 1935 shows a decrease of 79 over that for the preceding year. The figure for 1936 shows an increase of 63 patients over 1935.

During the entire 33-year period a total of 12,315 cases was admitted to all State schools. Six thousand one hundred ninety-eight cases were admitted to the Walter E. Fernald State School, or an average of 187 admissions per year. During the last 27 years, 4,571 cases have been admitted to the Wrentham State School, or an average of 169 admissions per year. Over the 14-year period 1923-1936, a total of 1,546 patients has been admitted to the Belchertown State School, or an average of 110 admissions per year. As the present rated capacities of both Wrentham and Belchertown are smaller than that of the Walter E. Fernald State School, this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1936, AND RATES PER 100,000 OF THE POPULATION

Table 95 shows the total number of admissions to State schools for the years 1904-1936, inclusive, by sex and the rate of admissions per 100,000 of the general population for each year. In general, we may say that the rate was higher during the middle period of 1910-1925, than during the earlier or later periods. The number of admissions is, of course, dependent upon the available accommodation.

It will be noted that the years 1923-1925, inclusive, are quite high, due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932 to a rate of 8. This rose during 1933 and 1934, however, to a rate of 10. In 1935 we find a drop to 9. In 1936 the rate was 10 again. The rates for males are higher than the rates for females in all but 7 years of this period.

Table 95. — *Number of Patients Admitted to State Schools for Mental Defectives, 1904-1936, by Sex: Rates per 100,000 Population*

Year	Number of Admissions[1]			Number of Admissions per 100,000 Population[2]		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.
1934	227	244	471	10.	10.	10.
1935	203	189	392	9.	8.	9.
1936	233	222	455	11.	9.	10.

[1] Does not include transfers

[2] Population estimated for intercensal years.

It will be observed that the rates for the admission of mental defectives to our State Schools are remaining on the same level and, if anything, are somewhat lower than those of the ten years preceding 1925. It should be recalled, however, that these admissions do not represent the community demand for institutional care for the mental defective. They register the number of beds available for new admissions during each year. The current waiting list of over 3,000 cases points out the inadequacy of our present provision for mental defectives.

Cases in Residence in State Schools, 1904-1936

Table 96 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1936, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 117 in the year 1936. This table demonstrates very strikingly the efforts made by the State to meet the problem of the mental defective. Since 1904 the rate for patients in residence has more than quadrupled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding. During the last six years the rates for the females have exceeded those of the males.

TABLE 96. — *Number of Patients in Residence in State Schools for Mental Defectives, on September 30 of each year, 1904–1936: Rates per 100,000 Population.*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RATES PER 100,000 POPULATION			Percentage Increases
	M.	F.	T.	M.	F.	T.	
1904 .	513	334	847	34.	21.	27.	–
1905 .	617	411	1,028	40.	26.	33.	22
1906 .	668	452	1,120	43.	28.	35.	6
1907 .	713	515	1,228	45.	31.	38.	8
1908 .	793	539	1,332	49.	32.	40.	5
1909 .	856	587	1,443	52.	34.	43.	7
1910 .	915	652	1,567	55.	38.	46.	6
1911 .	968	674	1,642	57.	38.	48.	4
1912 .	1,049	796	1,845	61.	45.	53.	10
1913 .	1,091	829	1,920	63.	46.	54.	1
1914 .	1,227	967	2,194	70.	53.	61.	12
1915 .	1,292	1,016	2,308	72.	55.	63.	3
1916 .	1,376	1,206	2,582	76.	65.	70.	11
1917 .	1,419	1,254	2,673	77.	66.	72.	2
1918 .	1,431	1,332	2,763	77.	69.	73.	1
1919 .	1,432	1,307	2,739	76.	67.	71.	2*
1920 .	1,452	1,368	2,820	76.	69.	73.	2
1921 .	1,466	1,475	2,941	76.	74.	75.	2
1922 .	1,389	1,460	2,849	72.	72.	72.	4*
1923 .	1,592	1,647	3,239	81.	81.	81.	12
1924 .	1,699	1,761	3,460	86.	85.	86.	6
1925 .	1,746	1,847	3,593	88.	89.	88.	2
1926 .	1,796	1,864	3,660	89.	89.	89.	1
1927 .	1,852	1,935	3,787	91.	91.	91.	2
1928 .	1,956	1,956	3,912	95.	91.	93.	2
1929 .	1,980	1,961	3,941	96.	90.	93.	–
1930 .	2,050	2,109	4,159	98.	96.	97.	4
1931 .	2,135	2,277	4,412	103.	104.	103.	6
1932 .	2,205	2,361	4,566	106.	108.	107.	3
1933 .	2,316	2,455	4,771	108.	109.	109.	1
1934 .	2,375	2,558	4,933	110.	112.	111.	1
1935 .	2,399	2,610	5,009	113.	116.	115.	3
1936 .	2,461	2,672	5,133	116.	118.	117.	1

*Indicates percentage decrease.

The last column of Table 96 gives the percentage increase over the preceding year of patients in residence. The largest increase of 22 per cent occurred in 1905. There is then a period of smaller increases up to 1911. From 1912 to 1923, the percentage increases are on a somewhat higher level. Since 1924 the increases have been fairly consistent and on a rather lower general level. The average percentage increase for all years is 4 per cent. It is to be noted that in three of the past five years the increase in the rate was only one per cent over the preceding years.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT," "ON PAROLE" AND "ON ESCAPE" FROM STATE SCHOOLS, 1904–1936

Table 97 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape". It will be noted that the percentage "on visit" has shown a tendency to increase during the last three years. The same is true for the percentage "on parole." This is very significant as these cases are earning their own living in the community. An increase in these cases in the face of present day economic conditions testifies to the work of the various social service departments. The percentage of patients "on escape" at the end of each statistical year varied between the low figure of .4 per cent in 1910 and 1936, and the high point of 2.8 per cent in 1919. There has not been much variation over the last six years. In 1935 and also in 1936 there was a decided drop in the number and percentage of patients on escape.

TABLE 97. — *Number and Percentage of Patients "On Visit," "On Parole," and "On Escape" from State Schools September 30, 1910–1936.*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910 . . .	1,654	80	4.8	–	–	–	–	7	.4
1911 . . .	1,772	115	6.4	–	–	–	–	15	.8
1912 . . .	1,985	130	6.5	–	–	–	–	10	.5
1913 . . .	2,049	104	5.0	–	–	–	–	23	1.1
1914 . . .	2,366	157	6.6	–	–	–	–	15	.6
1915 . . .	2,471	134	5.4	–	–	–	–	28	1.1
1916 . . .	2,873	237	8.2	–	–	–	–	54	1.8
1917 . . .	2,947	222	7.5	–	–	–	–	52	1.7
1918 . . .	3,115	305	9.8	–	–	–	–	47	1.5
1919 . . .	3,219	387	12.0	–	–	–	–	93	2.8
1920 . . .	3,163	290	9.1	–	–	–	–	53	1.6
1921 . . .	3,375	376	11.1	–	–	–	–	58	1.7
1922 . . .	3,315	401	12.1	–	–	–	–	65	1.9
1923 . . .	3,762	463	12.3	–	–	–	–	60	1.5
1924 . . .	4,075	560	13.7	–	–	–	–	55	1.3
1925 . . .	4,125	488	11.8	–	–	–	–	44	1.0
1926 . . .	4,145	429	10.3	–	–	–	–	56	1.3
1927 . . .	4,162	332	7.9	–	–	–	–	70	1.6
1928 . . .	4,304	–	–	109	2.5	216	5.0	67	1.5
1929 . . .	4,363	–	–	108	2.5	231	5.3	83	1.9
1930 . . .	4,557	–	–	111	2.4	218	4.7	69	1.5
1931 . . .	4,815	–	–	107	2.8	203	4.2	93	1.9
1932 . . .	4,957	–	–	91	1.8	205	4.1	95	1.9
1933 . . .	5,202	–	–	110	2.1	233	4.4	88	1.6
1934 . . .	5,410	–	–	142	2.6	247	4.5	88	1.6
1935 . . .	5,444	–	–	141	2.5	259	4.7	35	.6
1936 . . .	5,597	–	–	151	2.6	286	5.1	27	.4

PATIENTS OUT OF STATE SCHOOLS ON SEPTEMBER 30, 1936

The number of patients "on visit", "on parole", and "on escape" from State schools in 1936 was 464, or 8.2 per cent of the total number of patients on the books. Table 98 reveals that of the total of 464 out of institutions at the end of the year, 151 or 2.6 per cent were "on visit"; 286 or 5.1 per cent were "on parole"; and 27 or .4 per cent were "on escape".

On September 30, 1936, the Belchertown State School had 42 patients or 2.9 per cent of its population out "on visit"; 73 patients or 5.0 per cent were out "on parole"; and 12 patients or .8 per cent were "on escape", making a total of 127 patients or 8.8 per cent of the cases on the books who were out of the institution at the end of the year. The Walter E. Fernald State School had 42 patients or 2.0 per cent of its total population "on visit"; 93 patients or 4.6 per cent "on parole"; and 7 patients or .3 per cent "on escape", making a total of 142 patients, or 7.0 per cent of cases on the books who were out of the institution on September 30, 1936. The Wrentham State School had 67 patients or 3.1 per cent of its total population "on visit"; 120 patients or 5.5 per cent "on parole"; and 8 or .3 per cent "on escape', making a total of 195 patients or 9.0 per cent out of the institution at the end of the statistical year.

TABLE 98. — *Number of Patients "On Visit", "On Parole" and "On Escape" from State Schools on September 30, 1936, by School*

STATE SCHOOL	Number on Books	"On Visit"		"On Parole"		"On Escape"		TOTAL	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Belchertown	1,432	42	2.9	73	5.0	12	.8	127	8.8
Walter E. Fernald . .	2,017	42	2.0	93	4.6	7	.3	142	7.0
Wrentham	2,148	67	3.1	120	5.5	8	.3	195	9.0
Total	5,597	151	2.6	286	5.1	27	.4	464	8.2

Patients "on visit" are those absent from the State schools for a definite period of time. Patients "on parole" are usually working and are permitted to remain in the community for an indefinite period, the length of this period being dependent upon their adjustment in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

Table 99 outlines the total number of visits from State schools during the year 1936. The Walter E. Fernald State School shows the highest rate of 285 visits per thousand daily average population on the books. Wrentham is second with a rate of 250, and Belchertown third with a rate of 237. More males go out on visit than females, as is shown in the rate for the males of 278 as against 242 for the females. In both the Wrentham and Walter E. Fernald State Schools, the males have the greatest opportunities for going out on visit, the rate being higher than that of the females at each institution. At Belchertown it will be noted that the visit rate for the females is 9 points higher than that of the males.

TABLE 99. — *Number of Visits during the Year 1936, by State Schools and Sex: Rates per 1,000 Daily Average Population on Books*

SCHOOLS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	598.9	837.0	1,436.0	139	202	341	232.4	241.3	237.4
Walter E. Fernald	1,126.5	881.5	2,008.0	333	240	573	295.7	272.4	285.3
Wrentham	910.4	1,164.6	2,075.1	261	258	519	286.8	221.6	250.1
Total	2,635.9	2,883.2	5,519.1	733	700	1,433	278.1	242.8	259.6

Section G. Admissions to State Schools for the Mentally Deficient During 1936

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1935 to September 30, 1936, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1936

Table 100 reveals that a total of 460 admissions were received at the three State schools during the year; 152 or 33.0 per cent of cases were admitted under regular court commitment; 302 or 65.7 per cent were admitted on the voluntary or "school" status; 1 case, or .2 per cent entered under the observation form; and 5 or 1.1 per cent were admitted by transfer. It will be observed that the first admissions comprise by far the larger proportion of admissions to the State schools. During 1936 there were 428 or 93 per cent of these as against 32 or 7 per cent of readmissions.

TABLE 100. — *Legal Status of All Admissions to State Schools, 1936*

TYPE OF ADMISSION	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	216	212	428	62	83	145	154	129	283	–	–	–	–	–	–
Readmissions	20	12	32	6	1	7	10	9	19	1	–	1	3	2	5
Total	236	224	460	68	84	152	164	138	302	1	–	1	3	2	5

MENTAL STATUS OF FIRST ADMISSIONS, 1928–1936

Table 101 shows the number of cases admitted in each of the mental status groups and also presents the rates per hundred thousand of the population 24 years of age and under, (1930 Census). This population age grouping is chosen because over 95 per cent of first admissions to State schools are 24 years of age or less. The total rate for all groups presents considerable irregularity, with somewhat higher rates in 1933 and 1934. The idiot and moron groups have shown considerable fluctuation, with no definite trend. The imbecile group, however, has shown an increasing trend from a rate of 4 in 1928 to a rate of 8 in 1936. It is evident that the imbecile group is the one that is emerging from the population and sending patients to our State schools in increasing proportions.

TABLE 101. — *Mental Status of First Admissions to State Schools, 1928-1936: Numbers and Rates per 100,000 Population of State Under 24 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1928	390	21.	40	2.	91	4.	211	11.	48	2.
1929	280	15.	55	2.	81	4.	134	7.	10	.5
1930	403	21.	65	3.	104	5.	211	11.	23	1.
1931	426	23.	47	2.	97	5.	249	13.	33	1.
1932	346	18.	40	2.	82	4.	206	11.	18	.9
1933	447	24.	77	4.	142	7.	204	11.	24	1.
1934	451	24.	58	3.	176	9.	193	10.	24	1.
1935	379	20.	59	3.	133	7.	176	9.	11	.5
1936	428	23.	45	2.	158	8.	211	11.	14	.7

MENTAL STATUS OF ALL ADMISSIONS, 1936

Table 102 outlines the mental status of first admissions and readmissions for the year 1936. The idiots make up 10.5 per cent; imbeciles 36.9 per cent; morons 49.3 per cent; and the not mentally defective 3.3 per cent of first admissions. Among the readmissions we find that the percentage for the idiots is 7.4 per cent; for the imbeciles 33.3 per cent; for the morons 51.9 per cent; and for the not mentally defective, 7.4 per cent.

For the sexes, the first admissions show larger proportions of idiots and imbeciles in the males, while the females show greater proportions in the morons and the not mentally defective. In other words, the males of lower mental status have more serious difficulty in the community, while the females of higher ratings are being admitted. In the first admissions the males, with 216 cases, exceed the females, 212 cases, only slightly. Among the readmissions, the males make up sixty-two per cent of the total cases.

TABLE 102. — *Mental Status of First Admissions and Readmissions to State Schools 1936: Number and Percentage*

MENTAL STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	26	19	45	12.0	8.9	10.5	–	2	2	–	20.0	7.4
Imbecile	91	67	158	42.1	31.6	36.9	6	3	9	35.3	30.0	33.3
Moron	93	118	211	43.1	55.7	49.3	10	4	14	58.8	40.0	51.9
Not Mentally Defective	6	8	14	2.8	3.8	3.3	1	1	2	5.9	10.0	7.4
Total	216	212	428	100.0	100.0	100.0	17	10	27	100.0	100.0	100.0

(See Table 260 for detail)

FIRST AND READMISSIONS, BY SCHOOL, 1936

Of the total 455 admissions (exclusive of transfers), 428 or 94.1 per cent were first admissions, and 27 or 5.9 per cent were readmissions (Table 103). Belchertown State School contributed 109 admissions of which 107 or 98.2 per cent were first admissions, and 2 or 1.8 per cent were readmissions. The Walter E. Fernald State School contributed 137 admissions, 123 or 89.8 per cent of which were first admissions and 14 or 10.2 per cent were readmissions. The Wrentham State School presented 209 admissions, of which 198 or 94.7 per cent were first admissions and 11 or 5.3 per cent were readmissions. Apparently, Belchertown is the most successful in keeping its discharges in the community, with 1.8 per cent of readmissions. At the other extreme, the Walter E. Fernald State School shows the largest proportion of readmissions, 10.2 per cent.

Table 103. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1936, by School*

State Schools	Total Admissions	First Admissions		Readmissions	
		Number	Percent	Number	Percent
Belchertown	109	107	98.2	2	1.8
Walter E. Fernald	137	123	89.8	14	10.2
Wrentham	209	198	94.7	11	5.3
Total	455	428	94.1	27	5.9

Average Ages of First Admissions and Readmissions to State Schools, 1936

Table 104 presents the average ages of first admissions and readmissions by mental status. The average admission age of all first admissions was 12.5 years, 11.3 years for the males and 13.7 years for the females. Evidently mental deficiency in boys means earlier community difficulties and a younger admission age. Among the readmissions we observe an average admission age of 18.9 for the males and 10.2 for the females. The older males rather than females tend to make up the readmissions Among the first admissions, the idiots show the low average admission age of 8.7 years. The imbeciles are next with an admission age of 11.4 years. The morons have an average admission age of 14.1 years. We note the tendency for the cases of lower mental status to be admitted at earlier ages. In the sexes the idiots are the only group in which the males show a higher admission age, 9.8 years, than the females, 7.3 years. In the idiot, imbecile and not mentally defective groups, there is a difference of two years in the ages of the sexes, but in the morons, the females are over three years older. Among the readmissions the idiots again show the lowest average age of 3.5 years; the imbeciles 16.3 years; the morons 17.1 years; and the not mentally defective 15.0 years. In each group the males show the higher average age.

Table 104. — ***Average Age at Admission of First Admissions and Readmissions to State Schools during 1936, by Mental Status and Sex***

Mental Status	Average Age					
	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Idiot	9.80	7.39	8.78	–	3.50	3.50
Imbecile	10.73	12.41	11.44	17.50	14.16	16.38
Moron	12.44	15.53	14.17	19.50	11.25	17.14
Not Mentally Defective	11.66	13.75	12.85	22.50	7.50	15.00
Total	11.38	13.75	12.55	18.97	10.20	15.72

(See Table 260 for detail)

Age of First Admissions and Readmissions to State Schools, 1936: Rates per 100,000 State Population, Same Age Groups

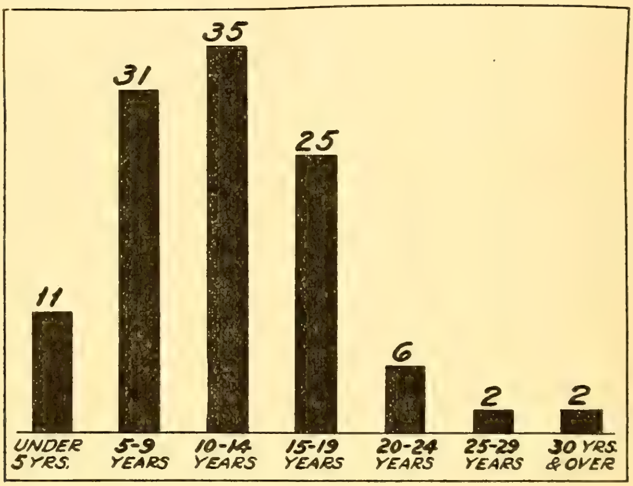
Table 105 and Graph 10 show the rates of admission for specific age groups per 100,000 of the same ages in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State schools is the greatest.

In the first admissions, the high admission rate of 35 per 100,000 occurs in the age group 10–14 years. The age group 5–9 years is second with a rate of 31, and the age group 15–19 years is third with a rate of 25. The ages under 5 years and from 20 years upward show very much smaller admission rates. In the readmissions, the high rate of 1.7 occurs in the age group 20–24 years. The ages under 5 years and over 25 years show very low readmission rates. It should be recalled that these rates are not true measures of the incidence of mental deficiency, but record simply the ages presenting the most urgent cases for admission.

Table 105. — *Ages of First Admissions and Readmissions to State Schools, 1936, Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census*

Age Groups	Total Admissions		First Admissions		Readmissions	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years	41	11.7	39	11.1	2	.5
5– 9 years	128	32.7	122	31.2	6	1.5
10–14 years	144	37.2	138	35.6	6	1.5
15–19 years	97	26.4	92	25.1	5	1.3
20–24 years	29	8.3	23	6.6	6	1.7
25–29 years	8	2.4	7	2.1	1	.3
30 years plus	8	2.4	7	2.1	1	.3
Total	455	10.7	428	10.0	27	.6

(See Table 260 for detail)



Graph 10. — Ages of First Admissions to State Schools, 1936, Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census

Table 106. — *Population of Place of Residence of* ALL *Admissions to State Schools, 1936, and Rates per 100,000 of Same Population Units, 1930 Census*

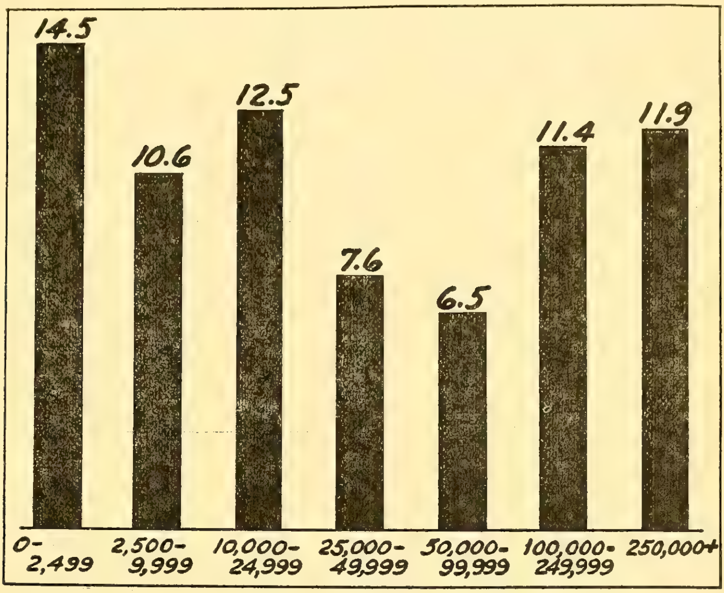
Population Unit	Population in Each Unit, 1930 Census	Total Admissions	Rate per 100,000
0– 2,499	199,957	29	14.5
2,500– 9,999	544,976	58	10.6
10,000– 24,999	693,428	87	12.5
25,000– 49,999	576,467	44	7.6
50,000– 99,999	460,411	30	6.5
100,000–249,999	993,187	114	11.4
250,000 plus	781,188	93	11.9
Total	4,249,614	455	10.7

(See Table 262 for detail)

POPULATION OF PLACE OF RESIDENCE OF ALL ADMISSIONS, 1936

Table 106 and Graph 11 show the rates per 100,000 of mental defectives admitted from the various population units in Massachusetts. It will be noted that the villages (0-2,499 population) show the highest admission rate, with 14.5 mental defectives admitted per 100,000 of that population unit. The third population group, (the smaller cities) show the next highest admission rate of 12.5. The largest cities, (250,000 plus) are third with a rate of 11.9. The cities of 100,000-249,999 population are fourth with a rate of 11.4. The low rates of 6.5 and 7.6 are observed in the intermediate cities.

Evidently, the most favorable population groups from the standpoint of admissions to State schools are the intermediate population units. The most unfavorable locations are the villages and the larger cities.



GRAPH 11. — POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1936: RATES PER 100,000 OF SAME POPULATION UNITS, 1930 CENSUS

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1936, BY MENTAL STATUS

Table 107 shows that the largest proportion of first admissions, 63.1 per cent, belongs in the marginal economic class; 36.0 per cent are found in the dependent group; and .7 per cent in the comfortable class. Of the mental status groups, the idiots have the smallest proportion in the dependent class, 17.8 per cent. They also have the largest proportion in the marginal class, 82.2 per cent. It is observed that 82.2 per cent of idiots; 70.3 per cent of imbeciles; 56.9 per cent of morons; and 35.7 per cent of cases not mentally defective belong in the marginal and comfortable classes. Conversely, the idiots show the smallest percentage coming from dependent homes (17 per cent), while 29 per cent of imbeciles come from this economic group, and 42 per cent of morons. The idiots and imbeciles show large proportions in the marginal group while the morons show a large proportion coming from homes of dependent economic status.

Table 107. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1936, by Mental Status*

Economic Condition	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	.T	M.	F.	T.
Dependent	30.5	41.5	36.0	30.8	–	17.8	31.9	26.9	29.7	29.0	53.4	42.6	33.3	87.5	64.3
Marginal	68.5	57.5	63.1	69.2	100.0	82.2	67.0	71.6	69.0	69.9	45.8	56.4	66.7	12.5	35.7
Comfortable	.5	.9	.7	–	–	–	1.1	1.5	1.3	–	.8	.5	–	–	–
Unknown	.5	–	.2	–	–	–	–	–	–	1.1	–	.5	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 261 for detail)

Table 108. — *Nativity and Parentage of First Admissions to State Schools, 1936: Rates per 100,000 Population of Same Nativity Groups Aged 0-24 Years, 1930 Census*

Nativity Groups	Population in Each Group, 1930 Census	Number of First Admissions	Rates per 100,000 Population Aged 0-24 years
Foreign Born	106,038	7	6.6
Native Born:	1,709,011	421	24.6
Foreign Parentage (both parents foreign born)	689,955	129	18.6
Mixed Parentage (one parent native — one foreign)	302,536	85	28.0
Native Parentage (both parents native-born)	716,520	166	23.1
Unknown Parentage	–	41	–
Total	1,815,049	428	23.5

(See Table 258 for detail)

Nativity and Parentage of First Admissions, 1936

Table 108 gives the admission rates to State schools for the native and foreign born. The native born are divided into three groups; those of foreign parentage, of mixed parentage, and of native parentage. When we compare the first admissions to our State schools with the population 24 years of age and under, we find that the native born show an admission rate per 100,000 of 24.6, while the foreign born show a rate of 6.6. Relatively, the foreign born of these ages contribute only one-fourth as many mental defectives to our State schools as do the native born 24 years of age and under. When we divide the native born in accordance with the birthplace of their parents, we find that the native born of mixed parentage show the high admission rate of 28.0. The native born of native parentage are second with a rate of 23.1, while the native born of foreign parentage show the low rate of 18.6.

This figure of 28.0 for the native born of mixed parentage (one parent foreign born — other native) is extremely high. Where both parents are native born or both parents are foreign born, the rates are 17 and 33 per cent lower. This table reveals the fact that the foreign born and the children of two foreign born parents are making an unusually good showing in the matter of incidence of institutional mental defect.

Ages of First Admissions to State Schools, 1936, by Nativity and Parentage

Table 109 shows that the foreign born have a high average admission age, 28.2 years. The native born have an average admission age of 12.2 years. When we consider the parentage of the native born, we find that the highest average admission age occurs in the native born of foreign parentage, 13.0 years; 12.4 years for the males and 13.7 years for the females. The lowest average admission age occurs in the native born of mixed parentage, 11.6 years; 11.0 years for the males and 12.1 years for the females. It is interesting to observe that the native born of mixed parentage, showing the low admission age, also presented the highest admission rates (Table 108).

Table 109. — *Average Age of First Admissions to State Schools, 1936, by Nativity, Parentage and Sex*

Nativity Groups	Average Age		
	M.	F.	T.
Foreign Born	–	28.2	28.2
Native Born	11.3	13.2	12.2
Foreign Parentage (both parents foreign born)	12.4	13.7	13.0
Mixed Parentage (one parent native — one foreign)	11.0	12.1	11.6
Native Parentage (both parents native born)	10.9	14.2	12.4
Unknown Parentage	10.2	10.8	10.6
Aggregate Age	11.3	13.7	12.5

(See Table 258 for detail)

Clinical Diagnoses and Average Intelligence Quotient of First and Readmissions to State Schools, 1936

Table 110 outlines the average intelligence quotient of first admissions and readmissions for 1936 in the various clinical diagnosis groups. Because of the possible variations in small numbers, we will not discuss the groups in which less than ten cases are involved. Excluding the smaller groups, we note that, among the first admissions, the highest average intelligence quotient of .58 occurs in the familial cases. It is rather unexpected that the group presenting hereditary mental defect should show the highest average intelligence at admission. The post-infectional cases are second with an average intelligence quotient of .57. The undifferentiated cases are third with an average intelligence quotient of .50. This group, of course, comprises cases who lack outstanding characteristics which would place them in one of the clinical groups. The group other forms is fourth with .42. The lowest averages are observed in cases with mongolism, .31, and with developmental cranial anomalies, .32.

The male first admissions show an average admission I. Q. of .47, while that for the females is .50. In the following clinical groups the males present the higher average admission I. Q.; with developmental cranial anomalies, post-traumatic — natal, with epilepsy — idiopathic, and other forms. In these groups the males all show a marked excess over the females, the smallest difference of 16 points between the sexes being observed in the groups with developmental cranial anomalies and other forms.

Table 110. — *Clinical Diagnoses and Average Intelligence Quotient of First Admisssions and Readmissions to State Schools, 1936, by Sex*

Clinical Diagnoses	First Admissions						Readmissions					
	Number			Average I. Q.			Number			Average I. Q.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	35	62	97	.56	.59	.58	4	1	5	.62	.35	.57
Mongolism	28	19	47	.31	.31	.31	1	–	1	.25	–	.25
With developmental cranial anomalies	6	7	13	.41	.25	.32	–	1	1	–	.05	.05
With congenital cerebral spastic infantile paralyses	10	9	19	.36	.39	.37	–	–	–	–	–	–
Post-infectional	14	3	17	.57	.58	.57	1	–	1	.55	–	.55
Post-traumatic — natal	2	3	5	.45	.25	.35	–	–	–	–	–	–
With epilepsy — idiopathic	2	2	4	.40	.20	.30	–	–	–	–	–	–
With endocrine disorders	3	–	3	.45	–	.45	1	2	3	.65	.30	.41
With other organic nervous disease	1	–	1	.45	–	.45	–	–	–	–	–	–
Undifferentiated	110	101	211	.48	.52	.50	7	6	13	.56	.45	.51
Other forms	5	6	11	.51	.35	.42	3	–	3	.41	–	.41
Total	216	212	428	.47	.50	.48	17	10	27	.53	.37	.47

(See Tables 265 and 266 for detail)

The females show the higher average admission I. Q. in the clinical groups familial, with congenital cerebral spastic infantile paralyses, post-infectional and undifferentiated. The excess of the females is not great, however, the largest difference of 4 points occurring in the group undifferentiated. It should be observed that in cases involving the larger numbers, the average I. Q. of the females is higher than that of the males.

Owing to the small numbers involved, the readmissions will not be discussed in detail. We note, however, that the average admission I. Q. of readmissions, .47, is approximately the same as that of the first admissions, .48. The average I. Q. of the males is .16 points higher than that of the females.

Table 111. — *Clinical Diagnoses and Average Age at Admission of First Admissions and Readmissions to State Schools, 1936, by Sex*

Clinical Diagnoses	First Admissions						Readmissions					
	Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	35	62	97	11.1	14.5	13.3	4	1	5	18.7	12.5	17.5
Mongolism	28	19	47	9.1	9.0	9.1	1	–	1	7.5	–	7.5
With developmental cranial anomalies	6	7	13	10.1	8.5	9.2	–	1	1	–	3.5	3.5
With congenital cerebral spastic infantile paralyses	10	9	19	11.6	15.2	13.3	–	–	–	–	–	–
Post-infectional	14	3	17	12.5	10.8	12.2	1	–	1	12.5	–	12.5
Post-traumatic — natal	2	3	5	7.5	9.1	8.5	–	–	–	–	–	–
With epilepsy — idiopathic	2	2	4	8.0	9.2	8.6	–	–	–	–	–	–
With endocrine disorders	3	–	3	14.1	–	14.1	1	2	3	22.5	7.5	12.5
With other organic nervous disease	1	–	1	12.5	–	12.5	–	–	–	–	–	–
Undifferentiated	110	101	211	11.7	14.5	13.0	7	6	13	18.2	11.8	15.2
Other forms	5	6	11	16.5	17.5	17.0	3	–	3	25.8	–	25.8
Total	216	212	428	11.3	13.7	12.5	17	10	27	18.9	10.2	15.7

(See Tables 263 and 264 for detail)

Clinical Diagnoses and Average Age at Admission of First and Readmissions to State Schools, 1936

Table 111 shows the average age of first admissions and readmissions (exclusive of transfers) in the various clinical diagnosis groups. Owing to difficulties experienced in dealing with small numbers, the groups having less than 10 first admissions will not be discussed. The highest average age of 17.0 years occurs in the clinical group other forms. The familial and with congenital cerebral spastic infantile paralyses are second with 13.3 years each. The undifferentiated group is third with 13.0 years, and the post-infectional group fourth with 12.2 years. Mongolism shows the low average age of 9.1 years.

Still confining ourselves to the group containing 10 or more first admissions, we note that the average admission age is higher for the females in the groups familial, with congenital cerebral spastic infantile paralyses, undifferentiated and other forms. The males show the higher admission age in mongolism, with developmental cranial anomalies, and in the post-infectional group. It is interesting that the hereditary group, (familial), with its many social and economic handicaps, should succeed in keeping the children out of institutions until such a comparatively late age.

Clinical Diagnoses of All Admissions, 1936, by School

Table 112 presents the clinical diagnoses of all admissions to State schools during 1936 by individual schools. Rather marked differences are observed either in the types of cases coming into the various schools or in the diagnostic criteria used by the different schools. For example, the Belchertown State School places 41 per cent in the undifferentiated group, while the Walter E. Fernald State School uses this diagnosis in 47 per cent of admissions and Wrentham in 54 per cent of admissions. Belchertown places 36 per cent of admissions in the familial group, Walter E. Fernald, 18 per cent, and Wrentham, 17 per cent. That the selection of certain types for admission is occurring is also demonstrated by the figures on mongolism. Belchertown admitted 8 per cent in this diagnosis, Walter E. Fernald, 5 per cent, and Wrentham, 14 per cent. Another difference in the selection of cases admitted is observed in the diagnosis, with congenital cerebral spastic infantile paralyses. Belchertown admitted 6 per cent in this classification, Walter E. Fernald, 5 per cent, and Wrentham but 1 per cent. It should be remembered that all admissions are selected from a rather large waiting list and that the urgency for admission of the various types may vary considerably, in accordance with the population of the areas served by the respective schools.

Table 112. — *Clinical Diagnoses of All Admissions to State Schools, 1936, by School*

Clinical Diagnoses	Total		Belchertown		Walter E. Fernald		Wrentham	
	No.	%	No.	%	No.	%	No.	%
Familial	102	22.4	40	36.7	25	18.2	37	17.7
Mongolism	48	10.5	9	8.3	8	5.8	31	14.8
With developmental cranial anomalies	14	3.1	4	3.7	4	2.9	6	2.9
With congenital cerebral spastic infantile paralyses	19	4.2	7	6.4	8	5.8	4	1.9
Post-infectional	18	4.0	2	1.8	10	7.3	6	2.9
Post-traumatic — natal	5	1.1	–	–	4	2.9	1	.5
With epilepsy — idiopathic	4	.9	1	.9	–	–	3	1.4
With endocrine disorders	6	1.3	1	.9	4	2.9	1	.5
With other organic nervous disease	1	.2	–	–	–	–	1	.5
Undifferentiated	224	49.2	45	41.3	65	47.4	114	54.5
Other forms	14	3.1	–	–	9	6.6	5	2.4
Total	455	100.0	109	100.0	137	100.0	209	100.0

(See Table 267 for detail)

COUNTRY OF ORIGIN OF NATIVE BORN OF FOREIGN OR MIXED PARENTAGE, FIRST ADMISSIONS TO STATE SCHOOLS, 1936

Table 113 gives the country of origin of the native born of foreign or mixed parentage of first admissions during 1936. As the bulk of our admissions is in the younger ages, the population comparisons are restricted to the ages 0-24 years. Cases with Portugal as the country of origin show the high admission rate to State schools, with a rate of 46. Russia is second with 29, and Canada third with 23. The low admission rates are shown by cases with Poland as the country of origin, 17.2; Ireland, 17.1; and England, 13.5. At the bottom of Table 113 we present the admission rate for the native born of native parentage. We note that this admission rate of 23.1 per hundred thousand of the population aged 0–24 years is slightly higher than that of 22.5 for the native born of foreign or mixed parentage.

TABLE 113. — *Country of Origin of Native Born of Foreign or Mixed Parentage, First Admissions to State Schools, 1936: Rates per 100,000 Population Aged 0–24 Years of Same Country of Origin*

COUNTRY OF ORIGIN	POPULATION 1930 CENSUS	FIRST ADMISSIONS 1936	RATES PER 100,000 SAME COUNTRY OF ORIGIN
Canada[1]	245,773	58	23.5
England	51,770	7	13.5
Ireland	133,870	23	17.1
Italy	174,969	37	21.1
Poland	104,464	18	17.2
Portugal	27,841	13	46.6
Russia	64,832	19	29.3
Scotland	19,434	4	20.5
All Other Countries	169,538	42	24.7
Unknown	–	3	–
Total	992,491	224	22.5

[1] Includes Newfoundland.
(Rate for Native of Native Parentage, (166 cases) — 23.1)

Section H. All Discharges from State Schools for the Mentally Deficient During 1936

The section following discusses various factors in reference to discharges from State schools during the year 1936.

TABLE 114. — *Discharges from State Schools, 1917-1936, by Sex: Rates per Thousand Under Care*

YEARS	NUMBER UNDER CARE			DISCHARGES			RATES PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,808	1,430	3,238	172	80	252	95.1	55.9	77.8
1918	1,824	1,517	3,341	120	37	157	65.7	24.3	46.9
1919	1,925	1,576	3,501	78	52	130	40.5	32.9	37.1
1920	1,941	1,636	3,577	247	129	376	127.2	78.8	105.1
1921	1,863	1,714	3,577	103	56	159	55.2	32.6	44.4
1922	1,908	1,749	3,657	192	120	312	100.6	68.6	85.3
1923	2,086	1,893	3,979	120	40	160	57.5	21.1	40.2
1924	2,236	2,091	4,327	137	65	202	61.2	31.0	46.6
1925	2,254	2,207	4,461	185	102	287	82.0	46.2	64.3
1926	2,235	2,255	4,490	139	154	293	62.1	68.2	65.2
1927	2,270	2,244	4,514	196	99	295	86.3	44.1	65.3
1928	2,324	2,260	4,584	136	79	215	58.5	34.9	46.9
1929	2,322	2,287	4,609	110	76	186	47.3	33.2	40.3
1930	2,365	2,435	4,800	114	80	194	48.2	32.8	40.4
1931	2,441	2,577	5,018	97	69	166	39.7	26.7	33.0
1932	2,492	2,695	5,187	98	69	167	39.3	25.6	32.1
1933	2,628	2,807	5,435	89	79	168	33.8	28.1	30.9
1934	2,733	2,939	5,672	92	86	178	33.6	29.2	31.3
1935	2,805	2,999	5,804	174	126	300	62.0	42.0	51.6
1936	2,836	3,063	5,899	140	97	237	49.3	31.6	40.1

DISCHARGES FROM STATE SCHOOLS, 1917-1936

Table 114 presents the number and rates per thousand under care of discharges from State schools over the period 1917-1936. With the exception of the year 1926, the males revealed a larger number of cases under care than the females during the years 1917-1929. From 1930 to 1936, however, the females have shown larger numbers under care. In the matter of discharges, the males have shown larger numbers leaving State schools than the females in every year of the 20-year period outlined, with the exception of the year 1926. The larger number of male discharges from 1930 onwards in the face of a larger number of females under care is rather interesting. In the discharge rates, the year 1920 presents the high of 105. The total rate shows irregularity from 1917-1924. From that point on a rough trend is demonstrated. The years 1925-1927 show discharge rates between 60 and 70. The next three years, 1928-1930, show drops to discharge rates between 40 and 50. The years 1931-1934 show a further drop to rates ranging between 30 and 39. The years 1935 and 1936 have shown higher discharge rates, with 51 and 40, respectively. In the sexes, the males have shown higher discharge rates in 19 of the 20 years included in this table, the only exception being the year 1926.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED, 1936

Table 115 outlines the average age of discharges in the various mental status groups. The total of 237 cases discharged presents an average age at discharge of 22.6 years, 20.6 years for the males and 25.4 years for the females. This higher discharge age for the females is partially accounted for by the fact that females quite uniformly show higher ages at admission (see Table 104).

In the idiot group, the 15 cases discharged left the institution at an average age of 15.7 years. The 54 cases in the imbecile group averaged 21.3 years; the 144 cases in the moron group averaged 23.2 years; and the 24 cases in the group not mentally defective averaged 26.0 years of age at discharge. In the idiot group the females were 3.6 years older than the males at the time of discharge and in the imbecile group the females were 1.4 years older. In the moron group the females were 5.4 years older and in the group not mentally defective, 11.6 years older.

TABLE 115. — *Ages of Discharges from State Schools, 1936, by Mental Status and Sex: Numbers and Averages*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Idiot	6	9	15	13.5	17.1	15.7
Imbecile	34	20	54	20.8	22.2	21.3
Moron	89	55	144	21.1	26.5	23.2
Not Mentally Defective	11	13	24	19.7	31.3	26.0
Total	140	97	237	20.6	25.4	22.6

(See Table 268 for detail)

AGE AT DISCHARGE, BY SCHOOL

Table 116 presents the discharge age of patients leaving State schools during 1936. One hundred three, or 43.4 per cent of the total discharges were under 20 years of age; 94, or 39.7 per cent were between the ages 20-29 years; and 40, or 16.9 per cent were 30 years of age or over. It is apparent that the ages under 25 years are the most favorable for the discharge of patients from State schools. In the sexes we note that this ideal discharge age runs a little younger for boys and a little older for girls. The average age for all discharges was 22.6 years, 20.6 years for the males and 25.4 for the females. Discharges from Belchertown showed the highest average age of 24.7 years, 22.2 years for the males and 27.9 years for the females. Walter E. Fernald was second with an average of 23.0 years, 21.4 years for the males and 27.7 years for the females. Wrentham discharges were the youngest, with an average age of 20.2 years, 17.6 years for the males and 22.6 years for the females. We note in every school that the males discharged are from five to six years younger than the females discharged.

TABLE 116. — *Age at Discharge of All Patients Discharged from State Schools, 1936, by School and Sex*

AGE AT DISCHARGE	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	2	4	–	1	1	–	–	–	2	1	3
5– 9 years	6	6	12	2	–	2	–	2	2	4	4	8
10–14 years	16	9	25	3	3	6	4	–	4	9	6	15
15–19 years	47	15	62	7	1	8	25	2	27	15	12	27
20–24 years	43	21	64	22	8	30	16	3	19	5	10	15
25–29 years	15	15	30	9	11	20	3	3	6	3	1	4
30–34 years	4	6	10	2	3	5	1	1	2	1	2	3
35–39 years	3	11	14	–	3	3	2	3	5	1	5	6
40–44 years	1	7	8	1	2	3	–	3	3	–	2	2
45–49 years	2	4	6	–	3	3	1	–	1	1	1	2
50–54 years	1	–	1	–	–	–	1	–	1	–	–	–
55–59 years	–	–	–	–	–	–	–	–	–	–	–	–
60 years and over	–	1	1	–	–	–	–	–	–	–	1	1
Total	140	97	237	46	35	81	53	17	70	41	45	86
Average Age	20.6	25.4	22.6	22.2	27.9	24.7	21.4	27.7	23.0	17.6	22.6	20.2

DISCHARGES FROM STATE SCHOOLS, 1936; RATES PER 1,000 CASES UNDER CARE

During 1936, 237 patients were discharged from the three State schools for the mentally defective (Table 117). Of these, 140 or 59.1 per cent were males, and 97 or 40.9 per cent were females. Eighty-one were discharged from the Belchertown State School; 56.8 per cent males, and 43.2 per cent females. Seventy were discharged from the Walter E. Fernald State School; 75.7 per cent males and 24.3 per cent females. Eighty-six were discharged from the Wrentham State School; 47.7 per cent males and 52.3 per cent females.

The rate of discharge per 1,000 of cases under care for all schools is 40; 49 for the males and 31 for the females. Belchertown presents the highest discharge rates with 53 discharged per 1,000 cases under care at that school. Walter E. Fernald has the low discharge rate of 33 patients per 1,000 under care. The discharge rate for males is higher than that for females at each of the three State schools. At Fernald the discharge rate for the males is 144 per cent higher than that of the females. At Wrentham the excess of males is but 14 per cent.

TABLE 117. — *Discharges from State Schools, 1936, by School: Numbers and Rates per 1,000 Cases Under Care*[1]

STATE SCHOOLS	NUMBER UNDER CARE			NUMBER OF DISCHARGES			RATE PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	641	881	1,522	46	35	81	71.	39.	53.
Walter E. Fernald	1,192	913	2,105	53	17	70	44.	18.	33.
Wrentham	1,003	1,269	2,272	41	45	86	40.	35.	37.
Total	2,836	3,063	5,899	140	97	237	49.	31.	40.

[1] Includes all discharges irrespective of I. Q. Cases under Care are obtained by adding Resident Population and Patients Out on September 30, 1936, and all Discharges and all Deaths during the year 1936.

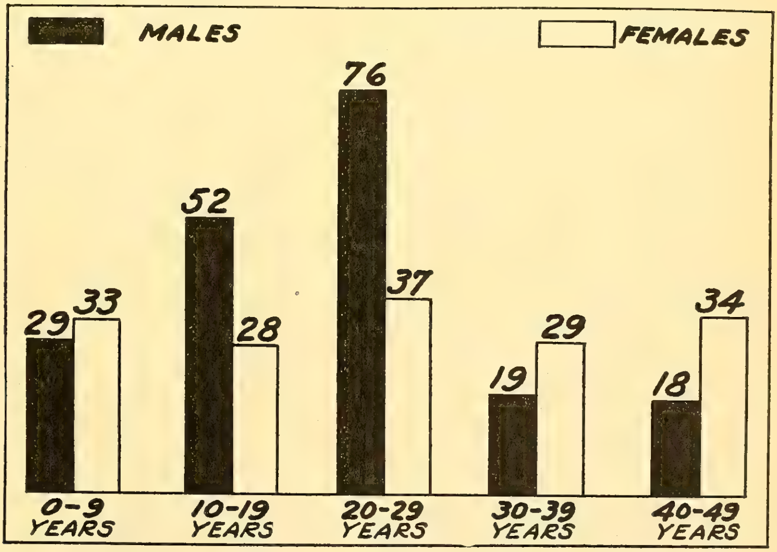
Table 118 presents the discharge rates per thousand under care by mental status and age at discharge. Higher discharge rates are observed in the mental status groups showing the higher intelligence. The idiot group shows a discharge rate of 19 per thousand under care. The imbecile group is higher with a discharge rate of 23 ; the moron group still higher with a rate of 55; and the not mentally defective group highest with 121. Higher discharge rates for the females occur only in the idiot classification, the males presenting higher rates in the imbecile, moron and not mentally defective groupings. In reference to age, the idiots show their high discharge rate of 57 in the 0-9 year age group. The imbeciles show their high discharge rate of 39 in the 10-19 year group. The morons present their high rate of 82 in the 20-29 year group, and the not mentally defective reveal their high rate of 155 in the 20-29 year age group also.

TABLE 118. — *Discharges from State Schools, 1936, by Mental Status and Age at Discharge: Rates per 1,000 Cases Under Care of Same Mental Status and Age*

Mental Status	Sex	Age Distribution							
		All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Idiot . .	M.	14.1	72.7	5.5	–	18.5	–	–	–
	F.	25.2	45.4	42.1	9.5	–	40.0	–	–
	T.	19.2	57.8	18.1	4.7	9.3	23.8	–	–
Imbecile .	M.	28.9	16.8	46.0	29.7	16.1	9.0	18.8	–
	F.	17.7	9.4	32.1	16.7	9.9	7.5	–	43.4
	T.	23.4	13.3	39.8	23.2	12.8	8.2	9.3	27.7
Moron .	M.	77.5	25.6	66.3	131.4	28.3	60.6	–	–
	F.	37.4	31.2	24.0	51.9	37.6	34.4	–	–
	T.	55.0	28.1	48.8	82.6	35.1	39.3	–	–
Not Mentally Defective	M.	123.5	–	121.9	272.7	–	–	–	–
	F.	120.3	500.0	–	83.3	166.6	266.6	–	–
	T.	121.8	100.0	73.5	155.1	129.0	235.2	–	–
Total . .	M.	49.3	29.8	52.4	76.4	19.8	18.5	13.5	–
	F.	31.6	33.3	28.3	37.5	29.7	34.5	–	28.5
	T.	40.1	31.4	42.4	54.6	25.9	29.1	6.0	18.5

(See Table 289 for detail)

The discharge rates by age for all mental status groups together are outlined in Graph 12. Here we observe that age appears to have a much greater bearing on the discharge of males than of females. The males show sharply increasing discharge rates from 29 in the 0-9 year group to 52 in the 10-19 year group and to 76 in the 20-29 year group. At that point the males drop to much lower rates of 19 and 18 in the two age groups 30-39 and 40-49 years. The discharge rates of the females are much more consistent throughout the various age groups, varying from a low rate of 28 in the 10-19 year group to the high of 37 in the 20-29 year group. The females continue to show discharge rates on approximately the same level for both the 30-39 and the 40-49 year groups.



GRAPH 12. — AGE OF DISCHARGES FROM STATE SCHOOLS, 1936: RATES PER THOUSAND CASES UNDER CARE OF SAME AGES

Table 119. *Discharges from State Schools, 1936, by Clinical Diagnoses and Age at Discharge: Rates per 1,000 Cases under Care*[1] *of Same Clinical Groupings and Age*

CLINICAL DIAGNOSES	TOTAL			0–9 YEARS			10–19 YEARS			20–29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	66.5	29.6	44.5	–	–	–	44.3	17.9	32.8	125.5	41.5	72.5
Mongolism	13.9	14.4	14.2	27.0	22.2	24.3	–	–	–	–	38.4	17.8
With developmental cranial anomalies	–	32.7	14.3	–	74.0	52.6	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	45.4	19.6	33.0	166.6	–	95.2	83.3	30.3	61.5	–	–	–
Post-infectional	61.2	34.2	47.7	76.9	–	34.4	75.7	88.8	81.0	83.3	24.3	51.9
Post-traumatic — natal	55.5	–	32.7	83.3	–	43.4	81.0	–	60.0	–	–	–
Post-traumatic — post-natal	71.4	52.6	60.6	–	–	–	142.8	200.0	166.6	–	–	–
With epilepsy — symptomatic	125.0	–	38.4	–	–	–	250.0	–	142.8	–	–	–
With epilepsy — idiopathic	54.5	62.5	58.8	200.0	166.6	181.8	34.4	117.6	65.2	–	55.5	32.2
With endocrine disorders	58.8	23.8	39.4	–	–	–	117.6	–	51.2	–	166.6	83.3
Undifferentiated	47.8	34.7	41.6	16.3	60.6	31.9	61.1	28.4	48.1	75.0	30.3	51.3
Other forms	23.3	45.1	34.4	–	–	–	38.4	51.2	43.9	19.2	97.5	53.7
Total	49.3	31.6	40.1	29.8	33.3	31.4	52.4	28.3	42.4	76.4	37.5	54.6

CLINICAL DIAGNOSES	30–39 YEARS			40–49 YEARS			50–59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	37.9	21.3	25.5	62.5	53.5	54.6	–	–	–	–	–	–
Mongolism	–	–	–	–	–	–	500.0	–	333.3	–	–	–
With developmental cranial anomalies	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	–	–	–	–	166.6	66.6	–	–	–	–	–	–
Post-infectional	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	–	–	–	250.0	–	90.9	–	–	–	–	–	–
With endocrine disorders	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	16.9	50.0	35.2	11.2	27.5	20.2	–	–	–	–	62.5	37.0
Other forms	41.6	29.4	34.4	–	26.3	16.4	–	–	–	–	–	–
Total	19.8	29.7	25.9	18.5	34.5	29.1	13.5	–	6.0	–	28.5	18.5

---

[1] Cases under care include the resident population and cases out on September 30, 1936 plus all discharges and all deaths during the year 1936.

TABLE 120. — *Economic Status of Discharges from State Schools, 1936, by Mental Status and Sex: Discharge Rates per 1,000 of Same Economic Status Groups Under Care*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Care	961	1,325	2,286	97	82	179	361	393	754	458	784	1,242	45	66	111
Discharges	46	40	86	1	3	4	9	4	13	31	24	55	5	9	14
Rate per 1,000	47.8	30.1	37.6	10.3	36.5	22.3	24.9	10.1	17.2	67.6	30.6	44.2	111.1	136.3	126.1
Marginal:															
Under Care	1,774	1,641	3,415	299	252	551	766	690	1,456	667	657	1,324	42	42	84
Discharges	92	53	145	5	6	11	25	13	38	57	30	87	5	4	9
Rate per 1,000	51.8	32.2	42.4	16.7	23.8	19.9	32.6	18.8	26.0	85.4	45.6	65.7	119.0	95.2	107.1
Comfortable:															
Under Care	89	82	171	25	17	42	42	42	84	20	23	43	2	–	2
Discharges	2	4	6	–	–	–	–	3	3	1	1	2	1	–	1
Rate per 1,000	22.4	48.7	35.0	–	–	–	–	71.4	35.7	50.0	43.4	46.5	500.0	–	500.0
Unknown:															
Under Care	12	15	27	3	6	9	6	3	9	3	6	9	–	–	–
Discharges	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rate per 1,000	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total:															
Under Care	2,836	3,063	5,899	424	357	781	1,175	1,128	2,303	1,148	1,470	2,618	89	108	197
Discharges	140	97	237	6	9	15	34	20	54	89	55	144	11	13	24
Rate per 1,000	49.3	31.6	40.1	14.1	25.2	19.2	28.9	17.7	23.4	77.5	37.4	55.0	123.5	120.3	121.8

Table 119 outlines the discharge rates per thousand cases under care by clinical groupings and by age distribution. In discussing the discharge rates in the various age groups of Table 119 we will include only the classifications presenting ten or more discharges. The familial group (83 cases) demonstrates the high discharge rate of 72 in the age group 20-29 years. The age group 40-49 years presents a lower rate of 54, and the age group 30-39 years the lowest rate of 25. The post-infectional group (14 cases), shows the high discharge rate of 81 in the age group 10-19 years; a rate of 51 in the 20-29 year group; and a rate of 34 in the 0-9 year group. The undifferentiated group (98 cases) offers the highest discharge rate of 51 in the 20-29 year age group, and a lower rate of 48 in the 10-19 year group. The low discharge rate of 20 occurs in the 40-49 year group. The group other forms (12 cases) shows the high discharge rate of 53 in the 20-29 year group.

Referring to the total rates for all age groups in Table 119, we observe that the high discharge rate of 60 occurs in the post-traumatic — post-natal group. With epilepsy—idiopathic is second with 58; post-infectional third with 47; familial fourth with 44; and undifferentiated fifth with 41. The low discharge rates occur in mongolism, 14.2 and developmental cranial anomalies, 14.3.

It is interesting to compare the discharge rate of 40 cases per thousand under care in State schools for mental defectives (95 per cent first admissions), with the discharge rate of 189 per thousand first admissions under care in mental hospitals. While the mental hospitals were discharging one patient out of every 5 under care, the State schools were discharging but one patient out of every 25 under care.

ECONOMIC STATUS OF DISCHARGES: RATES PER 1,000 UNDER CARE

Table 120 outlines the economic status of discharges in the various mental status groups and also presents discharge rates per thousand under care of the same economic groups. The "marginal" group presents the highest discharge rate of 42, with rates of 51 and 32 for the males and females, respectively. The "dependent" group is next with a discharge rate of 37, 47 for the males, and 30 for the females. The group of "comfortable" economic status shows the low discharge rate of 35, 22 for the males and 48 for the females. Here we note that the higher rates for the males in the "dependent" and "marginal" groups are reversed and the female discharge rate is larger than that of the males. It will be noted that the imbecile and moron groups show higher discharge rates in the "marginal" than in the "dependent" classes. In the groups showing the larger numbers of discharges (imbeciles and morons), we note that dependency is associated with a lower discharge rate.

TABLE 121. — *Average Length of School Stay During This Admission of all Discharges, 1928–1936, by Mental Status and Sex*

YEARS	AVERAGES IN YEARS														
	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	5.9	7.0	6.3	3.5	7.8	5.6	6.5	7.1	6.8	5.7	7.8	6.4	5.4	7.5	6.2
1929	4.1	6.1	4.9	7.3	2.1	6.4	3.6	7.7	5.5	4.2	5.8	4.9	2.5	4.3	3.3
1930	3.9	5.9	4.7	5.0	4.4	4.7	4.7	6.3	5.4	3.7	5.6	4.4	1.1	8.4	5.0
1931	6.3	6.0	6.2	9.9	3.3	7.2	6.5	8.7	7.3	5.5	5.5	5.5	4.0	4.9	4.6
1932	6.3	5.6	6.0	8.6	4.8	6.7	7.3	4.5	5.8	6.0	6.6	6.2	2.2	5.2	3.5
1933	4.9	5.8	5.3	7.8	5.3	7.0	5.7	9.3	7.0	3.5	5.1	4.8	3.6	5.3	4.5
1934	6.2	6.7	6.5	3.2	10.8	6.2	7.9	5.9	7.0	6.5	5.4	6.0	5.4	9.0	7.5
1935	6.2	5.9	6.1	5.4	.3*	3.2	7.1	6.6	6.9	7.0	5.8	6.5	4.5	7.1	5.7
1936	5.8	5.9	5.8	4.7	5.4	5.1	5.6	5.4	5.5	6.0	6.0	6.0	4.8	6.7	5.8

*Only six cases, four discharged under three months.

AVERAGE LENGTH OF SCHOOL STAY, ALL DISCHARGES, 1928–1936

Table 121 outlines the length of time that discharges remained in residence in State schools for each year of the period 1928–1936, by mental status. The total column shows little variation in length of residence over the past nine years. With the exception of the years 1929 and 1930, the averages have remained rather consistently around 6 years. In six of the nine years the females show a longer school residence. In 1931, 1932, and 1935, the males show a slightly longer school stay.

The idiot group showed the longest length of hospital stay in 1931, with 7.2 years, and their shortest residence in 1935 with 3.2 years. In this mental status group the males remain longer than the females in six out of the nine years. The imbecile group showed the shortest hospital stay in 1930 with 5.4 years, and the longest period of residence in 1931, with an average of 7.3 years. Again we observe considerable irregularity in length of stay, without any consistent trend. In five of the nine years the females showed a longer average school residence. The morons presented their low average length of stay in 1930 with 4.4 years, and their high average of 6.5 years occurred in 1935. This mental status group showed longer average residences for the females in five of the nine years, the males showing a longer residence in 1934 and 1935. The averages for the morons have been high for the last three years 1934–1936.

Average Net Time in State Schools during the Present Admission of Patients Discharged during 1936, by Mental Status

Table 122 demonstrates the time spent within institutions and the time spent out on visit, parole, etc. during the present admission of cases discharged during 1936, by mental status. The totals reveal that all cases discharged remained in schools an average net time of 5.8 years, 5.8 years for the males and 5.9 years for the females. Apparently, length of school stay is not correlated with intellectual status. The idiots remained within schools an average of 5.1 years; the imbeciles remained 5.5 years; the morons 6.0 years; and the group not mentally defective a total of 5.8 years. The group of the lowest intellectual level is presenting the shortest average stay. It should be recalled in this connection that many of the higher grade cases (morons) are those showing the most troublesome behavior problems. In the imbecile and moron groups the males remained longer than the females. However, in the idiot and not mentally defective groups the females remained longer than the males.

In reference to the time spent out of the schools previous to discharge, we notice a negative correlation with mental status. Here the idiots remained out 1.1 years; the imbeciles 1.6 years; the morons 2.5 years; and the not mentally defective group 4.6 years. The longer period that the higher grade cases are held under supervision is accounted for by the fact that they constitute the best material for parole. Many of the cases of lower grade are discharged directly to their families.

Table 122. — *Average Time on Books, Time Spent Out and Net Time Within Institutions during This Admission of All Discharges, 1936, by Mental Status and Sex*

Mental Status	Average Time on Books			Average Time Spent Out			Average Net Time Within Institutions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	5.33	6.95	6.27	.58	1.50	1.10	4.75	5.45	5.17
Imbecile	7.42	6.71	7.17	1.80	1.31	1.63	5.62	5.40	5.54
Moron	8.32	9.01	8.59	2.23	2.94	2.50	6.09	6.07	6.09
Not Mentally Defective	6.89	13.71	10.49	2.05	7.00	4.64	4.84	6.71	5.85
Total	7.89	9.11	8.37	2.07	3.14	2.49	5.82	5.97	5.88

(See Table 273 for detail)

Net Time in Residence by Age at Admission: All Patients Discharged during 1936

Table 123 shows the net time in residence of all cases discharged, by age at admission. Discarding the age groups over 25 years because of small numbers, we note that the longest school residence occurs in those admitted in the 5–9 year age group, 7.2 years, with the admission age of 20–24 years second with 6.3 years. Patients admitted under 5 years showed the shortest residence of 3.1 years.

In the age groups 5–9 and 10–14 years, the males tended to remain longer than the females. In the age groups 0–5, 15–19 and 20–24 years, the females remained longer within the school.

TABLE 123. — *Net Time in Residence, Cases Discharged during 1936, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			NET TIME IN RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	5	4	9	1.92	4.59	3.11
5– 9 years	26	11	37	7.36	7.13	7.29
10–14 years	57	23	80	6.36	3.79	5.62
15–19 years	43	32	75	4.48	6.58	5.38
20–24 years	6	16	22	2.70	7.76	6.38
25–29 years	2	4	6	15.00	9.75	11.50
30–34 years	–	5	5	–	4.30	4.30
35–39 years	1	–	1	12.50	–	12.50
40 years and over	–	2	2	–	1.06	1.06
Total	140	97	237	5.82	5.97	5.88

AVERAGE NUMBER OF TIMES OUT ON VISIT DURING THIS ADMISSION, ALL PATIENTS DISCHARGED DURING 1936

Table 124 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1936, by school. The highest average number of times out on visit occurred in the Walter E. Fernald State School discharges, an average of 4.4 times. The Belchertown State School is next in order with an average of 3.3 visits per discharge, and Wrentham the lowest with an average of 3.0. For all schools we note that all discharges during the year averaged 3.5 visits during this particular admission. The females show an average of 3.6 and the males 3.5 times. Belchertown and Fernald present more visits in the females; Wrentham demonstrates a higher average in the males.

TABLE 124. — *Times Out on Visit during This Admission, Discharges from State Schools, 1936, by School: Number and Averages*

STATE SCHOOLS	NUMBER			AVERAGE TIMES OUT		
	M.	F.	T.	M.	F.	T.
Belchertown	46	35	81	3.10	3.62	3.33
Walter E. Fernald	53	17	70	4.15	5.41	4.45
Wrentham	41	45	86	3.24	2.93	3.08
Total	140	97	237	3.54	3.61	3.57

(See Table 272 for detail)

CAPABILITY ON DISCHARGE OF CASES DISCHARGED, 1936, BY CLINICAL DIAGNOSES

Table 125 demonstrates the capability on discharge of cases leaving State schools during 1936, by clinical groupings. The total shows us that 25 per cent of these discharges were considered as capable of self-support, 32 per cent were capable of partial self-support, and 42 per cent were incapable of productive work.* Fifty-seven per cent, or nearly three out of every five cases discharged are able to support themselves either wholly or partially. A higher proportion of females (28 per cent) than males (22 per cent), is capable of self-support. However, more males are capable of partial self-support, 37 per cent as against 23 per cent for the females. In the group incapable of productive work, we find 39 per cent of males and 47 per cent of females.

---

*"Capable of self-support" — has been able to retain a position and earn his living during the parole period. "Capable of partial self-support" — has been able to avoid serious difficulties and to earn wages to cover part of the cost of his maintenance. "Incapable of productive work" — has been entirely dependent on relatives or friends.

TABLE 125. — *Capability on Discharge of Discharges, 1936, by Clinical Diagnoses and Sex: Percentages*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	100.0	100.0	100.0	26.0	39.4	31.3	52.0	33.3	44.6	22.0	27.3	24.1
Mongolism	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With developmental cranial anomalies	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With congenital cerebral spastic infantile paralyses	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
Post-infectional	100.0	100.0	100.0	11.1	–	7.1	33.3	–	21.4	55.6	100.0	71.4
Post-traumatic — natal	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
Post-traumatic — post-natal	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With epilepsy — symptomatic	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With epilepsy — idiopathic	100.0	100.0	100.0	–	–	–	33.3	25.0	28.6	66.7	75.0	71.4
With endocrine disorders	100.0	100.0	100.0	–	–	–	50.0	100.0	66.7	50.0	–	33.3
Undifferentiated	100.0	100.0	100.0	30.5	38.5	33.7	37.3	23.0	31.6	32.2	38.5	34.7
Other forms	100.0	100.0	100.0	–	–	–	–	12.5	8.3	100.0	87.5	91.7
Total	100.0	100.0	100.0	22.9	28.9	25.4	37.8	23.7	32.0	39.3	47.4	42.6

(See Table 271 for detail)

TABLE 126. — *Average Intelligence Quotient of Discharges from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE I. Q.		
	M.	F.	T.	M.	F.	T.
Familial	50	33	83	.59	.65	.61
Mongolism	2	2	4	.20	.25	.22
With developmental cranial anomalies	–	2	2	–	.10	.10
With congenital cerebral spastic infantile paralyses	5	2	7	.41	.50	.43
Post-infectional	9	5	14	.51	.51	.51
Post-traumatic — natal	4	–	4	.32	–	.32
Post-traumatic — post-natal	1	1	2	.35	.05	.20
With epilepsy — symptomatic	1	–	1	.45	–	.45
With epilepsy — idiopathic	3	4	7	.45	.37	.40
With endocrine disorders	2	1	3	.40	.65	.48
Undifferentiated	59	39	98	.56	.60	.58
Other forms	4	8	12	.50	.43	.45
Total	140	97	237	.54	.57	.55

(See Table 270 for detail)

The undifferentiated group shows the highest percentage that is capable of self-support, 33 per cent. The group familial shows 31 per cent of cases falling within this classification. The post-infectional group is third with 7 per cent. These three groups are the only ones capable of self-support on discharge. It is interesting to see the familial group making such a good showing in this connection. In the cases capable of partial self-support we find that 66 per cent of the group with endocrine disorders; 44 per cent of the familial group; 31 per cent of the undifferentiated cases; 28 per cent of the cases with epilepsy — idiopathic; 21 per cent of the post-infectional cases; and 8 per cent of other forms fall in this classification. Among those incapable of productive work, the groups mongolism, with developmental cranial anomalies, congenital paralysis, post-traumatic—natal, post-traumatic— post-natal, and with epilepsy — symptomatic show 100 per cent of cases. The group with hereditary mental defect (familial) shows the lowest percentage (24 per cent) of cases in this classification.

AVERAGE INTELLIGENCE QUOTIENT OF DISCHARGES, 1936, BY CLINICAL DIAGNOSES

Table 126 describes the average intelligence quotient of discharges in the various clinical groups. Owing to the small number of cases involved in certain of the clinical groupings no sweeping conclusions can be drawn. All clinical groups together show an average intelligence quotient at discharge of .55, .54 for the males and .57 for the females. In this connection we recall (Table 110) that in the first admissions for the year, the males presented an I.Q. of .47 and the females an I.Q. of .50 . In the clinical diagnosis groups the familial show the high average I.Q. of .61. The undifferentiated group is second with an average I.Q. of .58, and the group post-infectional is third with an average of .51. Again referring to Table 110 we note that the group with hereditary mental defect (familial), shows the high admission I.Q. The lowest average intelligence quotients at discharge are seen in the groups mongolism, .22; post-traumatic — post-natal, with .20; and developmental cranial anomalies, with .10. In six of the clinical groups the females present higher average intelligence quotients at discharge, and in five groups the males present the higher averages.

TABLE 127. — *Average Age of Discharges from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Familial	50	33	83	22.40	28.71	24.90
Mongolism	2	2	4	30.00	15.00	22.50
With developmental cranial anomalies	–	2	2	–	5.50	5.50
With congenital cerebral spastic infantile paralyses	5	2	7	10.70	27.50	15.50
Post-infectional	9	5	14	17.50	15.50	16.78
Post-traumatic — natal	4	–	4	13.75	–	13.75
Post-traumatic — post-natal	1	1	2	17.50	17.50	17.50
With epilepsy — symptomatic	1	–	1	17.50	–	17.50
With epilepsy — idiopathic	3	4	7	21.16	16.25	18.35
With endocrine disorders	2	1	3	17.50	22.50	19.16
Undifferentiated	59	39	98	20.72	26.11	22.86
Other forms	4	8	12	21.25	27.50	25.41
Total	140	97	237	20.62	25.46	22.60

(See Table 269 for detail)

AVERAGE AGE OF DISCHARGES, 1936, BY CLINICAL DIAGNOSES

Table 127 outlines the average age at discharge of cases in the various clinical groups. The small numbers within certain of these groups preclude the possibility of making any sweeping generalizations. All discharges averaged 22.6 years of age at the time of leaving the State schools, 20.6 years for the males and 25.4 years for the females. The highest average age at discharge of 25.4 years is seen in the group "other forms". The groups familial and undifferentiated are next in order with average ages of 24.9 and 22.8 years, respectively. The lowest discharge ages are seen in the groups with developmental cranial anomalies, 5.5 years, and post-traumatic — natal, 13.7 years. In the groups mongolism, post-infectional, post-traumatic — natal, with epilepsy — symptomatic, and with epilepsy — idiopathic, the males present the higher discharge ages. In the groups familial, developmental cranial anomalies, congenital cerebral spastic infantile paralyses, with endocrine disorders, undifferentiated, and other forms, the females show the higher average discharge ages.

Average Length of Residence during This Admission, Cases Discharged, 1936, by Clinical Diagnoses

Table 128 shows the length of residence of discharges, 1936, in the various clinical groups. All cases discharged reveal an average net length of residence of 5.8 years, 5.8 years for the males and 5.9 years for the females. The group with epilepsy — idiopathic remained for the longest period with an average of 7.3 years. The group familial is second with an average of 7.2 years and the group other forms is third with an average of 6.6 years. The shorter averages are observed in developmental cranial anomalies, .37 years; with epilepsy — symptomatic, 1.5 years; congenital paralyses, 1.7 years; and post-infectional, 2.7 years. In all but two groups, with epilepsy — idiopathic and undifferentiated, the males reveal the longer residence.

Table 128. — *Length of School Residence During This Admission of Cases Discharged, 1936, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Number			Average Residence in Years		
	M.	F.	T.	M.	F.	T.
Familial	50	33	83	7.29	7.16	7.24
Mongolism	2	2	4	6.31	1.68	4.00
With developmental cranial anomalies	–	2	2	.37	–	.37
With congenital cerebral spastic infantile paralyses	5	2	7	2.02	1.06	1.75
Post-infectional	9	5	14	3.15	2.07	2.76
Post-traumatic — natal	4	–	4	6.15	–	6.15
Post-traumatic — post-natal	1	1	2	7.50	.37	3.93
With epilepsy — symptomatic	1	–	1	1.50	–	1.50
With epilepsy — idiopathic	3	4	7	6.79	7.75	7.33
With endocrine disorders	2	1	3	7.00	1.50	5.16
Undifferentiated	59	39	98	5.09	6.27	5.56
Other forms	4	8	12	7.75	6.10	6.65
Total	140	97	237	5.82	5.97	5.88

(See Table 274 for detail)

Section J. Deaths in State Schools for the Mentally Deficient During 1936

The following section presents data in reference to cases dying within the three state schools during the statistical year ended September 30, 1936.

Deaths in State Schools, 1917–1936

Table 129 presents the numbers and rates per thousand under treatment of all deaths in State schools over the period 1917-1936. The total for both sexes shows the high rate of 50.3 in the year 1919 and the low rate of 8.0 in 1931. While there is a slight downward trend over the years, it does not follow the extremes suggested by the high and low rates. In the sexes, the males show higher death rates in thirteen of the twenty years. The females show higher rates in five years, and the rates are the same for both sexes in two years. It is interesting to note these higher death rates in the males in view of the fact that the resident population of State schools is comprised largely of younger males and older females. We observe that the few years in which females show higher rates than males have occurred during the past five or six years, namely 1930 to 1936. In general, there is a slight downward trend in the death rates of State schools over the twenty-year period observed.

Number of Deaths in State Schools, 1936, by School: Rates per 1,000 Cases under Treament

A total of 65 cases died in all State schools during the last statistical year; 39 males and 26 females (Table 130). Wrentham State School presented the largest number of deaths with 38. Next in order is Walter E. Fernald with 18 deaths, and last Belchertown with 9 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 11; 14 deaths per 1,000 males, and 9 deaths per 1,000 females under treatment.

Table 129. — *Deaths in State Schools, 1917-1936, by Sex: Rates per 1,000 Cases Under Treatment*

Years	Number Under Treatment			Deaths			Rates per 1,000 Under Treatment		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,614	1,350	2,964	23	16	39	14.2	11.8	13.1
1918	1,591	1,398	2,989	40	29	69	25.1	20.7	23.0
1919	1,609	1,412	3,021	99	53	152	61.5	37.5	50.3
1920	1,721	1,513	3,234	22	16	38	12.7	10.5	11.7
1921	1,589	1,554	3,143	20	23	43	12.5	14.8	13.6
1922	1,596	1,595	3,191	15	15	30	9.3	9.3	9.4
1923	1,742	1,714	3,456	30	27	57	17.2	15.7	16.4
1924	1,866	1,846	3,712	30	20	50	16.0	10.8	13.4
1925	1,964	1,965	3,929	33	16	49	16.8	8.1	12.4
1926	1,961	2,044	4,005	26	26	52	13.2	12.7	12.9
1927	2,079	2,060	4,139	31	26	57	14.9	12.6	13.7
1928	2,130	2,062	4,192	38	27	65	17.8	13.0	15.5
1929	2,126	2,061	4,187	36	24	60	16.9	11.6	14.3
1930	2,186	2,216	4,402	22	27	49	10.0	12.1	11.1
1931	2,250	2,365	4,615	18	19	37	8.0	8.0	8.0
1932	2,329	2,467	4,796	26	37	63	11.1	14.9	13.1
1933	2,438	2,566	5,004	33	32	65	13.5	12.4	12.9
1934	2,507	2,688	5,195	40	44	84	15.9	16.3	16.1
1935	2,601	2,768	5,369	28	32	60	10.8	11.6	11.2
1936	2,640	2,795	5,435	39	26	65	14.7	9.3	11.9

Wrentham presents the highest rate of 18 per 1,000 patients under treatment. Fernald is lower with a death rate of 9, and Belchertown showed the low death rate of 6. Differences in the death rates for the two sexes are observed at the W. E. Fernald and the Wrentham State Schools. At Wrentham the death rate for the males is nearly four times as high as that of the females. At the W. E. Fernald State School, the death rate of the females is approximately twice as high as that of the males. In Belchertown no differences are observed in the sexes, the rates for the males and females being the same.

Table 130. — *Deaths in State Schools, 1936, by School: Numbers and Rates per 1,000 Cases Under Treatment*

State Schools	Number Under Treatment			Deaths			Rates per 1,000 Under Treatment		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	598	797	1,395	4	5	9	6.	6.	6.
Walter E. Fernald	1,127	836	1,963	7	11	18	6.	13.	9.
Wrentham	915	1,162	2,077	28	10	38	30.	8.	18.
Total	2,640	2,795	5,435	39	26	65	14.	9.	11.

---

[1] Cases under treatment are obtained by adding the Resident Population on September 30, 1936, and Discharges and Deaths during the year 1936.

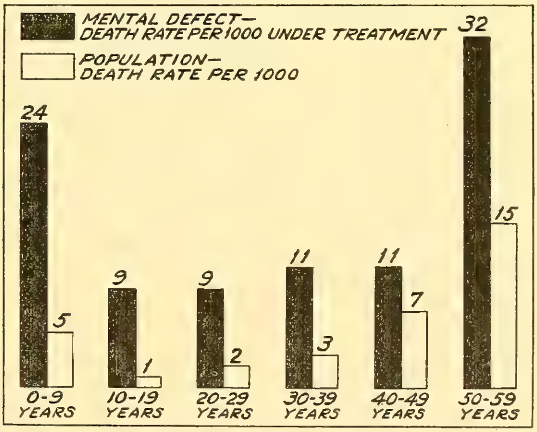
Age Distribution of Deaths in State Schools, 1936: Rates per 1,000 Cases under Treatment of Same Mental Status Groups

Table 131 shows the age at death of all cases dying during 1936, and the death rates per 1,000 cases under treatment of the same age and mental status groups. Excluding the age groups over 50 years because of small numbers, it will be observed that the age group 0-9 years shows the high death rate of 24.3 per thousand cases under treatment. The 10-19 year group shows the low death rate of 9.1, and the group 20-29 years is but slightly higher with 9.8. The 30-39 and 40-49 year age groups show higher rates of 11.0 and 11.3, respectively. The males tend to show high death rates in all age groups. The rate for the males is 29 per cent higher than that of the females in the 0-9 year age group; 154 per cent higher in the 10-19 year group; 92 per cent higher in the 20-29 year group; and 96 per cent higher in the 30-39 year group. In the general population the death rates in the males are higher than in the females. However, it is quite obvious that this population tendency is greatly exaggerated in mental defectives, particularly in mental defectives over ten years of age. Graph 13 presents the death rates per 1,000 under treatment for each age group compared with the death rate in the general population during 1936.

Table 131. — *Deaths at State Schools, 1936, by Mental Status and Age at Death: Rates per 1,000 Cases Under Treatment of Same Mental Status and Age Groups*

Mental Status	Sex	Age Distribution							
		All Ages	0–9 Years	10–19 Years	20–29 Years	30–39 Years	40–49 Years	50–59 Years	60 years and Over
Idiot . .	M.	47.7	76.9	44.6	46.7	37.0	–	100.0	–
	F.	25.4	15.1	21.0	29.1	37.7	40.0	–	–
	T.	37.5	42.3	36.4	38.0	37.3	23.8	52.6	–
Imbecile .	M.	14.1	27.0	13.4	6.8	17.1	–	38.4	76.9
	F.	9.1	29.4	3.3	10.4	5.1	7.6	18.8	–
	T.	11.7	28.1	8.8	8.6	10.8	4.1	28.5	28.5
Moron .	M.	2.9	–	1.7	7.9	–	–	–	–
	F.	5.4	15.6	2.5	–	4.3	25.8	50.0	–
	T.	4.3	7.0	2.0	2.8	3.1	20.2	33.3	–
Total . .	M.	14.7	27.3	12.2	13.5	15.7	–	41.0	52.6
	F.	9.3	21.1	4.8	7.0	8.0	17.9	24.0	–
	T.	11.9	24.3	9.1	9.8	11.0	11.3	32.0	19.2

(See Table 289 for detail)

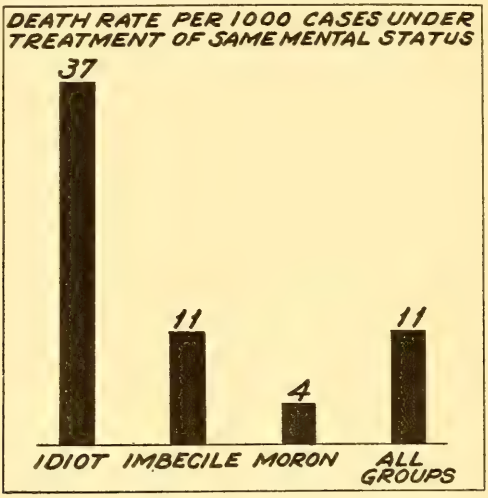


Graph 13. — Death Rates in Mental Deficiency (State Schools) Compared with Death Rates in Massachusetts General Population, 1936, by Ages

In considering the death rates in the separate mental status groups (Table 131 and Graph 14) we note that the idiots show the highest death rate of 37 per 1,000 under treatment during the year. The imbeciles are next in order with a rate of 11, and the morons third with a rate of 4. The death rate for the imbeciles was nearly three times that of the morons. The rate for the idiots was nine times that of the morons. The males show higher death rates in the idiots and in the imbeciles.

In the morons, however, the females show the higher death rates. Throughout the various age groups, the idiot males show very high rates in the younger ages and taper down to lower rates in the older ages. The females show the rate of 15 in the 0-9 year age group, rising to 40 in the age group 40-49 years. In the imbeciles the rates are fairly comparable in the 0-9 year group. The males drop more gradually, while the females show considerable irregularity.

Comparing the total death rate of 11 persons per 1,000 under treatment in State schools with the death rate of 62 per 1,000 under treatment in hospitals for mental disease (Table 61), we note that the death rate in mental hospitals is about six times as high as that observed in the State schools.



Graph 14. — Patients Dying in State Schools, 1936. Rates per 1,000 Cases Under Treatment of Same Mental Status

Death Rates by Clinical Diagnoses and Age Distribution

In Table 132 we observe the death rates in the various clinical groups by age at death.

In the clinical diagnostic groups the high death rate of 120 occurs in the group with epilepsy — symptomatic. Second in order is the group with other organic nervous disease with a rate of 66, while the group with developmental cranial anomalies is third with a rate of 44. The low death rates are observed in the groups other forms, with a rate of 21; undifferentiated, with a rate of 6; and the familial cases with a rate of 3. This low death rate in the hereditary group (familial), is extremely interesting from the viewpoint of the possible survival of this type of patient. It will be recalled that this group showed a high discharge rate also.

In the sexes the males show the higher death rates in seven of the eleven groups. The females show higher death rates in congenital cerebral spastic infantile paralyses, post-infectional, with epilepsy — symptomatic, and other forms. Again the familial group shows the females surviving in an approximate three to one ratio over the males.

Economic Status of Deaths in State Schools, 1936

Table 133 outlines the economic status of cases dying in State schools during 1936 presenting the death rates per thousand cases under treatment of the same economic status, by mental status. In the totals of the economic status groups the "dependent" cases show the low death rate of 7, 10 for the males and 5 for the females. The "marginal" group is next in order with a rate of 13, 16 for the males and 10 for the females. The "comfortable" group is third with the highest death rate of 37, 24 for the males and 50 for the females. The males show higher death rates in both the "dependent" and "marginal" groups. The females

TABLE 132. — *Deaths at State Schools, 1936, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment*[1] *of Same Clinical Group and Age*

CLINICAL DIAGNOSES	TOTAL			0–9 YEARS			10–19 YEARS			20–29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	5.9	2.0	3.6	–	–	–	2.8	–	1.6	10.3	–	3.6
Mongolism	35.9	22.0	29.0	57.1	45.4	50.6	46.8	–	25.2	–	40.0	18.1
With developmental cranial anomalies	65.0	16.9	44.1	90.9	37.0	52.6	50.0	–	34.4	111.1	–	66.6
With congenital cerebral spastic infantile paralyses	38.0	40.0	39.0	–	111.1	47.6	60.6	31.2	46.1	66.6	71.4	68.9
Post-infectional	21.2	21.7	21.5	–	62.5	35.7	15.6	22.2	18.3	29.4	26.3	27.7
Post-traumatic — natal	29.4	–	17.0	–	–	–	57.1	–	41.6	–	–	–
With epilepsy — symptomatic	–	166.6	120.0	–	–	–	–	333.3	142.8	–	–	–
With endocrine disorders	58.8	26.3	41.6	–	–	–	58.8	–	27.0	–	–	–
With other organic nervous disease	100.0	–	66.6	–	–	–	111.1	–	111.1	–	–	–
Undifferentiated	10.5	2.9	6.9	34.1	–	22.0	2.2	3.3	2.6	10.7	3.1	6.7
Other forms	6.0	36.5	21.2	–	–	–	–	–	–	–	26.3	11.2
Total	14.7	9.3	11.9	27.3	21.1	24.3	12.2	4.8	9.1	13.5	7.0	9.8

CLINICAL DIAGNOSES	30–39 YEARS			40–49 YEARS			50–59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	15.8	–	3.9	–	21.5	18.3	–	–	–	–	–	–
Mongolism	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	62.5	–	52.6	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	–	–	–	–	–	–	500.0	–	142.8	–	–	–
Post-traumatic — natal	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	–	–	–	400.0	400.0	–	–	–	–	–	–
With endocrine disorders	250.0	–	90.9	–	250.0	166.6	–	–	–	–	–	–
With other organic nervous disease	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	12.5	5.1	8.4	–	–	–	26.3	–	14.4	90.9	–	37.0
Other forms	–	100.0	55.5	–	–	–	66.6	125.0	96.7	–	–	–
Total	15.7	8.0	11.0	–	17.9	11.3	41.0	24.0	32.0	52.6	–	19.2

---

[1] Cases under treatment include the resident population on September 30, 1936, plus all discharges and deaths during the year 1936.

Table 133. — *Economic Status of Deaths in State Schools, 1936, by Mental Status and Sex: Death Rates per 1,000 of Same Economic Status Groups Under Treatment*

Economic Status	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Treatment	881	1,189	2,070	96	81	177	355	379	734	393	681	1,074	37	48	85
Deaths	9	6	15	4	2	6	3	1	4	2	3	5	–	–	–
Rate per 1,000	10.2	5.0	7.2	41.6	24.6	33.8	8.4	2.6	5.4	5.0	4.4	4.6	–	–	–
Marginal:															
Under Treatment	1,665	1,513	3,178	295	250	545	728	666	1,394	609	567	1,176	33	30	63
Deaths	28	16	44	14	4	18	13	8	21	1	4	5	–	–	–
Rate per 1,000	16.8	10.5	13.8	47.4	16.0	33.0	17.8	12.0	15.0	1.6	7.0	4.2	–	–	–
Comfortable:															
Under Treatment	82	79	161	25	17	42	38	42	80	17	20	37	2	–	2
Deaths	2	4	6	2	3	5	–	1	1	–	–	–	–	–	–
Rate per 1,000	24.3	50.6	37.2	80.0	176.4	119.0	–	23.8	12.5	–	–	–	–	–	–
Unknown:															
Under Treatment	12	14	26	3	6	9	6	3	9	3	5	8	–	–	–
Deaths	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rate per 1,000	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total:															
Under Treatment	2,640	2,795	5,435	419	354	773	1,127	1,090	2,217	1,022	1,273	2,295	72	78	150
Deaths	39	26	65	20	9	29	16	10	26	3	7	10	–	–	–
Rate per 1,000	14.7	9.3	11.9	47.7	25.4	37.5	14.1	9.1	11.7	2.9	5.4	4.3	–	–	–

demonstrate higher death rates in the "comfortable" group. It is to be noted that the cases of "dependent" economic status show the lowest death rate. This contrasts sharply with the situation in mental diseases (Table 61) which shows that patients of dependent status have the highest death rate.

AVERAGE AGE AT DEATH, BY MENTAL STATUS

Table 134 outlines the average age at death of patients dying in State schools during 1936 by mental status. The totals show an average of 24.5 years at death for all cases dying, 22.4 years for the males and 27.5 years for the females. The males are evidently dying at younger ages, which checks with the higher death rates for the males. The idiot group showed the lowest average age at death of 21.0 years. The imbeciles are next with an average of 25.8 years, and the morons next with 31.1 years. The imbeciles are the only group in which a higher age at death is seen among the males, 26.0 years as compared with 25.5 years for the females. In the other mental status groups the female idiots averaged nine years older than the males, and in the morons they averaged twelve years older than the males. In general, this result reflects the finding observed in the general population, namely, younger ages at death for males as compared with females. However, the sex differences are much more pronounced among these cases than in the population.

TABLE 134. — *Average Age of Deaths in State Schools, 1936, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	20	9	29	15.95	24.27	21.01
Imbecile	16	10	26	26.09	25.50	25.86
Moron	3	7	10	22.50	34.78	31.10
Not Mentally Defective	–	–	–	–	–	–
Total	39	26	65	22.46	27.57	24.50

(See Table 275 for detail)

TABLE 135. — *Age at Death of All Patients Who Died in State Schools, 1936, by School and Sex*

AGE GROUPS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	2	5	–	–	–	–	–	–	3	2	5
5– 9 years	4	3	7	–	–	–	–	1	1	4	2	6
10–14 years	9	4	13	1	2	3	1	1	2	7	1	8
15–19 years	5	–	5	–	–	–	1	–	1	4	–	4
20–24 years	3	2	5	–	2	2	–	–	–	3	–	3
25–29 years	6	4	10	1	1	2	1	3	4	4	–	4
30–34 years	3	1	4	1	–	1	–	1	1	2	–	2
35–39 years	2	3	5	–	–	–	1	2	3	1	1	2
40–44 years	–	1	1	–	–	–	–	–	–	–	1	1
45–49 years	–	4	4	–	–	–	–	1	1	–	3	3
50–54 years	1	2	3	–	–	–	1	2	3	–	–	–
55–59 years	2	–	2	1	–	1	1	–	1	–	–	–
60 years and over	1	–	1	–	–	–	1	–	1	–	–	–
Total	39	26	65	4	5	9	7	11	18	28	10	38
Average Age	22.4	27.5	24.5	32.5	19.5	25.2	38.2	32.9	35.0	17.0	25.7	19.3

Table 135 presents the age at death of all patients dying during 1936, by State schools. Of the 65 deaths, 30 or 46 per cent were under 20 years of age; 15, or 24 per cent were between 20-29 years of age; and 20 or 30 per cent were 30 years of age or over. Table 135 shows us that the Wrentham State School is presenting the larger number of deaths in the younger age groups. This may be due to the fact that this school makes it a general practice to accept younger children. The

W. E. Fernald State School, on the other hand, shows a larger number of deaths in the older age groups. This institution, of course, is much older than either Wrentham or Belchertown. Wrentham presents the youngest average age at death of 19 years, 17 years for the males and 25 years for the females. Belchertown is slightly higher, with an average of 25 years, 32 years for the males and 19 years for the females. W. E. Fernald shows the highest average age at death of 35 years, 38 years for the males and 32 years for the females. The Belchertown and Fernald State Schools show higher average ages at death in the males. Wrentham shows the higher average age at death in the females.

Length of Residence in State Schools of All Patients Dying, 1936, by Mental Status

Table 136 gives the length of school stay during *all* admissions of cases dying in State schools during 1936 by mental status. The totals reveal that cases dying had remained in institutions an average of 11.9 years previous to death, 11.5 years for the males and 12.6 years for the females. The shortest average length of stay occurs in the imbecile group with 11.3 years. The idiot group shows an average residence before death of 11.6 years; and the moron group, 14.6 years. The shorter hospital residence of the idiots and imbeciles as contrasted with the longer stay of the morons checks with the higher death rates in the lower mental status groups as compared with the lower death rates in the morons (Table 133.) In the imbecile group the males present a longer residence than the females. However, in the idiot and moron groups the length of residence for the females is longer than that for the males.

Table 136. — *Length of School Residence During ALL Admissions, Deaths in State Schools, 1936, by Mental Status and Sex*

Mental Status	Number			Average Net Residence in Years		
	M.	F.	T.	M.	F.	T.
Idiot	20	9	29	10.9	13.2	11.6
Imbecile	16	10	26	12.5	9.3	11.3
Moron	3	7	10	10.2	16.5	14.6
Not Mentally Defective	–	–	–	–	–	–
Total	39	26	65	11.5	12.6	11.9

(See Table 278 for detail)

Table 137 gives the length of school residence during the *present* admission of patients dying in State schools during 1936. The 65 patients dying had remained in residence a total of 11.2 years previous to death. The average for the males was 10.5 years and for the females, 12.2 years. The morons show the longest school residence previous to death, 14.2 years, 10.2 years for the males, and 16.5 years for the females. The imbeciles show an average of 10.9 years, 11.9 years for the males, and 9.3 years for the females. The idiots show a residence of 10.2 years, 9.4 years for the males and 12.1 years for the females.

Table 137. — *Length of Schoool Residence During THIS Admission, Deaths in State Schools, 1936, by Mental Status and Sex*

Mental Status	Number			Average Net Residence in Years		
	M.	F.	T.	M.	F.	T.
Idiot	20	9	29	9.4	12.1	10.2
Imbecile	16	10	26	11.9	9.3	10.9
Moron	3	7	10	10.2	16.5	14.2
Not Mentally Defective	–	–	–	–	–	–
Total	39	26	65	10.5	12.2	11.2

TABLE 138. — *Causes of Death of Patients Dying in State Schools, 1936, by Clinical Diagnoses and Sex: Number and Percentage Distribution*

CAUSES OF DEATH	Total		Familial		Mongolism		With developmental cranial anomalies		With congenital cerebral spastic infantile paralyses		Post-infectional	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases	14	21.5	1	16.6	3	37.5	–	–	2	25.0	2	33.3
II. Cancer and Other Tumors	2	3.1	–	–	–	–	–	–	–	–	–	–
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases	2	3.1	1	16.6	–	–	–	–	–	–	–	–
VI. Diseases of the Nervous System and of the Organs of Special Sense	7	10.8	1	16.6	–	–	1	16.6	3	37.5	–	–
VII. Diseases of the Circulatory System	5	7.7	1	16.6	–	–	–	–	–	–	1	16.6
VIII. Diseases of the Respiratory System	13	20.0	1	16.6	1	12.5	–	–	–	–	1	16.6
IX. Diseases of the Digestive System	7	10.8	1	16.6	1	12.5	–	–	1	12.5	1	16.6
X. Diseases of the Genito-Urinary System	1	1.5	–	–	–	–	–	–	–	–	–	–
XIII. Diseases of the Bones and Organs of Locomotion	2	3.1	–	–	–	–	1	16.6	–	–	1	16.6
XIV. Congenital Malformations	8	12.3	–	–	3	37.5	4	66.7	–	–	–	–
XV. Diseases of Early Infancy	2	3.1	–	–	–	–	–	–	2	25.0	–	–
XVII. Violent and Accidental Deaths	2	3.1	–	–	–	–	–	–	–	–	–	–
Total	65	100.0	6	100.0	8	100.0	6	100.0	8	100.0	6	100.0

CAUSES OF DEATH	Post-traumatic — natal		With epilepsy — symptomatic		With endocrine disorders		With other organic nervous disease		Undifferentiated		Other forms	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases	–	–	1	33.3	–	–	–	–	4	26.6	1	14.3
II. Cancer and Other Tumors	–	–	–	–	–	–	–	–	–	–	2	28.5
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases	1	50.0	–	–	–	–	–	–	–	–	–	–
VI. Diseases of the Nervous System and of the Organs of Special Sense	–	–	1	33.3	–	–	–	–	1	6.7	–	–
VII. Diseases of the Circulatory System	1	50.0	–	–	–	–	–	–	–	–	2	28.5
VIII. Diseases of the Respiratory System	–	–	1	33.3	1	33.3	1	100.0	6	40.0	1	14.3
IX. Diseases of the Digestive System	–	–	–	–	–	–	–	–	2	13.3	1	14.3
X. Diseases of the Genito-Urinary System	–	–	–	–	1	33.3	–	–	–	–	–	–
XIII. Diseases of the Bones and Organs of Locomotion	–	–	–	–	–	–	–	–	–	–	–	–
XIV. Congenital Malformations	–	–	–	–	–	–	–	–	1	6.7	–	–
XV. Diseases of Early Infancy	–	–	–	–	–	–	–	–	–	–	–	–
XVII. Violent and Accidental Deaths	–	–	–	–	1	33.3	–	–	1	6.7	–	–
Total	2	100.0	3	100.0	3	100.0	1	100.0	15	100.0	7	100.0

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1936, BY CLINICAL DIAGNOSES

Table 138 presents the causes of death in patients dying in State schools during 1936 according to the various clinical groupings. The totals show that the infectious and parasitic diseases accounted for 21 per cent of deaths. Diseases of the respiratory system are second, accounting for 20 per cent of deaths; and congenital malformations are third with 12 per cent of deaths.

In discussing the clinical groups we will not include those having less than five deaths owing to the variations in small numbers. Cases of hereditary mental defect (familial) show comparable percentages among all the causes of death recorded for this group. The mongol group shows an excess in infectious diseases and congenital malformations. Developmental cranial anomalies shows the high proportion in congenital malformations. Cases with congenital cerebral spastic infantile paralyses are high in the diseases of the nervous system. The post-infectional group is high in infectious diseases. The undifferentiated group shows its high percentage of deaths among diseases of the respiratory system and infectious diseases. The group other forms shows high percentages in two causes of death, cancer and diseases of the circulatory system. The small number of deaths for a single year renders unreliable comparative statistics between the clinical groups. However, the accumulation of these figures over a period of years will provide more reliable data.

TABLE 139. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools, during 1936*

CAUSES OF DEATH	PERCENTAGES			
	Total	Idiot	Imbecile	Moron
I. Infectious and Parasitic Diseases:				
Tuberculosis of the respiratory system . . .	18.5	6.9	26.9	30.0
Purulent infection, septicemia (non-puerperal) .	3.1	6.9	–	–
II. Cancer and Other Tumors:				
Cancer and other malignant tumors. . . .	3.1	–	7.7	–
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:				
Diabetes mellitus	1.5	–	–	10.0
Other general diseases	1.5	3.4	–	–
VI. Diseases of the Nervous System and of the Organs of Special Sense:				
Other diseases of the spinal cord	6.2	13.8	–	–
Epilepsy	3.1	6.9	–	–
Diseases of the ear and of the mastoid process .	1.5	–	–	10.0
VII. Diseases of the Circulatory System:				
Endocarditis	3.1	–	–	20.0
Myocarditis	3.1	6.9	–	–
Other diseases of the heart.	1.5	3.4	–	–
VIII. Diseases of the Respiratory System:				
Bronchopneumonia (including capillary bronchitis)	12.3	13.8	15.4	–
Lobar pneumonia.	7.7	6.9	7.7	10.0
IX. Diseases of the Digestive System:				
Diseases of the pharynx and tonsils . . .	1.5	3.4	–	–
Ulcer of the stomach and duodenum . . .	3.1	3.4	3.8	–
Other diseases of the stomach (cancer excepted) .	1.5	–	3.8	–
Diarrhea and enteritis.	3.1	6.9	–	–
Hernia, intestinal obstruction	1.5	–	3.8	–
X. Diseases of the Genito-Urinary System:				
Nephritis	1.5	–	–	10.0
XIII. Diseases of the Bones and Organs of Locomotion:				
Diseases of the joints (tuberculosis and rheumatism excepted)	1.5	–	3.8	–
Diseases of the other organs of locomotion . .	1.5	–	3.8	–
XIV. Congenital Malformations:				
Congenital malformations (still-births not included)	12.3	10.3	15.4	10.0
XV. Diseases of Early Infancy	3.1	6.9	–	–
XVII. Violent and Accidental Deaths:				
Accidental traumatism by fall	3.1	–	7.7	–
Total	100.0	100.0	100.0	100.0

(See Table 279 for detail)

CAUSES OF DEATH, 1936, BY MENTAL STATUS

Table 139 gives the percentage distribution of the causes of death in the various mental status groups for 1936. In the totals, the three prominent causes of death are tuberculosis of the respiratory system, 18.5 per cent, bronchopneumonia and congenital malformations, with 12.3 per cent each. In the idiot group we observe that bronchopneumonia and diseases of the spinal cord are first with 13.8 per cent. Congenital malformations is second with 10.3 per cent. In the imbecile group tuberculosis of the respiratory system is first with 26.9 per cent, and bronchopneumonia and congenital malformations are second with 15.4 per cent each. In the moron group, tuberculosis of the respiratory system is first with 30 per cent, and endocarditis is second with 20 per cent. While the numbers of cases involved are rather small, it is interesting that tuberculosis, bronchopneumonia, and congenital malformations are prominent in every mental status group.

AVERAGE INTELLIGENCE QUOTIENT OF DEATHS, 1936, BY CLINICAL DIAGNOSES

Table 140 outlines the average intelligence quotient of patients dying during 1936 divided into the various clinical groups. The average intelligence quotient of all patients dying was .28, .23 for the males and .35 for the females. We recall from Table 126 that the average intelligence quotient of discharges was .55, .54 for the males and .57 for the females. This shows in a striking manner how cases of higher intelligence are discharged while those of lower intelligence contribute more materially to the deaths. Considering only the groups with five or more cases we note that the higher average I. Q.'s at death occur in other forms, with .39; familial, with .36; and mongolism, .30. The lower average I. Q.'s at death are observed in the groups with congenital paralyses, .15; developmental cranial anomalies, .18; and undifferentiated, .27. In the groups congenital paralysis, post-infectional and other forms, the males show higher average intelligence quotients at death than do the females. The females present higher averages in nearly all of the remaining clinical groups.

TABLE 140. — *Average Intelligence Quotient of Deaths in State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	4	2	6	.32	.45	.36
Mongolism	5	3	8	.21	.45	.30
With developmental cranial anomalies	5	1	6	.15	.35	.18
With congenital cerebral spastic infantile paralyses	4	4	8	.20	.10	.15
Post-infectional	3	3	6	.31	.25	.28
Post-traumatic — natal	2	–	2	.05	–	.05
With epilepsy — symptomatic	–	3	3	–	.38	.38
With endocrine disorders	2	1	3	.25	.55	.35
With other organic nervous disease	1	–	1	.45	–	.45
Undifferentiated	12	3	15	.23	.45	.27
Other forms	1	6	7	.45	.38	.39
Total	39	26	65	.23	.35	.28

(See Table 277 for detail)

AVERAGE AGE AT DEATH 1936, BY CLINICAL DIAGNOSES

Table 141 presents the average age of patients dying in State schools by clinical groupings. The average age at death was 24.5 years, 22.4 years for the males and 27.5 years for the females. The clinical groups showing the highest average ages at death are other forms, 41.7 years; with epilepsy — symptomatic, 34.1 years; and familial and with endocrine disorders, 32.5 years each. At the other extreme we have the youngest ages at death shown in the groups post-traumatic — natal and other organic nervous disease with 12.5 years each; mongolism, 12.6 years; and developmental cranial anomalies, 16.8 years.

TABLE 141. — *Average Age of Deaths in State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	4	2	6	25.00	47.50	32.50
Mongolism	5	3	8	12.50	12.83	12.62
With developmental cranial anomalies	5	1	6	18.70	7.50	16.83
With congenital cerebral spastic infantile paralyses	4	4	8	22.50	16.50	19.50
Post-infectional	3	3	6	32.50	14.16	23.33
Post-traumatic — natal	2	–	2	12.50	–	12.50
With epilepsy — symptomatic	–	3	3	–	34.16	34.16
With endocrine disorders	2	1	3	25.00	47.50	32.50
With other organic nervous disease	1	–	1	12.50	–	12.50
Undifferentiated	12	3	15	24.37	25.83	24.66
Other forms	1	6	7	52.50	40.00	41.78
Total	39	26	65	22.46	27.57	24.50

(See Table 276 for detail)

LENGTH OF RESIDENCE DURING THIS ADMISSION, ALL PATIENTS DYING DURING 1936, BY CLINICAL DIAGNOSES

Table 142 gives the average length of school stay of deaths during 1936 by clinical groupings. Cases dying in State schools during 1936 had remained an average of 11.2 years previous to death, 10.5 years for the males and 12.2 years for the females. The longest time in residence occurs in the groups other forms, 27.5 years; familial, 17.1 years; undifferentiated, 13.4 years; and with epilepsy — symptomatic, 10.8 years. The shorter average lengths of residence are seen in the groups with endocrine disorders, 3.6 years; with mongolism, 4.5 years; with other organic nervous disease, 4.5 years; and post traumatic — natal, 5.0 years. In the groups with developmental cranial anomalies, congenital paralyses, post-infectional, post-traumatic — natal, undifferentiated and other forms, we note that the males show longer periods in residence than do the females. In the groups familial, mongolism, with epilepsy — symptomatic, and with endocrine disorders, the females demonstrate the longer periods in residence.

TABLE 142. — *Average Length of Residence During THIS Admission of Patients Dying in State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	4	2	6	13.28	25.00	17.18
Mongolism	5	3	8	4.22	5.20	4.59
With developmental cranial anomalies	5	1	6	6.87	3.50	6.31
With congenital cerebral spastic infantile paralyses	4	4	8	11.90	4.21	8.06
Post-infectional	3	3	6	7.50	3.45	5.47
Post-traumatic — natal	2	–	2	5.00	–	5.00
With epilepsy — symptomatic	–	3	3	–	10.83	10.83
With endocrine disorders	2	1	3	1.68	7.50	3.62
With other organic nervous diseases	1	–	1	4.50	–	4.50
Undifferentiated	12	3	15	14.15	10.83	13.49
Other forms	1	6	7	43.00	25.00	27.50
Total	39	26	65	10.50	12.26	11.20

Section K. All Cases in Residence in State Schools on September 30, 1936

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1936.

PATIENTS RESIDENT IN PUBLIC AND PRIVATE SCHOOLS, 1904–1936

Table 143 outlines the patients in residence in public and private schools at the end of each year from 1904-1936, inclusive. The rates per hundred thousand population are given on the totals for all schools and for the State schools. The total numbers in institutions increased from 927 in 1904 to 5,302 in 1936. The rates increased from 30 per hundred thousand of the population in 1904 to 121 per hundred thousand in 1936. This is an increase of 303 per cent. The total rates for the males increased from 38 in 1904 to 120 in 1936, an increase of 215 per cent. The females increased from a rate of 23 in 1904 to 121 in 1936, an increase of 426 per cent. It will be observed that in the earlier years the residence rates for the males are very much higher than those of the females. However, from 1922 onward, the rates for the sexes are closer together. The year 1925 shows a tie, with a rate of 92 for both sexes. In 1931, and the years 1934 to 1936, inclusive, the rates for the females exceed those of the males. In the past, the males apparently had more difficulties in the community and larger proportions came to occupy a place in the schools for mental defectives. Over the past five or six years, however, the females have shown larger proportions residing in schools throughout the State.

The numbers of mental defectives in State schools increased from 847 in 1904 to 5,133 in 1936. The residence rates have shown increases from 27 in 1904 to 117 in 1936. The males increased from a rate of 34 in 1904 to 116 in 1936, an increase of 241 per cent. The females increased from 21 in 1904 to 118 in 1936, an increase of 461 per cent. The males have shown higher residence rates in all years from 1904 to 1922, when the rate of 72 was the same for both sexes. The sexes show the same rates in the years 1923, 1926 and 1927. In 1925, and from 1931 to 1936, inclusive, the females have shown higher residence rates. It is evident that in the State schools also marked increases have been made in bed provision for females who were mentally defective.

It is interesting to observe that the mental hospitals showed a resident rate of 278 in 1904 and 484 in 1936, an increase of 74 per cent. Over the same period the State schools increased from 27 in 1904 to 117 in 1936, an increase of 333 per cent.

Mental Status of Patients Resident in State Schools, 1936, by School

Table 144 presents the mental status of cases resident in the three State schools on September 30, 1936, giving the percentage distributions. Considering the totals, the idiot group made up 14.2 per cent of the resident population of all schools, 15.9 per cent of the males and 12.6 per cent of the females. The imbecile group constituted 41.6 per cent of the resident population, 43.8 per cent of the males and 39.7 per cent of the females. The morons comprised 41.7 per cent of cases, 37.8 per cent of the males and 45.3 per cent of the females. The group not mentally defective made up 2.5 per cent of the resident population in State schools, 2.5 per cent of the males and 2.4 per cent of the females. We note that the males exceed the females in the idiot, imbecile and not mentally defective groups. The females exceed the males in the moron group only. Considering the three schools separately we note that Wrentham has the largest percentage of the idiot group, 15.8 per cent. The Walter E. Fernald State School has the largest proportion of the imbecile group with 44.4 per cent. Belchertown has the largest proportion of morons with 50.3 per cent. In the group not mentally defective Wrentham again leads with 3.3 per cent. Wrentham has larger proportions of the very low and the very high grade cases; Fernald specializes in the imbecile group while Belchertown shows higher percentages in the morons.

Age at Admission and Average Length of School Stay of All Patients in Residence, 1936

Table 145 presents material on the age at admission and average length of school stay of all cases in residence in State schools on September 30, 1936, by sex. For all cases in residence, the average admission age was 14.0 years, 12.2 years for the males, and 15.7 years for the females. The average length of residence for all cases within schools was 10.2 years, 10.3 years for the males and 10.2 years for the females. Fifteen hundred and twenty-five cases were admitted between the ages of 10 and 14 years; 1,491 were admitted between the ages of 5 and 9 years; and 961 between 15 and 19 years. Sixty-four per cent of the resident population were admitted during the ages up to 14 years; 91.2 per cent under the age of 25 years and 97.0 per cent under 35 years. Comparatively few of the resident population were admitted after the age 35 (2.9 per cent).

TABLE 143. — *Patients in Residence in Public and Private Schools for the Mentally Defective, 1904–1936: Rates per 100,000 Population*[1]

Years	Total — All Schools						State Schools						Hospital Cottages[2]			Small Private Schools		
	Number			Rate			Number			Rate								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904 . . .	569	358	927	38.	23.	30.	513	334	847	34.	21.	27.	8	9	17	48	15	63
1905 . . .	672	433	1,105	44.	27.	35.	617	411	1,028	40.	26.	33.	7	8	15	48	14	62
1906 . . .	722	474	1,196	46.	29.	38.	668	452	1,120	43.	28.	35.	8	9	17	46	13	59
1907 . . .	768	537	1,305	48.	32.	40.	713	515	1,228	45.	31.	38.	8	9	17	47	13	60
1908 . . .	843	563	1,406	52.	33.	43.	793	539	1,332	49.	32.	40.	7	9	16	43	15	58
1909 . . .	906	610	1,516	55.	36.	45.	856	587	1,443	52.	34.	43.	5	10	15	45	13	58
1910 . . .	967	680	1,647	58.	39.	48.	915	652	1,567	55.	38.	46.	6	11	17	46	17	63
1911 . . .	1,026	710	1,736	61.	40.	50.	968	674	1,642	57.	38.	48.	12	18	30	46	18	64
1912 . . .	1,106	836	1,942	64.	47.	56.	1,049	796	1,845	61.	45.	53.	9	21	30	48	19	67
1913 . . .	1,147	862	2,009	66.	48.	57.	1,091	829	1,920	63.	46.	54.	6	16	22	50	17	67
1914 . . .	1,308	1,006	2,314	74.	55.	64.	1,227	967	2,194	70.	53.	61.	34	20	54	47	19	66
1915 . . .	1,370	1,054	2,424	77.	57.	67.	1,292	1,016	2,308	72.	55.	63.	35	20	55	43	18	61
1916 . . .	1,457	1,246	2,703	81.	66.	73.	1,376	1,206	2,582	76.	64.	70.	39	23	62	42	17	59
1917 . . .	1,497	1,293	2,790	82.	68.	75.	1,419	1,254	2,673	77.	66.	72.	38	23	61	40	16	56
1918 . . .	1,521	1,403	2,924	82.	73.	77.	1,431	1,332	2,763	77.	69.	73.	45	29	74	45	42	87
1919 . . .	1,519	1,376	2,895	81.	71.	76.	1,432	1,307	2,739	76.	67.	71.	48	27	75	39	42	81
1920 . . .	1,538	1,437	2,975	81.	73.	77.	1,452	1,368	2,820	76.	69.	73.	54	31	85	32	38	70
1921 . . .	1,553	1,522	3,075	81.	76.	79.	1,466	1,475	2,941	76.	74.	75.	54	26	80	33	21	54
1922 . . .	1,467	1,512	2,979	76.	75.	75.	1,389	1,460	2,849	72.	72.	72.	48	26	74	30	26	56
1923 . . .	1,670	1,711	3,381	85.	84.	85.	1,592	1,647	3,239	81.	81.	81.	44	32	76	34	32	66
1924 . . .	1,788	1,818	3,606	91.	88.	89.	1,699	1,761	3,460	86.	85.	86.	50	29	79	39	28	67
1925 . . .	1,829	1,908	3,737	92.	92.	92.	1,746	1,847	3,593	88.	89.	88.	45	28	73	38	33	71
1926 . . .	1,883	1,930	3,813	94.	92.	93.	1,796	1,864	3,660	89.	89.	89.	46	27	73	41	39	80
1927 . . .	1,951	1,999	3,950	96.	94.	95.	1,852	1,935	3,787	91.	91.	91.	60	26	86	39	38	77
1928 . . .	2,059	2,021	4,080	101.	94.	97.	1,956	1,956	3,912	95.	91.	93.	55	25	80	48	40	88
1929 . . .	2,082	2,056	4,138	101.	95.	98.	1,980	1,961	3,941	96.	90.	93.	52	36	88	50	59	109
1930 . . .	2,142	2,186	4,328	103.	100.	101.	2,050	2,109	4,159	98.	96.	97.	53	24	77	39	53	92
1931 . . .	2,230	2,356	4,586	106.	107.	106.	2,135	2,277	4,412	103.	104.	103.	51	29	80	44	50	94
1932 . . .	2,304	2,441	4,745	109.	109.	109.	2,205	2,361	4,566	106.	108.	107.	53	34	87	46	46	92
1933 . . .	2,413	2,532	4,945	113.	112.	113.	2,316	2,455	4,771	108.	109.	109.	54	38	92	43	39	82
1934 . . .	2,470	2,640	5,110	115.	116.	115.	2,375	2,558	4,933	110.	112.	111.	53	42	95	42	40	82
1935 . . .	2,487	2,689	5,176	117.	120.	118.	2,399	2,610	5,009	113.	116.	115.	48	37	85	40	42	82
1936 . . .	2,556	2,746	5,302	120.	121.	121.	2,461	2,672	5,133	116.	118.	117.	52	32	84	43	42	85

[1] Estimated for intercensal years.

[2] From April 1, 1914 to May 1, 1918, Hospital Cottages were under the supervision of the Department of Public Welfare.

TABLE 144 — *Mental Status of Cases in Residence in State Schools on September 30, 1936, by School and Sex: Numbers and Percentages*

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T
NUMBER												
Idiot	393	336	729	89	70	159	147	114	261	157	152	309
Imbecile	1,077	1,060	2,137	225	237	462	479	353	832	373	470	843
Moron	930	1,211	2,141	221	435	656	427	321	748	282	455	737
Not Mentally Defective	61	65	126	13	15	28	14	20	34	34	30	64
Total	2,461	2,672	5,133	548	757	1,305	1,067	808	1,875	846	1,107	1,953
PERCENT												
Idiot	15.9	12.6	14.2	16.2	9.2	12.2	13.8	14.1	13.9	18.6	13.7	15.8
Imbecile	43.8	39.7	41.6	41.1	31.3	35.4	44.9	43.7	44.4	44.1	42.5	43.2
Moron	37.8	45.3	41.7	40.3	57.5	50.3	40.0	39.7	39.9	33.3	41.1	37.7
Not Mentally Defective	2.5	2.4	2.5	2.4	2.0	2.1	1.3	2.5	1.8	4.0	2.7	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 145. — *Average Length of School Residence During This Admission, All Patients Resident in State Schools on September 30, 1936, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	163	143	306	8.46	6.67	7.62
5– 9 years	910	581	1,491	9.97	9.99	9.98
10–14 years	800	725	1,525	10.38	10.46	10.42
15–19 years	366	595	961	11.20	9.88	10.38
20–24 years	108	290	398	11.69	11.95	11.88
25–29 years	49	143	192	12.24	10.54	10.98
30–34 years	21	90	111	13.45	12.05	12.31
35–39 years	22	57	79	12.17	10.21	10.75
40–44 years	9	25	34	10.38	9.05	9.40
45–49 years	6	13	19	8.89	10.26	9.83
50–54 years	4	8	12	6.90	10.75	9.46
55 years and over	3	2	5	7.50	12.50	9.50
Total	2,461	2,672	5,133			
Average Admission Age and Average Length of Residence	12.24	15.74	14.06	10.35	10.23	10.29

In comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5–9 years, 10–14 years and 55 years and over, a total of 1,876 of the resident males being admitted during these ages as compared with 1,451 for the females. However, in the admission ages over 15 years, we find the females predominating, or 1,221 cases of the resident females admitted in these age groups as compared with 585 for the males. Males tend to be admitted under the age of 14 years (76 per cent). Among the females only 54 per cent fall in the same ages. In the females the distribution of admission ages shows a more uniform spread, presenting the larger numbers in the admission age groups above 15 years.

In the second section of this table we note that children admitted under five years of age have shown the shortest average length of stay of 7.6 years. The length of stay increases gradually through the various age groups up to a school residence of 11.8 years in the age group 20–24 years. The 30–34 year group shows the long stay of 12.3 years. From 40 years onward, slightly shorter residences are noted. In the age groups from under 5 years to 40–44 years, the males show the longer period of residence in State schools, or the differences between the sexes are very small. The cases admitted above the age of 45 years show longer periods of school residence among the females.

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1936

Table 146 presents the present age and average length of school stay of patients in residence on September 30, 1936. The average present age of all resident cases was 24.0 years, 22.4 years for the males and 25.5 years for the females. The average length of residence is 10.2 years, 10.3 years for the males and 10.2 years for the females. In present age, the 15–19 year group leads with 1,015 cases. The 10–14 year group is second with 847 cases; the 20–24 year group third with 798 cases; and the 25–29 year age group fourth with 609 cases. It is interesting to note that we have a total of 200 cases, or 3.8 per cent in residence who are over 50 years of age. Fifty of these are over 60 years of age, and 5 are over 70 years of age. Only 73 of the resident cases are under 5 years of age. Sixty-three and seven-tenths per cent of cases are between the ages of 10 and 30 years. Under 5 years of age and from the age of 20 years onward, the females offer the larger numbers. In the age groups from 5 to 19 years, the males present the larger numbers.

As we view the average length of residence in the second section of Table 146, we note a positive correlation between age and length of residence. Patients under 5 years of age at the present time have remained in schools an average of 1.2 years, while those 70 years of age and over have remained an average of 29.7

years. Significant sex differences are noted. In all but two of the age groups the males have remained within schools for longer periods than the females.

If we calculate the maintenance costs, capital investment, interest, depreciation, etc., we come to a figure of approximately $400 per year for the State school care of each mental defective. Thus we observe that the 5,133 cases in residence in our State schools with an average stay of 10.2 years have already cost the astounding sum of $21,127,428.

TABLE 146. — *Average Length of School Residence During This Admission, All Patients Resident in State Schools on September 30, 1936, by Present Age and Sex*

PRESENT AGE	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	31	42	73	1.54	1.10	1.29
5– 9 years	210	181	391	2.38	2.37	2.38
10–14 years	519	328	847	4.22	4.08	4.17
15–19 years	551	464	1,015	6.53	5.45	6.04
20–24 years	330	468	798	10.24	8.51	9.23
25–29 years	269	340	609	13.90	11.76	12.71
30–34 years	166	266	432	17.68	14.23	15.56
35–39 years	140	207	347	19.98	16.12	17.67
40–44 years	94	146	240	21.73	18.56	19.80
45–49 years	64	117	181	27.41	19.72	22.44
50–54 years	41	51	92	27.49	22.93	24.96
55–59 years	28	30	58	32.57	29.00	30.72
60–64 years	15	21	36	23.26	24.26	23.84
65–69 years	3	6	9	31.00	28.50	29.33
70 years and over	–	5	5	–	29.70	29.70
Total	2,461	2,672	5,133			
Average Present Age and Average Length of Residence	22.43	25.54	24.05	10.35	10.23	10.29

TABLE 147. — *Mental Status of Cases Resident in State Schools on September 30, 1929–1936: Numbers and Rates per 100,000 Population of State 0–44 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929	3,941	126.	721	23.	1,450	46.	1,622	52.	148	4.
1930	4,159	133.	778	24.	1,517	48.	1,737	55.	127	4.
1931	4,412	141.	821	26.	1,623	52.	1,816	58.	152	4.
1932	4,566	146.	836	26.	1,649	52.	1,920	61.	161	5.
1933	4,771	153.	908	29.	1,723	55.	1,961	62.	179	5.
1934	4,933	158.	699	22.	1,978	63.	2,103	67.	153	4.
1935	5,009	160.	726	23.	2,052	65.	2,089	67.	142	4.
1936	5,133	164.	729	23.	2,137	68.	2,141	68.	126	4.

RESIDENT RATES OF PATIENTS IN STATE SCHOOLS 1929–1936

Table 147 gives the mental status of cases in residence in State schools on September 30 of each year from 1929 to 1936. In comparison with the general population aged 0–44 years, the resident population of State schools had increased from a rate of 126 per hundred thousand in 1929 to 164 in 1936, a rate increase of 30 per cent in seven years. Among the idiots, the rate of 23 in 1929 is equalled by the rate of 23 in 1936. The imbecile group shows a marked increase from the low rate of 46 in 1929 to a high of 68 in 1936. The morons show a less precipitate increase from 52 in 1929 to 68 in 1936. The group not mentally defective shows a uniformly small rate of about 4 throughout the years studied. Over the period 1929 to 1936, it is observed that both the imbeciles and morons show marked increases, while the idiot and not mentally defective groups show little or no change. The accumulation of these various mental status groups within insti-

Table 148. — *Admission Ages of Patients Resident in State Schools on September 30, 1936 by Nativity, Parentage and Sex*

Admission Age	Aggregate			Native Born								
				Total			Parentage					
							Both Parents Foreign			One Parent Native One Parent Foreign		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	163	143	306	163	143	306	31	32	63	28	27	55
5– 9 years	910	581	1,491	889	570	1,459	262	189	451	157	104	261
10–14 years	800	725	1,525	769	699	1,468	253	230	483	123	118	241
15–19 years	366	595	961	348	573	921	126	178	304	66	103	169
20–24 years	108	290	398	106	269	375	39	85	124	11	45	56
25–29 years	49	143	192	45	133	178	13	41	54	9	20	29
30–34 years	21	90	111	19	78	97	5	26	31	3	13	16
35–39 years	22	57	79	20	46	66	7	10	17	1	6	7
40–44 years	9	25	34	8	19	27	–	3	3	3	4	7
45–49 years	6	13	19	6	12	18	3	2	5	2	3	5
50–54 years	4	8	12	2	7	9	1	3	4	–	2	2
55 years and over	3	2	5	3	2	5	1	1	2	–	–	–
Total	2,461	2,672	5,133	2,378	2,551	4,929	741	800	1,541	403	445	848
Average Age	12.24	15.74	14.06	12.12	15.43	13.83	12.62	15.27	13.99	11.96	15.23	13.67

TABLE 148. — *Admission Ages of Patients Resident in State Schools on September 30, 1936, by Nativity, Parentage and Sex* — Concluded

ADMISSION AGE	NATIVE BORN — *Con.*						FOREIGN BORN			NATIVITY UNKNOWN		
	PARENTAGE — *Con.*											
	Both Parents Native			Unknown								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	88	72	160	16	12	28	–	–	–	–	–	–
5– 9 years	364	222	586	106	55	161	15	7	22	6	4	10
10–14 years	312	259	571	81	92	173	25	24	49	6	2	8
15–19 years	119	219	338	37	73	110	12	22	34	6	–	6
20–24 years	43	96	139	13	43	56	2	20	22	–	1	1
25–29 years	14	52	66	9	20	29	4	8	12	–	2	2
30–34 years	11	32	43	–	7	7	2	11	13	–	1	1
35–39 years	12	17	29	–	13	13	2	10	12	–	1	1
40–44 years	5	9	14	–	3	3	1	6	7	–	–	–
45–49 years	–	5	5	1	2	3	–	1	1	–	–	–
50–54 years	1	2	3	–	–	–	1	1	2	1	–	1
55 years and over	2	1	3	–	–	–	–	–	–	–	–	–
Total	971	986	1,957	263	320	583	64	110	174	19	11	30
Average Age	11.90	15.25	13.59	11.78	16.67	14.46	16.01	22.68	20.22	14.60	18.40	16.00

tutions measures to a certain degree the extent of community demand for provision for the different types of cases. We note that the idiot group presents uniform rates throughout the eight-year period. The imbecile and moron groups both show conspicuous increases, the trend being more marked in the imbecile group. The high death rate in the idiot group undoubtedly is helping to keep their residence rates on a fairly even level. The moron group, on the other hand, is showing the highest discharge rates. Obviously, there is less opportunity of placing the imbeciles in the community as parolees.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1936, BY NATIVITY AND PARENTAGE

The average admission age for all groups in the resident population is 14.0 years; 12.2 years for males and 15.7 years for females (Table 148). The native born of the resident population were admitted 6.3 years younger than the foreign born, or 13.8 years for the native born as compared with 20.2 years for the foreign born. The native born of foreign parentage in the resident population were admitted at an average age of 13.9 years; 12.6 years for males and 15.2 years for females. The native born of native parentage were admitted at an average of 13.5 years; 11.9 years for males and 15.2 years for females. We noted above that, as a group, the native born were admitted at younger ages than the foreign born. Within the native born classification itself, however, the three groups show admission ages which are within a half year of each other.

ADMISSION AGE, PRESENT AGE AND LENGTH OF SCHOOL STAY OF RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1936

Table 149 gives us the average age at admission, the average present age and the average length of school stay of patients in residence and patients out on visit on September 30, 1936 for the three schools. The Walter E. Fernald State School shows the highest average present age of resident patients of 26.3 years, 25.3 years for the males and 27.6 years for the females. Belchertown is second with an average of 24.6 years, 23.0 years for the males and 25.8 years for the females. Wrentham shows the youngest resident age of 21.4 years, 18.3 years for the males and 23.8 years for the females. Turning to the third section of this table we note that the Walter E. Fernald State School shows the longest average residence of 12.8 years, 13.3 years for the males and 12.2 years for the females. Wrentham is next in order with 8.9 years for the resident cases, 7.6 years for the males and 9.8 years for the females. Belchertown presents an average of 7.5 years, 8.0 years for the males and 7.1 years for the females. We observe that with the exception of Wrentham, the males in residence have remained about one year longer than the females.

TABLE 149. — *Average Admission Age, Average Present Age and Average School Residence of All Patients Resident in State Schools, and Out on Visit, etc., on September 30, 1936, by School and Sex*

Cases in Residence

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE			AVERAGE LENGTH OF SCHOOL STAY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown.	15.02	18.74	17.17	23.04	25.88	24.68	8.0	7.1	7.5
W. E. Fernald	12.02	15.37	13.47	25.34	27.62	26.32	13.3	12.2	12.8
Wrentham .	10.71	13.96	12.55	18.38	23.80	21.45	7.6	9.8	8.9
Total .	12.24	15.74	14.06	22.43	25.54	24.05	10.3	10.2	10.2
Cases Out of Institution									
Belchertown.	15.98	20.00	18.64	25.29	29.16	27.85	9.3	9.1	9.2
W. E. Fernald	13.11	19.51	16.58	23.03	34.97	29.51	9.9	15.4	12.9
Wrentham .	11.75	16.37	14.28	22.37	28.43	25.70	10.6	12.0	11.4
Total .	13.13	18.41	16.18	23.23	30.54	27.45	10.1	12.1	11.2

(See Tables 280 and 281 for detail)

The cases out of institutions represent those who are on visit or parole at the end of the year. The present age of these cases is 27.4 years, 23.2 years for the males and 30.5 years for the females. We note that the males out of institutions are one year older and the females five years older than those resident within institutions. In the three schools we note that the present ages of patients out are 27.8 years for Belchertown, 29.5 years for Walter E. Fernald and 25.7 years for Wrentham. These cases placed out of institutions have been under the care of the three schools for 11.2 years, 10.1 years for the males and 12.1 years for the females. We observe here that the females placed out show a longer period under supervision than the males. The cases placed out have remained on the books 12.9 years for the Fernald State School, 11.4 years for Wrentham and 9.2 years for Belchertown.

Clinical Diagnoses in Admissions, Discharges, Deaths, Resident Population and Patients Out

Table 150 presents the clinical diagnoses of admissions, discharges, deaths, resident population and patients out for the year 1936. It gives us an excellent opportunity to compare the trends in the various clinical groupings for the five different classes of patients mentioned. By inspection, we may determine the tendency of certain clinical groups to predominate in admissions, discharges, deaths or in the resident population. We note that cases with mongolism made up 10.5 per cent of admissions, 1.7 per cent of discharges, 12.3 per cent of deaths and but 5.1 per cent of the resident population. These findings show at a glance that few mongolians are discharged, many of them die, and few accumulate in the resident population. A similar situation is seen in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, post-infectional, post-traumatic — natal, and with endocrine disorders. In each of these groups high percentages among the deaths are observed. When we come to the matter of discharge, we note that although the familial group made up 22.4 per cent of admissions, they showed an even higher proportion, 35.0 per cent, of discharges. This clinical group, the group undifferentiated, and to a lesser degree the group other forms show this tendency to high proportions among the discharges.

Table 150. — *Clinical Diagnoses in Admissions, Discharges and Deaths at State Schools, 1936, and in the Resident Population and Patients Out on Parole, etc., September 30, 1936: Percentages*

Clinical Diagnoses	Percentage Distribution				
	All Admissions	All Discharges	All Deaths	All Cases in Residence	All Cases Out (Visit Parole, etc.)
Familial	22.4	35.0	9.2	30.6	44.6
Mongolism	10.5	1.7	12.3	5.1	1.3
With developmental cranial anomalies	3.1	.8	9.2	2.5	.6
With congenital cerebral spastic infantile paralyses	4.2	2.9	12.3	3.7	1.5
Post-infectional	3.9	5.9	9.2	5.0	3.0
Post-traumatic — natal	1.1	1.7	3.1	2.2	1.1
Post-traumatic — post-natal	–	.8	–	.6	–
With epilepsy — symptomatic	–	.4	4.6	.4	.2
With epilepsy — idiopathic	.9	2.9	–	2.1	1.3
With endocrine disorders	1.3	1.3	4.6	1.3	.9
With familial amaurosis	–	–	–	.2	–
With tuberous sclerosis	–	–	–	.05	–
With other organic nervous disease	.2	–	1.5	.3	–
Undifferentiated	49.2	41.4	23.1	39.9	41.6
Other forms	3.1	5.1	10.8	6.0	3.9
Total	100.0	100.0	100.0	100.0	100.0

(See Table 288 for detail)

Certain of the clinical diagnoses show a tendency toward retention within State schools. The familial, although showing a high proportion of discharges, 35.0 per cent, have such a low death rate that they also show a high proportion of cases in residence, 30.6 per cent. In addition, they make up 44.6 per cent of cases out of the institution on visit, parole, etc. The undifferentiated, making up 49.2 per cent of admissions and 41.4 per cent of discharges have a low death rate and also present a high proportion in the resident population, 39.9 per cent, and an even higher percentage in the cases out on visit, parole, etc., 41.6 per cent. The three clinical groups, familial, undifferentiated and other forms, make up 81.5 per cent of the discharges and 90.1 per cent of the cases out of State schools. Of outstanding interest here is the showing made by the familial group. We might expect that the undifferentiated group, comprised of cases not falling in the familial or other clinical classifications, would provide a type of patient highly suitable for training and possible placement on parole. Superficially, we would not expect the familial group, with its many supposed handicaps to constitute such a large proportion of the discharges or cases returned to the community on parole, etc.

INTELLIGENCE QUOTIENT AND ADMISSION AGE OF ALL PATIENTS IN RESIDENCE, 1936

Table 151 presents the intelligence quotient of patients in residence by age at admission. Patients making up the resident population of State schools on September 30, 1936 showed an average intelligence quotient of .43, .41 for the males and .45 for the females. Of this resident group, cases admitted between 15-19 years of age show the high average I. Q. of .50. Those admitted between the ages 20-24 years are second with an average intelligence quotient of .49. Those admitted in the age groups 25-29 and 30-34 years show an average intelligence quotient of .46 and .45, respectively. The low average intelligence quotients are seen in cases coming in at the extremes of our age distribution. Cases admitted at 50-54 years show an average I. Q. of .34. Those admitted after 55 years of age show an average I. Q. of .39, while those admitted under the age of 5 years show the lowest average intelligence quotient of all, that of .31.

TABLE 151. — *Average Intelligence Quotient of Patients Resident in State Schools on September 30, 1936, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	163	143	306	.32	.30	.31
5– 9 years	910	581	1,491	.40	.37	.38
10–14 years	800	725	1,525	.43	.45	.44
15–19 years	366	595	961	.46	.52	.50
20–24 years	108	290	398	.43	.51	.49
25–29 years	49	143	192	.40	.49	.46
30–34 years	21	90	111	.41	.46	.45
35–39 years	22	57	79	.37	.46	.43
40–44 years	9	25	34	.40	.46	.44
45–49 years	6	13	19	.35	.41	.39
50–54 years	4	8	12	.35	.33	.34
55 years and over	3	2	5	.35	.45	.39
Total	2,461	2,672	5,133	.41	.45	.43

PRESENT AGE OF ALL PATIENTS IN RESIDENCE: PERCENTAGE DISTRIBUTION

Table 152 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1936, by sex. The age group presenting the highest percentage of resident cases is that of 15-19 years, with 19.8 per cent. Next in order are the age group 10-14 years, with 16.5 per cent, and the 20-24 year group with 15.5 per cent. We notice that 51 per cent of the resident population of State schools are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. We note that 3.9 per cent of patients in residence are 50 years of age or older.

In considering the sex differences, we note that the males predominate in the younger age groups. The age groups 5-9 years, 10-14 years and 15-19 years contain 52.0 per cent of the males in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups over 20 years, with the exception of the group 55-59 years. The males have 53 per

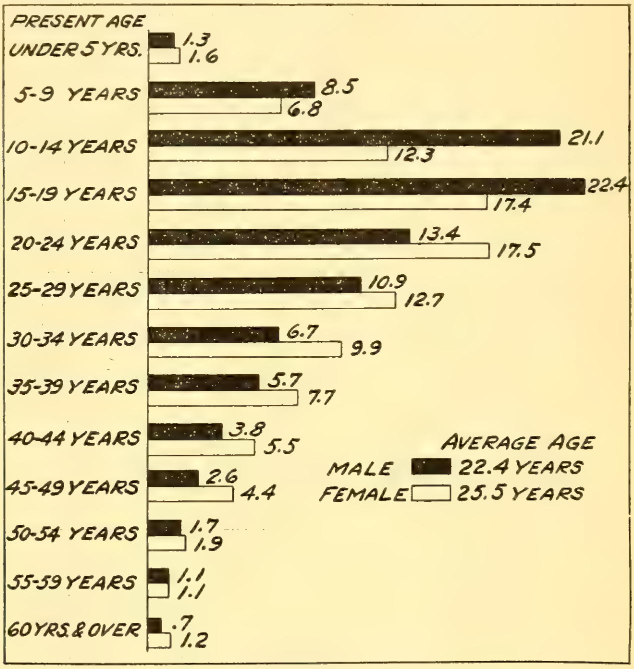
TABLE 152. — *Present Age of Resident Population in State Schools on September 30, 1936, by School: Percentages and Averages*

PRESENT AGE	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.3	1.6	1.4	2.2	1.2	1.5	.1	.1	.1	2.2	2.9	2.6
5– 9 years	8.5	6.8	7.6	7.1	4.5	5.6	4.2	5.9	5.0	14.9	8.9	11.5
10–14 years	21.1	12.3	16.5	15.7	8.6	11.6	18.8	12.4	16.1	27.4	14.7	20.2
15–19 years	22.4	17.4	19.8	25.3	20.6	22.6	22.3	19.2	20.9	20.6	13.8	16.7
20–24 years	13.4	17.5	15.5	14.6	21.3	18.5	13.7	15.0	14.2	12.3	16.8	14.8
25–29 years	10.9	12.7	11.9	10.4	13.9	12.4	11.4	11.0	11.3	10.6	13.2	12.1
30–34 years	6.7	9.9	8.4	8.2	8.8	8.6	7.0	8.5	7.7	5.4	11.7	9.0
35–39 years	5.7	7.7	6.8	6.9	8.3	7.7	6.7	6.4	6.5	3.7	8.3	6.3
40–44 years	3.8	5.5	4.7	5.6	5.3	5.4	4.8	6.4	5.5	1.4	4.9	3.4
45–49 years	2.6	4.4	3.5	.9	3.7	2.5	5.0	6.7	5.7	.7	3.2	2.1
50–54 years	1.7	1.9	1.8	1.3	1.8	1.6	2.9	3.6	3.2	.4	.7	.6
55–59 years	1.1	1.1	1.1	.7	.5	.6	2.0	2.4	2.1	.4	.6	.5
60–64 years	.6	.8	.7	.9	.9	.9	.9	1.5	1.2	–	.2	.1
65–69 years	.1	.2	.2	.2	.3	.2	.2	.5	.3	–	–	–
70 years and over	–	.2	.1	–	.3	.2	–	.4	.2	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Present Age	22.43	25.54	24.05	23.04	25.88	24.68	25.34	27.62	26.32	18.38	23.80	21.45

(See Table 280 for detail)

cent under the age of 20 years and 46 per cent 20 years or older. The females have 38 per cent under 20 years of age and 62 per cent 20 years or older. These sex differences are revealed in the average present ages. The females (25.5 years) average 3.1 years higher than the males (22.4 years).

The Belchertown State School shows the low percentage of 41 in the resident population who are under 20 years of age. Fernald has 42 per cent under 20 while Wrentham has 51 per cent. While all three schools show larger proportions of males in the younger ages, this tendency is most marked at Wrentham.



GRAPH 15. — PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1936, BY SEX: PERCENTAGES

LENGTH OF SCHOOL STAY AND INTELLIGENCE QUOTIENT OF ALL CASES IN RESIDENCE, 1936

Table 153 presents the length of school stay of patients in residence by intelligence quotient. In the totals we note that the I.Q. group .50–.59 presents the largest number of cases in residence, namely, 1,030. The I.Q. group .40–.49 is second with 988 patients; the group .60–.69 is third with 760 patients; the .30–.39 group fourth with 689; and the .20–.29 group fifth with 599. Seven hundred and twenty-four cases showed intelligence quotients between 0 and .19. These numbers, of course, do not represent the occurrence of these various intelligence quotient groupings in the community. We know that we have a larger proportion of the existing cases of lower mental grade within our State schools than those of the higher mental ratings. In the sexes we note that the males show the larger numbers of cases with I.Q.'s between 0 and .39. The females present larger numbers in the I.Q. groups from .40 on. These obvious differences are reflected in the total average I.Q., that of the females (.45) being four points higher than that of the males (.41).

Table 153. — *Average Length of School Stay During This Admission of Patients Resident in State Schools on September 30, 1936, by Intelligence Quotient and Sex*

Intelligence Quotient	Number			Average Length of Residence in Years		
	M.	F.	T.	M.	F.	T.
.0–.09	136	121	257	11.66	12.93	12.26
.10–.19	259	208	467	11.65	11.15	11.43
.20–.29	306	293	599	12.55	10.86	11.72
.30–.39	369	320	689	12.00	11.38	11.71
.40–.49	490	498	988	11.72	12.19	11.96
.50–.59	449	581	1,030	8.77	9.35	9.09
.60–.69	319	441	760	6.28	7.95	7.25
.70–.79	114	189	303	6.15	7.26	6.85
.80–.89	17	17	34	9.73	9.83	9.78
.90 and over	2	4	6	20.00	20.00	20.00
Total	2,461	2,672	5,133	10.35	10.23	10.29
Average I. Q.	.41	.45	.43			

(See Table 285 for detail)

In reference to the length of school residence we observe that the I.Q. group 0–.09 has remained longest in residence with 12.2 years. All I.Q. groups from .10 to .49 have been in residence an average of approximately 11 years. In the .50–.59 I.Q. group there is a decided decrease in length of residence to 9.0 years, a still further decrease in the .60–.69 I.Q. group to 7.2 years, while the shortest length of residence is observed in the I.Q. group .70–.79 with 6.8 years. The two remaining I.Q. groups contain very small numbers of cases of a highly specialized type. It will be observed that in the I.Q. group 0–.09 the females show a longer average school stay than the males. In the I.Q. groups .10–.19, .20–29, and .30–.39 the males show the longer school residence. The females show the longer residence in the remaining I.Q. groups. The longer stay of females in these latter groups is much more marked than in the lower I.Q. groupings.

Population of Place of Residence, All Cases Resident in State Schools, 1936, by Mental Status

Table 154 presents the population of place of residence of all cases within State schools on September 30, 1936 and the rates of admission per 100,000 of the same population groups, by mental status.

In the total rates we note that the villages, 0–2,499 population, show the highest rate of 170. The rates then gradually decrease from this high point to the low rate of 93 in the population group 50,000–99,999. The rates then rise to a second high point of 142 in the largest population units of 250,000 and over. Evidently mental deficiency shows its highest occurrence in the smallest and the largest communities with a decidedly lower occurrence in the intermediate cities.

The idiot group presents its high rate of 22 in the largest cities and the next highest rate of 18 in the villages (0–2,499). The imbecile likewise presents its high rate in admissions from the largest cities with 65. The villages are next with a rate of 63. The morons present their high rate of 84 in the villages and show their next highest rate of 59 in the smaller towns. Their lowest rate of 34 is evident in the intermediate cities, 50,000–99,999 population. Viewing this table as a whole, we note that the moron and not mentally defective groups tend to show higher rates in the villages and smaller communities. The imbeciles are fairly well balanced, showing about the same rates coming from the villages as from the larger cities. However, the idiots reverse this and tend to show higher proportions from the larger communities.

Intelligence Quotient and Clinical Diagnoses of All Patients in Residence, 1936

Table 155 shows the average intelligence quotient of patients resident in State schools, by clinical groupings. The undifferentiated group shows the largest proportion with 2,049 cases, 1,071 males and 978 females. The familial group is

Table 154. — *Population of Place of Residence at Time of Admission, Patients Resident in State Schools on September 30, 1936, by Mental Status: Numbers and Rates per 100,000 of Same Population Units, 1930 Census.*

Population Units	Population in Each Unit, 1930 Census	Resident Population in State Schools									
		Total		Idiot		Imbecile		Moron		Not Mentally Defective	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
0– 2,499	199,957	341	170.5	36	18.0	127	63.5	168	84.0	10	5.0
2,500– 9,999	544,976	709	130.0	81	14.8	277	50.8	323	59.2	28	5.1
10,000– 24,999	693,428	808	116.5	101	14.5	324	46.7	366	52.7	17	2.4
25,000– 49,999	576,467	555	96.2	89	15.4	244	42.3	212	36.7	10	1.7
50,000– 99,999	460,411	432	93.8	69	14.9	194	42.1	160	34.7	9	1.9
100,000–249,999	993,187	1,155	116.2	178	17.9	455	45.8	496	49.9	26	2.6
250,000 plus	781,188	1,116	142.8	172	22.0	509	65.1	409	52.3	26	3.3
Unknown	–	17	–	3	–	7	–	7	–	–	–
Total	4,249,614	5,133	120.7	729	17.1	2,137	50.2	2,141	50.3	126	2.9

(See Table 283 for detail)

second with 1,569 cases, 619 males and 950 females; other forms third with 311 cases, 161 males and 150 females; and mongolism fourth with 263 cases, 132 males and 131 females.

The average intelligence quotient of all resident cases was .43, .41 for the males and .45 for the females. This is intermediate between the average intelligence quotient of .55 for the discharges and .28 for cases dying during the year. The group with other organic diseases shows the highest average I.Q. of .56. Familial is second with an average I.Q. of .50. The groups post-infectional and undifferentiated are third with an average I.Q. of .44 each. The lower average intelligence quotients are noted in the groups with tuberous sclerosis, .08; with epilepsy — idiopathic, .25; and mongolism, .26. In nine of theclinical groups the males present higher average intelligence than the females.

TABLE 155. — *Average Intelligence Quotient of Patients Resident in State Schools, September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	619	950	1,569	.48	.52	.50
Mongolism	132	131	263	.24	.27	.26
With developmental cranial anomalies	72	56	128	.32	.26	.29
With congenital cerebral spastic infantile paralyses	96	94	190	.33	.30	.32
Post-infectional	129	130	259	.43	.44	.44
Post-traumatic — natal	62	49	111	.33	.32	.33
Post-traumatic — post-natal	13	18	31	.44	.40	.42
With epilepsy — symptomatic	6	15	21	.25	.35	.32
With epilepsy — idiopathic	50	56	106	.28	.22	.25
With endocrine disorders	30	36	66	.41	.36	.38
With familial amaurosis	8	4	12	.42	.32	.39
With tuberous sclerosis	3	–	3	.08	–	.08
With other organic nervous disease	9	5	14	.56	.57	.56
Undifferentiated	1,071	978	2,049	.42	.46	.44
Other forms	161	150	311	.41	.40	.41
Total	2,461	2,672	5,133	.41	.45	.43

(See Table 282 for detail)

TABLE 156. — *Average Admission Age and Average Present Age of All Patients Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	AVERAGE ADMISSION AGE			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Familial	12.1	16.4	14.7	20.3	25.7	23.6
Mongolism	10.0	10.8	10.4	17.0	16.3	16.6
With developmental cranial anomalies	10.7	8.9	9.9	19.5	16.1	18.0
With congenital cerebral spastic infantile paralyses	12.1	13.8	13.0	25.0	25.7	25.3
Post-infectional	12.4	14.3	13.4	22.8	25.0	23.9
Post-traumatic — natal	10.2	13.5	11.7	19.1	22.6	20.6
Post-traumatic — post-natal	11.5	13.1	12.4	16.2	32.0	25.4
With epilepsy — symptomatic	10.1	18.2	15.9	30.0	30.4	30.3
With epilepsy — idiopathic	11.2	14.0	12.7	20.4	27.4	24.1
With endocrine disorders	11.5	12.8	12.2	22.8	22.0	22.3
With familial amaurosis	12.5	14.0	13.0	30.0	20.3	26.7
With tuberous sclerosis	9.1	–	9.1	18.3	–	18.3
With other organic nervous disease	12.6	19.5	15.0	16.1	35.0	22.8
Undifferentiated	12.5	16.4	14.4	23.6	26.2	24.9
Other forms	14.3	17.4	15.8	29.5	32.5	31.0
Total	12.2	15.7	14.0	22.4	25.5	24.0

ADMISSION AGES AND PRESENT AGES OF RESIDENT POPULATION, 1936, BY CLINICAL DIAGNOSES

Table 156 gives the average admission age and the average present age of patients in residence in State schools by clinical diagnoses. The resident population presents an average present age of 24.0 years, 22.4 years for the males and 25.5

years for the females. These same cases at the time of admission averaged 14.0 years, with an average of 12.2 years for the males and 15.7 years for the females. The highest average present age is seen in the group with other forms, 31.0 years. These cases were 15.8 years of age at the time of admission. The cases with epilepsy — symptomatic have a present age of 30.3 years but averaged 15.9 years at the time of admission. The group with familial amaurosis has a present age of 26.7 years. The admission age of this group was 13.0 years. The lowest average present age is seen in the group mongolism, 16.6 years. These cases averaged 10.4 years of age at the time of admission. In the majority of the clinical groups the averages for the females present a higher present age. However, in the groups mongolism, with developmental cranial anomalies, with endocrine disorders, with familial amaurosis, and with tuberous sclerosis, the males show higher average present ages.

LENGTH OF SCHOOL RESIDENCE DURING THIS ADMISSION, PATIENTS RESIDENT IN STATE SCHOOLS, SEPTEMBER 30, 1936, BY CLINICAL DIAGNOSES

Table 157 presents the average length of stay during this admission of all patients in residence in State schools by clinical diagnoses. The groups with epilepsy-symptomatic, 14.9 years; other forms with 14.8 years; and with familial amaurosis, 14.5 years show the longest periods of school residence. The shorter periods of school residence are viewed in the groups mongolism, 6.0 years; with organic nervous disease, 7.0 years; and with tuberous sclerosis, 7.5 years. Temporarily discarding the groups showing fewer than thirty cases in residence and disregarding the clinical groups in which the sexes are fairly well balanced, we note interesting differences in certain of the clinical groups. In developmental cranial anomalies, with endocrine disorders, the undifferentiated, and other forms, the males show definitely longer periods within State schools. In the groups familial, post-traumatic — natal, and post-traumatic — post-natal, we observe that the females show the longer periods in residence.

TABLE 157. — *Average Net Residence During This Admission of All Patients Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

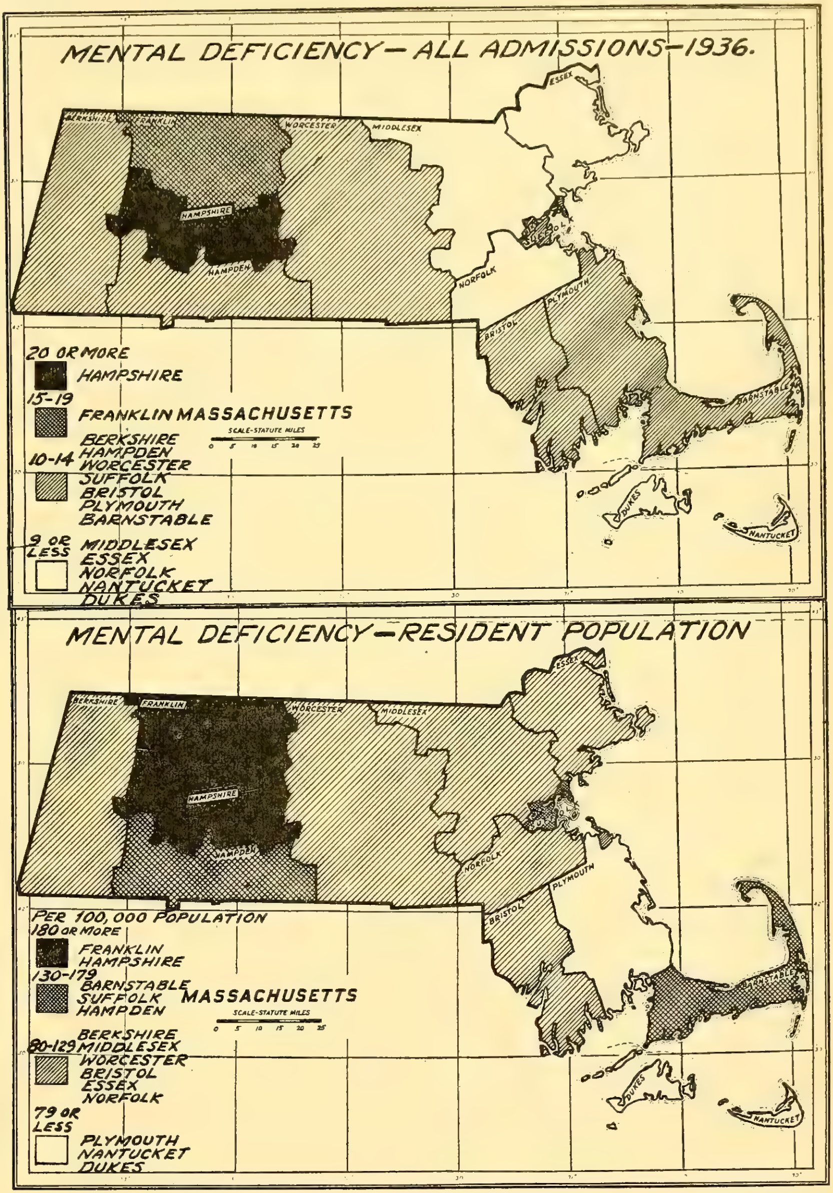
CLINICAL DIAGNOSES	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	619	950	1,569	8.26	9.84	9.22
Mongolism	132	131	263	6.44	5.74	6.09
With developmental cranial anomalies	72	56	128	9.25	7.81	8.62
With congenital cerebral spastic infantile paralyses	96	94	190	13.05	11.55	12.31
Post-infectional	129	130	259	9.87	10.96	10.42
Post-traumatic — natal	62	49	111	8.64	9.69	9.10
Post-traumatic — post-natal	13	18	31	5.57	19.22	13.50
With epilepsy — symptomatic	6	15	21	19.25	13.23	14.95
With epilepsy — idiopathic	50	56	106	9.80	13.79	11.91
With endocrine disorders	30	36	66	10.58	9.38	9.92
With familial amaurosis	8	4	12	18.75	6.25	14.58
With tuberous sclerosis	3	–	3	7.50	–	7.50
With other organic nervous disease	9	5	14	2.73	14.70	7.00
Undifferentiated	1,071	978	2,049	11.35	10.09	10.75
Other forms	161	150	311	15.04	14.66	14.85
Total	2,461	2,672	5,133	10.35	10.23	10.29

(See Table 284 for detail)

COUNTY OF RESIDENCE OF RESIDENT POPULATION ON SEPTEMBER 30, 1936, AND ALL ADMISSIONS, 1936; RATES PER 100,000 OF STATE POPULATION

Table 158 and Graph 16 give the county of residence for all admissions during 1936 and also for all cases in residence on September 30, 1936. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1936, and also presents the rates per 100,000 of the population of these counties as of the 1936 estimated population of each county. The counties having the highest proportionate representation in our State schools at the end of the statistical year were as follows: Franklin with 208 persons in residence in

State schools per 100,000 of the population of that county; Hampshire, 181; Barnstable, 143; Suffolk, 131; and Hampden, 131. Counties presenting the lowest rates for patients in residence in State schools are: Dukes, 68; Nantucket, 86; Plymouth, 88; and Norfolk, 92. The rate for the entire State was 117 persons in residence in State schools per 100,000 of the estimated population of the State for 1936.



GRAPH 16 — COUNTY OF RESIDENCE AT TIME OF ADMISSION, ALL ADMISSIONS, 1936, AND RESIDENT POPULATION IN STATE SCHOOLS ON SEPTEMBER 30, 1936: RATES PER HUNDRED THOUSAND POPULATION

Table 158. — *County of Residence of All Admissions, 1936, and Resident Population of State Schools, September 30, 1936: Rates per 100,000 of Corresponding Counties State Population, 1936*

Counties	All Cases in Residence September 30, 1936			Rate per 100,000 Population of Same County[1]	All Cases Admitted during Year[2]			Rate per 100,000 Population of Same County
	M.	F.	T.		M.	F.	T.	
Franklin . . .	53	54	107	208.	3	5	8	15.
Hampshire . . .	45	90	135	181.	4	12	16	21.
Barnstable . . .	21	33	54	143.	1	3	4	10.
Suffolk	598	609	1,207	131.	70	36	106	11.
Hampden . . .	218	221	439	131.	20	24	44	13.
Berkshire . . .	61	90	151	124.	9	8	17	14.
Middlesex . . .	554	566	1,120	116.	40	29	69	7.
Worcester . . .	275	299	574	115.	29	33	62	12.
Bristol	190	193	383	104.	19	25	44	11.
Essex	236	253	489	96.	18	20	38	7.
Norfolk . . .	142	159	301	92.	8	18	26	7.
Plymouth . . .	58	90	148	88.	11	9	20	11.
Nantucket . . .	–	3	3	86.	–	–	–	–
Dukes	1	3	4	68.	–	–	–	–
Non-Residents . .	9	9	18	–	1	–	1	–
Total . . .	2,461	2,672	5,133	117.	233	222	455	10.

(See Table 290 for detail)

[1] Population of each county estimated for 1936.

[2] Does not include transfers.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1936 per 100,000 population of the same county of residence. We note that Hampshire, Franklin and Berkshire Counties show the highest rates with 21, 15 and 14 persons respectively, admitted to State schools during 1936 per 100,000 of the population of these counties. Next in order are Hampden, 13; and Suffolk, Bristol and Plymouth, 11 each. The rate of admission for all counties combined is 10. This rate should not be taken as typical of the incidence of mental deficiency or the rate at which mental defectives are coming to the attention of the authorities. This indicates simply the number of cases of the greatest urgency that could be admitted to the institutions during the last statistical year.

Graph 16 presents the patients admitted during 1936 and those resident in State schools on September 30, 1936, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations admitted to, and resident within, our State schools.

APPENDIX

Detailed Tables

A. Mental Diseases and Epilepsy (Tables 159-256)

B. Mental Deficiency (Tables 257-290)

Tables 159-290, inclusive, are computed for the Statistical Year ended September 30, 1936

TABLE 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1936*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1935	13,428	12,826	26,254	1,058	1,469	2,527	84	50	134	1,219	1,340	2,559
Cases Admitted during Year												
Regular Commitment Cases:												
First admissions	1,861	1,717	3,578	300	306	606	80	62	142	265	257	522
Readmissions	419	450	869	33	59	92	7	15	22	68	73	141
Total	2,280	2,167	4,447	333	365	698	87	77	164	333	330	663
Temporary Care Cases:												
First admissions	907	690	1,597	64	40	104	649	573	1,222	87	30	117
Readmissions	260	229	489	15	22	37	186	178	364	33	10	43
Total	1,167	919	2,086	79	62	141	835	751	1,586	120	40	160
Observation Cases:												
First admissions	421	163	584	34	12	46	145	59	204	45	22	67
Readmissions	145	93	238	19	13	32	31	22	53	13	17	30
Total	566	256	822	53	25	78	176	81	257	58	39	97
Voluntary Cases:												
First admissions	166	105	271	–	–	–	35	19	54	3	2	5
Readmissions	91	49	140	–	–	–	18	6	24	–	–	–
Total	257	154	411	–	–	–	53	25	78	3	2	5
Total cases admitted by transfer	362	336	698	21	31	52	3	1	4	10	18	28
Total cases admitted	4,632	3,832	8,464	486	483	969	1,154	935	2,089	524	429	953
Total cases under treatment	18,060	16,658	34,718	1,544	1,952	3,496	1,238	985	2,223	1,743	1,769	3,512
Cases Discharges During Year												
Regular Commitment Cases:												
As recovered	242	162	404	31	27	58	3	1	4	5	3	8
As improved	667	662	1,329	60	62	122	29	13	42	141	145	286
As unimproved	143	98	241	18	17	35	4	4	8	4	5	9
As not insane	25	13	38	3	2	5	–	–	–	1	1	2
Died	900	842	1,742	172	160	332	2	4	6	125	104	229
Total	1,977	1,777	3,754	284	268	552	38	22	60	276	258	534

Temporary Care Cases:												
As recovered	110	12	122	5	6	11	32	1	33	37	2	39
As improved	403	262	665	19	9	28	359	233	592	10	8	18
As unimproved	352	472	824	25	32	57	306	417	723	7	6	13
As not insane	242	157	399	17	16	33	123	95	218	47	18	65
Died	56	25	81	13	2	15	12	8	20	18	8	26
Total	1,163	928	2,091	79	65	144	832	754	1,586	119	42	161
Observation Cases:												
As recovered	109	42	151	4	2	6	2	–	2	14	3	17
As improved	77	52	129	2	2	4	44	25	69	8	14	22
As unimproved	52	26	78	2	2	4	41	20	61	2	1	3
As not insane	284	120	404	38	17	55	92	35	127	25	17	42
Died	36	23	59	4	2	6	1	–	1	5	4	9
Total	558	263	821	50	25	75	180	80	260	54	39	93
Voluntary Care Cases:												
As recovered	11	13	24	–	–	–	–	–	–	–	–	–
As improved	84	38	122	–	–	–	28	9	37	–	–	–
As unimproved	56	46	102	–	–	–	4	10	14	–	–	–
As not insane	75	28	103	–	–	–	24	7	31	3	–	3
Died	21	25	46	–	–	–	–	1	1	–	–	–
Total	247	150	397	–	–	–	56	27	83	3	–	3
Total cases discharged by transfer	363	315	678	11	13	24	55	51	106	42	58	100
Total cases discharged during year	4,308	3,433	7,741	424	371	795	1,161	934	2,095	494	397	891
Patients on books September 30, 1936:												
Regular commitment cases	13,141	12,655	25,796	1,116	1,577	2,693	52	36	88	1,236	1,366	2,602
Temporary care cases	24	12	36	1	–	1	17	12	29	3	–	3
Observation cases	53	15	68	3	4	7	5	1	6	8	4	12
Voluntary cases	534	543	1,077	–	–	–	3	2	5	2	2	4
Total on books	13,752	13,225	26,977	1,120	1,581	2,701	77	51	128	1,249	1,372	2,621
Total number of patients actually in hospitals September 30, 1936	12,474	11,782	24,256	995	1,414	2,409	35	25	60	1,079	1,218	2,297
Averages												
Daily average population (including patients on escape, on visit and in family care)	13,582.54	13,004.24	26,586.78	1,091.91	1,540.56	2,632.47	85.98	59.53	145.51	1,251	1,358	2,609
Daily average population (excluding patients on escape, on visit and in family care)	12,359.16	11,596.07	23,955.23	972.73	1,384.71	2,357.44	46.41	34.93	81.34	1,054	1,178	2,232
Rated capacity of the hospitals	11,147	10,015	21,162	909	1,099	2,008	60	49	109	837	998	1,835
Patients on visit September 30, 1936	1,166	1,159	2,325	124	151	275	42	26	68	156	143	299
Daily average number of patients on visit during year	1,102.23	1,113.77	2,216.00	117.15	141.33	258.48	39.57	24.60	64.17	170	167	337
Patients on escape September 30, 1936	64	9	73	1	1	2	–	–	–	14	1	15
Daily average number of patients on escape during year	61.20	12.78	73.98	2.03	.17	2.20	–	–	–	9.26	1.79	11.05
Patients boarded out September 30, 1936	48	275	323	–	15	15	–	–	–	–	10	10

Table 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	All Hospitals			Boston State			Boston Psychopathic			Danvers		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Daily average number of patients boarded out during year	41.94	280.99	322.93	–	14.35	14.35	–	–	–	–	10.64	10.64
Ex-service men on books September 30, 1936	2,075	11	2,086	37	2	39	15	–	15	87	1	88
Daily average number on books during year	2,078.27	9.72	2,087.99	42.51	2.00	44.51	17.51	–	17.51	85	.08	85.08
Daily average number actually in hospital during year	1,935.93	8.25	1,944.18	34.96	2.00	36.96	8.72	–	8.72	75	.08	75.08
Support of patient population (exclusive of patients on escape and on visit):												
Supported by State	10,248	10,275	20,523	919	1,229	2,148	35	24	59	972	1,007	1,979
Reimbursing	752	1,507	2,259	76	185	261	–	1	1	107	211	318
Ex-service patients for whom pay is received from the Federal Government	1,482	5	1,487	1	1	2	–	–	–	3	–	3
Non-insane patients actually in hospitals September 30, 1936:												
Mentally defective	74	35	109	2	6	8	1	–	1	–	1	1
Epileptic and mentally defective	193	450	643	–	–	–	–	–	–	–	–	–
Epileptic	11	20	31	–	–	–	–	–	–	–	–	–
Others	48	32	80	5	8	13	10	4	14	4	2	6
Total	326	537	863	7	14	21	11	4	15	4	3	7

TABLE 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1935	618	722	1,340	825	685	1,510	651	756	1,407	815	1,165	1,980	727	827	1,554
Cases Admitted during Year															
Regular Commitment Cases:															
First admissions	89	105	194	32	37	69	19	11	30	75	78	153	–	–	–
Readmissions	12	21	33	11	11	22	7	7	14	11	31	42	–	–	–
Total	101	126	227	43	48	91	26	18	44	86	109	195	–	–	–
Temporary Care Cases:															
First admissions	8	1	9	16	8	24	–	–	–	6	1	7	–	–	–
Readmissions	4	–	4	2	–	2	–	–	–	–	–	–	–	–	–
Total	12	1	13	18	8	26	–	–	–	6	1	7	–	–	–
Observation Cases:															
First admissions	12	3	15	8	3	11	1	1	2	1	4	5	–	–	–
Readmissions	8	5	13	3	1	4	3	–	3	2	1	3	–	–	–
Total	20	8	28	11	4	15	4	1	5	3	5	8	–	–	–
Voluntary Cases:															
First admissions	1	1	2	4	7	11	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	5	3	8	–	–	–	–	–	–	–	–	–
Total	1	1	2	9	10	19	–	–	–	–	–	–	–	–	–
Total cases admitted by transfer	7	9	16	54	63	117	114	2	116	7	59	66	58	79	137
Total cases admitted	141	145	286	135	133	268	144	21	165	102	174	276	58	79	137
Total cases under treatment	759	867	1,626	960	818	1,778	795	777	1,572	917	1,339	2,256	785	906	1,691
Cases Discharged during Year															
Regular Commitment Cases:															
As recovered	16	11	27	2	–	2	4	3	7	1	2	3	3	2	5
As improved	20	21	41	16	22	38	4	11	15	35	61	96	7	11	18
As unimproved	6	3	9	7	–	7	2	1	3	9	8	17	2	1	3
As not insane	–	1	1	3	1	4	–	–	–	–	–	–	–	–	–
Died	38	47	85	29	22	51	40	37	77	55	53	108	17	15	32
Total	80	83	163	57	45	102	50	52	102	100	124	224	29	29	58
Temporary Care Cases:															
As recovered	4	–	4	5	–	5	–	–	–	–	–	–	–	–	–
As improved	1	–	1	4	2	6	–	–	–	1	–	1	–	–	–
As unimproved	–	–	–	3	4	7	–	–	–	–	–	–	–	–	–
As not insane	7	1	8	6	1	7	–	–	–	4	1	5	–	–	–
Died	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total	12	1	13	18	8	26	–	–	–	5	1	6	–	–	–

TABLE 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Cases:															
As recovered	10	3	13	4	2	6	2	–	2	1	1	2	–	–	–
As improved	4	1	5	1	1	2	–	–	–	1	–	1	–	–	–
As unimproved	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
As not insane	7	4	11	4	–	4	2	1	3	2	4	6	–	–	–
Died	–	2	2	2	1	3	–	–	–	–	1	1	–	–	–
Total	21	11	32	11	4	15	4	1	5	4	6	10	–	–	–
Voluntary Care Cases:															
As recovered	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
As improved	–	–	–	7	3	10	–	–	–	–	–	–	–	–	–
As unimproved	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–
As not insane	1	2	3	1	4	5	–	–	–	–	–	–	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	1	2	3	9	10	19	–	–	–	–	–	–	–	–	–
Total cases discharged by transfer	11	9	20	3	3	6	5	5	10	6	78	84	3	4	7
Total cases discharged during year	125	106	231	98	70	168	59	58	117	115	209	324	32	33	65
Patients on books September 30, 1936:															
Regular commitment cases	633	761	1,394	861	746	1,607	736	719	1,455	800	1,130	1,930	753	873	1,626
Temporary care cases	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Observation cases	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–
Voluntary cases	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Total on books	634	761	1,395	862	748	1,610	736	719	1,455	802	1,130	1,932	753	873	1,626
Total number of patients actually in hospitals September 30, 1936	584	696	1,280	822	600	1,422	719	703	1,422	757	1,071	1,828	730	849	1,579
Averages															
Daily average population (including patients on escape, on visit and in family care)	623.17	744.08	1,367.25	838.89	724.75	1,563.64	706.52	741.53	1,448.05	811.14	1,148.15	1,959.29	739.4	835.6	1,575.0
Daily average population (excluding patients on escape, on visit and in family care)	571.44	687.66	1,259.10	803.07	578.47	1,381.54	695.10	719.64	1,414.74	767.90	1,076.86	1,844.76	723.0	810.1	1,533.1
Rated capacity of the hospitals	535	584	1,119	729	484	1,213	695	599	1,294	645	963	1,608	686	647	1,333
Patients on visit September30, 1936	43	61	104	28	42	70	14	5	19	41	47	88	22	22	44
Daily average number of patients on visit during year	45.55	53.40	98.95	27.73	34.89	62.62	9.43	9.06	18.49	37.31	59.52	96.83	15.6	23.5	39.1
Patients on escape Sept. 30, 1936	6	1	7	4	–	4	2	–	2	4	4	8	1	–	1

Daily average number of patients on escape during year	5.17	.86	6.03	3.66	.02	3.68	1.60	.14	1.74	5.93	5.53	11.46	.8	.3	1.1
Patients boarded out Sept. 30, 1936	1	3	4	8	106	114	1	11	12	–	8	8	–	2	2
Daily average number of patients boarded out during year	1.00	2.15	3.15	4.42	111.36	115.78	.39	12.69	13.08	–	6.24	6.24	–	1.7	1.7
Ex-service men on books Sept. 30, 1936	42	–	42	13	–	13	17	1	18	25	–	25	36	1	37
Daily average number on books during year	38.33	.58	38.91	12.72	–	12.72	15.78	.46	16.24	24.24	–	24.24	34.8	.4	35.2
Daily average number actually in hospital during year	32.50	.58	33.08	12.10	–	12.10	14.23	.46	14.69	27	–	27	34.5	.4	34.9
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State	549	595	1,144	792	558	1,350	692	687	1,379	724	997	1,721	689	773	1,462
Reimbursing	35	101	136	30	42	72	27	16	43	33	74	107	41	76	117
Ex-service patients for whom pay is received from the Federal Government	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–
Non-insane patients actually in hospitals September 30, 1936:															
Mentally defective	–	1	1	24	12	36	1	–	1	1	–	1	–	–	–
Epileptic and mentally defective	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Others	1	–	1	2	–	2	–	1	1	2	–	2	–	–	–
Total	1	1	2	26	12	38	1	1	2	3	–	3	–	–	–

TABLE 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1935	1,006	1,172	2,178	907	925	1,832	775	956	1,731	1,289	1,343	2,632	791	824	1,615
Cases Admitted during Year															
Regular Commitment Cases:[1]															
First admissions	227	209	436	199	175	374	166	190	356	249	233	482	24	15	39
Readmissions	40	43	83	32	32	64	38	72	110	64	66	130	9	4	13
Total	267	252	519	231	207	438	204	262	466	313	299	612	33	19	52
Temporary Care Cases:															
First admissions	13	6	19	39	13	52	4	1	5	6	7	13	1	–	1
Readmissions	2	4	6	13	6	19	1	1	2	2	6	8	–	–	–
Total	15	10	25	52	19	71	5	2	7	8	13	21	1	–	1
Observation Cases:															
First admissions	35	15	50	27	13	40	25	13	38	69	16	85	–	–	–
Readmissions	5	4	9	8	3	11	17	12	29	29	13	42	–	–	–
Total	40	19	59	35	16	51	42	25	67	98	29	127	–	–	–
Voluntary Cases:															
First admissions	4	1	5	1	2	3	2	1	3	3	1	4	57	47	104
Readmissions	1	2	3	6	2	8	4	4	8	1	–	1	14	16	30
Total	5	3	8	7	4	11	6	5	11	4	1	5	71	63	134
Total cases admitted by transfer	5	3	8	6	6	12	8	25	33	17	33	50	2	1	3
Total cases admitted	332	287	619	331	252	583	265	319	584	440	375	815	107	83	190
Total cases under treatment	1,338	1,459	2,797	1,238	1,177	2,415	1,040	1,275	2,315	1,729	1,718	3,447	898	907	1,805
Cases Discharged during Year															
Regular Commitment Cases:[2]															
As recovered	28	3	31	31	36	67	38	49	87	52	17	69	–	–	–
As improved	72	134	206	36	36	72	34	36	70	83	93	176	1	1	2
As unimproved	17	6	23	5	11	16	7	15	22	18	11	29	16	8	24
As not insane	2	2	4	1	–	1	1	–	1	2	5	7	–	–	–
Died	73	74	147	102	81	183	57	98	155	90	105	195	17	12	29
Total	192	219	411	175	164	339	137	198	335	245	231	476	34	21	55

Temporary Care Cases:															
As recovered	6	1	7	19	2	21	–	–	–	1	–	1	–	–	–
As improved	2	1	3	5	6	11	–	–	–	–	1	1	–	–	–
As unimproved	4	4	8	1	3	4	3	1	4	–	2	2	–	–	–
As not insane	3	5	8	17	5	22	2	–	2	7	10	17	–	–	–
Died	1	–	1	10	3	13	–	1	1	–	–	–	1	–	1
Total	16	11	27	52	19	71	5	2	7	8	13	21	1	–	1
Observation Cases:															
As recovered	16	9	25	23	5	28	10	6	16	15	10	25	–	–	–
As improved	1	–	1	2	4	6	–	–	–	11	5	16	–	–	–
As unimproved	1	–	1	–	–	–	–	2	2	4	–	4	–	–	–
As not insane	18	9	27	5	2	7	25	13	38	57	15	72	–	–	–
Died	3	2	5	6	6	12	5	3	8	7	1	8	–	–	–
Total	39	20	59	36	17	53	40	24	64	94	31	125	–	–	–
Voluntary Care Cases:															
As recovered	–	2	2	–	4	4	1	–	1	–	–	–	–	–	–
As improved	1	–	1	2	2	4	1	–	1	1	1	2	–	2	2
As unimproved	–	–	–	–	–	–	–	–	–	–	–	–	33	28	61
As not insane	2	2	4	5	–	5	4	6	10	3	2	5	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–	21	24	45
Total	3	4	7	7	6	13	6	6	12	4	3	7	54	54	108
Total cases discharged by transfer	60	4	64	70	54	124	67	9	76	16	15	31	–	–	–
Total cases discharged during year	310	258	568	340	260	600	255	239	494	367	293	660	89	75	164
Patients on books Sept. 30, 1936:															
Regular commit. cases	1,024	1,200	2,224	894	915	1,809	780	1,032	1,812	1,352	1,423	2,775	313	319	632
Temporary care cases	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Observation cases	1	1	2	1	1	2	3	1	4	8	2	10	–	–	–
Voluntary cases	3	–	3	1	1	2	2	3	5	2	–	2	496	513	1,009
Total on books	1,028	1,201	2,229	898	917	1,815	785	1,036	1,821	1,362	1,425	2,787	809	832	1,641
Total number of patients actually in hospitals September 30, 1936	860	1,011	1,871	796	805	1,601	675	877	1,552	1,166	1,186	2,352	735	779	1,514
Averages															
Daily average population (including patients on escape, on visit and in family care)	1,034.17	1,185.15	2,219.32	873.75	930.26	1,804.01	776.74	983.26	1,760.00	1,327.46	1,364.59	2,692.05	766.13	801.65	1,567.78
Daily average population (excluding patients on escape, on visit and in family care)	880.50	994.43	1,874.93	774.11	809.71	1,583.82	676.23	849.95	1,526.18	1,135.30	1,140.84	2,276.14	720.46	766.00	1,486.46

[1] Includes 24 males and 16 females admitted on Sane Dangerous 69 at Monson.

[2] Includes 17 males and 8 females discharged and 9 males and 5 females who died on Sane Dangerous 69 at Monson.

Table 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	Northampton			Taunton			Westborough			Worcester			Monson		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Rated capacity of the hospitals . . .	652	1,014	1,666	564	596	1,160	532	753	1,285	1,240	978	2,218	534	613	1,147
Patients on visit on Sept. 30, 1936 . . .	154	177	331	99	110	209	95	138	233	163	153	316	70	53	123
Daily average number of patients on visit during year	145.37	175.53	320.90	97.30	117.52	214.82	83.35	109.67	193.02	156.41	139.75	296.16	43.69	35.64	79.33
Patients on escape Sept. 30, 1936 . . .	12	–	12	2	–	2	4	2	6	9	–	9	4	–	4
Daily average number of patients on escape during year . . .	7.05	–	7.05	1.73	–	1.73	4.18	3.14	7.32	14.42	.83	15.25	1.97	–	1.97
Patients boarded out Sept. 30, 1936 . .	2	13	15	1	2	3	11	19	30	24	86	110	–	–	–
Daily average number of patients boarded out during year . .	1.24	15.19	16.43	.60	3.01	3.61	12.96	20.49	33.45	21.33	83.17	104.50	–	–	–
Ex-service men on books Sept. 30, 1936 . .	22	–	22	48	–	48	47	3	50	56	1	57	7	–	7
Daily average number on books during year .	23.16	–	23.16	51.33	–	51.33	43.18	3.48	46.66	57.08	1	58.08	5.74	–	5.74
Daily average number actually in hospital during year . .	20.33	–	20.33	47.50	–	47.50	34.12	2.48	36.60	57.08	1	58.08	5.05	–	5.05
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State .	780	823	1,603	756	698	1,454	585	666	1,251	1,090	1,067	2,157	703	742	1,445
Reimbursing . .	80	188	268	40	107	147	90	211	301	76	119	195	32	37	69
Ex-service patients for whom pay is received from the Fed. Government .	–	–	–	3	–	3	–	2	2	–	1	1	–	–	–
Non-insane patients actually in hospitals Sept. 30, 1936:															
Mentally defective .	8	2	10	–	–	–	2	–	2	1	3	4	9	2	11
Epileptic and mentally defective. . .	1	–	1	–	–	–	–	–	–	–	–	–	192	450	642
Epileptic . . .	–	–	–	–	–	–	–	–	–	–	–	–	10	19	29
Others. . . .	1	3	4	–	–	–	2	4	6	6	3	9	2	5	7
Total . . .	10	5	15	–	–	–	4	4	8	7	6	13	213	476	689

Table 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Continued

	McLean			Bridgewater			Tewksbury			U. S. Veterans' No. 107			U. S. Veterans' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1935	92	148	240	907	–	907	100	444	544	887	–	887	677	–	677
Cases Admitted during Year															
Regular Commitment Cases:															
First admissions	48	39	87	26	–	26	–	–	–	28	–	28	34	–	34
Readmissions	12	16	28	2	–	2	–	–	–	26	–	26	47	–	47
Total	60	55	115	28	–	28	–	–	–	54	–	54	81	–	81
Temporary Care Cases:															
First admissions	12	10	22	–	–	–	–	–	–	–	–	–	2	–	2
Readmissions	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
Total	14	12	26	–	–	–	–	–	–	–	–	–	2	–	2
Observation Cases:															
First admissions	3	2	5	14	–	14	–	–	–	1	–	1	1	–	1
Readmissions	1	2	3	4	–	4	–	–	–	1	–	1	1	–	1
Total	4	4	8	18	–	18	–	–	–	2	–	2	2	–	2
Voluntary Cases:															
First admissions	23	24	47	–	–	–	–	–	–	9	–	9	24	–	24
Readmissions	17	16	33	–	–	–	–	–	–	13	–	13	12	–	12
Total	40	40	80	–	–	–	–	–	–	22	–	22	36	–	36
Total cases admitted by transfer	3	5	8	5	–	5	–	1	1	33	–	33	9	–	9
Total cases admitted	121	116	237	51	–	51	–	1	1	111	–	111	130	–	130
Total cases under treatment	213	264	477	958	–	958	100	445	545	998	–	998	807	–	807
Cases Discharged during Year															
Regular Commitment Cases:															
As recovered	14	8	22	8	–	8	–	–	–	5	–	5	1	–	1
As improved	14	16	30	5	–	5	1	–	1	57	–	57	52	–	52
As unimproved	3	8	11	–	–	–	–	–	–	10	–	10	15	–	15
As not insane	5	1	6	3	–	3	–	–	–	4	–	4	–	–	–
Died	4	8	12	43	–	43	7	22	29	11	–	11	18	–	18
Total	40	41	81	59	–	59	8	22	30	87	–	87	86	–	86

TABLE 159. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1936* — Concluded

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:															
As recovered	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
As improved	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
As unimproved	2	3	5	–	–	–	–	–	–	–	–	–	1	–	1
As not insane	9	5	14	–	–	–	–	–	–	–	–	–	–	–	–
Died	–	2	2	–	–	–	–	–	–	–	–	–	1	–	1
Total	14	12	26	–	–	–	–	–	–	–	–	–	2	–	2
Observation Cases:															
As recovered	1	1	2	7	–	7	–	–	–	–	–	–	–	–	–
As improved	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2
As unimproved	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
As not insane	–	3	3	9	–	9	–	–	–	–	–	–	–	–	–
Died	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–
Total	3	5	8	18	–	18	–	–	–	2	–	2	2	–	2
Voluntary Care Cases:															
As recovered	5	7	12	–	–	–	–	–	–	3	–	3	1	–	1
As improved	14	21	35	–	–	–	–	–	–	10	–	10	20	–	20
As unimproved	6	5	11	–	–	–	–	–	–	1	–	1	12	–	12
As not insane	18	5	23	–	–	–	–	–	–	8	–	8	6	–	6
Died	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	43	38	81	–	–	–	–	–	–	22	–	22	39	–	39
Total cases discharged by transfer	10	10	20	–	–	–	–	2	2	1	–	1	3	–	3
Total cases discharged during year	110	106	216	77	–	77	8	24	32	112	–	112	132	–	132
Patients on books September 30, 1936:															
Regular commitment cases	93	137	230	860	–	860	92	421	513	878	–	878	668	–	668
Temporary care cases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Observation cases	1	–	1	21	–	21	–	–	–	–	–	–	–	–	–
Voluntary cases	9	21	30	–	–	–	–	–	–	8	–	8	7	–	7
Total on books	103	158	261	881	–	881	92	421	513	886	–	886	675	–	675
Total number of patients actually in hospital Sept. 30, 1936	78	128	206	877	–	877	92	420	512	832	–	832	642	–	642

Averages															
Daily average population (including patients on escape, on visit and in family care)	99.96	153.71	253.67	891	–	891	96.02	433.42	529.44	888.3	–	888.3	681	–	681
Daily average population (excluding patients on escape, on visit and in family care)	80.61	131.67	212.28	887	–	887	95.1	433.1	528.2	833.2	–	833.2	643	–	643
Rated capacity of the hospitals	90	142	232	908	–	908	107	496	603	813	–	813	611	–	611
Patients on visit September 30,1936	25	30	55	4	–	4	–	1	1	53	–	53	33	–	33
Daily average number of patients on visit during year	19.35	22.04	41.39	4	–	4	.92	.32	1.24	51.5	–	51.5	38	–	38
Patients on escape September 30, 1936	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Daily average number of patients on escape during year	–	–	–	–	–	–	–	–	–	3.4	–	3.4	–	–	–
Patients boarded out September 30, 1936	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Daily average number of patients boarded out during year	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ex-service men on books September 30, 1936	8	2	10	53	–	53	1	–	1	886	–	886	675	–	675
Daily average number on books during year	6.59	1.72	8.31	52	–	52	1	–	1	888.3	–	888.3	679	–	679
Daily average number actually in hospital during year	3.64	1.25	4.89	52	–	52	1	–	1	833.2	–	833.2	643	–	643
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State	–	–	–	870	–	870	92	409	501	–	–	–	–	–	–
Reimbursing	78	12	206	7	–	7	–	11	11	–	–	–	–	–	–
Ex-service patients for whom pay is received from the Federal Government	–	–	–	–	–	–	–	–	–	832	–	832	642	–	642
Non-insane patients actually in hospitals Sept.30, 1936:															
Mentally defective	–	–	–	21	–	21	3	8	11	–	–	–	1	–	1
Epileptic and mentally defective	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Others	4	2	6	3	–	3	–	–	–	2	–	2	4	–	4
Total	4	3	7	25	–	25	3	8	11	2	–	2	5	–	5

TABLE 160. — *Deportation of Insane, Mentally Defective, and Epileptic from Public Institutions for the Year Ended November 30, 1936*

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1935	20	28	48	11	14	25	9	14	23
Since reported	39	47	86	31	43	74	8	4	12
Total cases under consideration	59	75	134	42	57	99	17	18	35
Deported	35	38	73	29	34	63	6	4	10
Viz: other states	27	32	59	27	32	59	–	–	–
other countries	8	6	14	2	2	4	6	4	10
special cases not landed under Immigration laws and deported	–	–	–	–	–	–	–	–	–
Discharged	6	2	8	4	–	4	2	2	4
Viz: care of friends	4	1	5	2	–	2	2	1	3
escaped	2	1	3	2	–	2	–	1	1
transferred to Veterans or private hospitals	–	–	–	–	–	–	–	–	–
Died	–	2	2	–	2	2	–	–	–
Dropped from further consideration	–	–	–	–	–	–	–	–	–
Viz: rejected by Commissioner of Immigration	–	–	–	–	–	–	–	–	–
rejected by the department	–	–	–	–	–	–	–	–	–
Total cases closed	41	42	83	33	36	69	8	6	14
Cases pending November 30, 1936	18	33	51	9	21	30	9	12	21
Viz: not in condition to deport	2	3	5	2	3	5	–	–	–
awaiting action	10	22	32	3	11	14	7	11	18
on visit	6	8	14	4	7	11	2	1	3

[1] Includes Mental Wards, Tewskbury and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

TABLE 161. — *Small Private Hospitals and Schools: Number under Care*[1] *for the Year Ended September 30, 1936*

PRIVATE HOSPITALS	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bosworth Hospital, George A. Gaunt, M.D.	7	8	15	6	7	13	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1
Bournewood, George H. Torney, M.D.	2	8	10	1	7	8	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–
Channing Sanitarium, Inc., Donald Gregg, M.D.	5	19	24	1	14	15	4	4	8	–	–	–	–	–	–	–	–	–	–	1	1
Glenside, Mabel D. Ordway, M.D.	10	76	86	8	70	78	1	2	3	–	–	–	–	–	–	1	–	1	–	4	4
Reeves' Sanatorium, Clarence M. Kelley, M.D.	1	6	7	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
Ring Sanatorium and Hospital, Inc., Hosea W. McAdoo, M.D.	15	26	41	6	17	23	–	3	3	3	–	3	–	–	–	–	–	–	6	6	12
Westwood Lodge, William J. Hammond, M.D.	9	11	20	4	7	11	–	–	–	1	–	1	–	–	–	–	–	–	4	4	8
Wiswall Sanatorium Inc., Edward H. Wiswall, M.D.	6	13	19	5	12	17	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1
Kittredge Farm, Joseph Kittredge, M.D.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	3	4	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	1	1	2
Grove Hall Institute, Geo. Colton Moore, M.D.	2	–	2	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Dr. Taylor's Private Hospital, Frederick L. Taylor, M.D.	5	–	5	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–	1	–	1
Washingtonian Home, Hugh Barr Gray, M.D.	5	–	5	–	–	–	–	–	–	5	–	5	–	–	–	–	–	–	–	–	–
Clarke School, Miss Edith G. Clarke	5	6	11	–	–	–	–	–	–	–	–	–	5	6	11	–	–	–	–	–	–
Elm Hill Private School, George A. Brown, M.D.	16	5	21	–	–	–	–	–	–	–	–	–	16	5	21	–	–	–	–	–	–
Perkins School, Franklin H. Perkins, M.D.	18	20	38	–	–	–	–	–	–	–	–	–	18	20	38	–	–	–	–	–	–
Standish Manor, Miss Alice M. Myers	–	6	6	–	–	–	–	–	–	–	–	–	–	6	6	–	–	–	–	–	–
The Freer School, Miss Cora E. Morse	4	5	9	–	–	–	–	–	–	–	–	–	4	5	9	–	–	–	–	–	–
Totals	112	212	324	32	138	170	6	12	18	15	–	15	43	42	85	2	1	3	14	19	33

[1] Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 162. — *Country of Origin and Parentage of Court First Admissions and Readmissions to Hospitals for Mental Diseases, 1936, by Sex*[1]

NATIVITY	FIRST COURT ADMISSIONS									COURT READMISSIONS								
	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS			PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	–	1	1	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–
Australia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–
Austria	9	2	11	14	13	11	7	7	4	3	1	4	3	4	3	1	–	–
Belgium	–	–	–	1	–	–	–	–	–	1	–	1	1	1	1	1	–	–
Canada[2]	170	181	351	276	266	220	240	241	191	22	27	49	44	49	34	51	53	41
Central America	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
China	4	2	6	2	5	2	1	1	1	–	–	–	–	–	–	–	–	–
Czecho-Slovakia	2	1	3	1	1	1	1	1	1	–	–	–	–	–	–	–	–	–
Denmark	1	1	2	2	2	1	2	2	2	–	2	2	–	–	–	1	2	1
England	37	42	79	83	66	46	84	74	55	9	9	18	17	16	12	22	20	12
Finland	6	12	18	13	17	13	16	18	16	1	6	7	4	3	3	6	6	6
France	3	4	7	8	6	5	6	6	3	–	1	1	3	–	–	2	3	1
Germany	11	10	21	36	27	22	34	32	25	1	2	3	6	4	3	12	8	6
Greece	10	4	14	11	10	10	7	7	7	3	–	3	4	4	4	–	–	–
Holland	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Hungary	–	5	5	–	1	–	8	7	7	–	–	–	–	–	–	1	1	1
India	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	91	152	243	327	327	283	334	340	300	14	36	50	78	75	68	89	93	80
Italy	85	50	135	125	123	121	84	83	83	13	6	19	25	25	25	16	14	14
Japan	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Mexico	1	–	1	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–
Norway	7	2	9	11	11	9	3	4	3	–	1	1	2	1	1	1	1	1
Poland	39	27	66	60	62	60	48	44	44	13	13	26	19	17	16	21	20	19
Portugal	28	15	43	54	53	52	30	28	27	2	4	6	6	7	6	8	7	7
Rumania	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Russia	36	23	59	58	59	56	57	56	54	12	18	30	27	26	26	28	28	25
Scotland	13	22	35	24	25	16	32	29	20	2	2	4	5	4	3	9	6	5
Spain	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
South America	1	1	2	–	1	–	1	1	1	–	–	–	–	–	–	–	–	–
Sweden	26	20	46	42	38	37	38	36	35	–	5	5	8	10	7	11	11	10
Switzerland	–	1	1	–	1	–	3	1	1	–	–	–	–	1	–	1	1	1
Turkey in Asia	5	–	5	5	5	5	–	–	–	–	–	–	–	–	–	–	–	–
Turkey in Europe	–	2	2	–	–	–	2	2	2	–	–	–	–	–	–	1	1	1
United States[3]	1,229	1,102	2,331	569	600	487	531	547	452	316	312	628	144	147	126	150	158	126
Wales	1	–	1	1	2	1	1	1	1	–	–	–	–	–	–	1	1	1
West Indies[4]	3	7	10	1	1	1	3	4	3	–	2	2	–	–	–	4	2	2
Other countries[5]	38	20	58	52	51	50	29	29	27	7	3	10	11	11	11	5	6	5
Unknown	5	6	11	82	86	66	112	114	94	–	–	–	12	14	12	7	8	6
Total	1,861	1,717	3,578	1,861	1,861	1,576	1,717	1,717	1,460	419	450	869	419	419	361	450	450	371

[1] Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95.

[2] Includes Newfoundland.

[3] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

[4] Except Cuba, Porto Rico and the Virgin Islands.

[5] Includes Europe and Asia not specified; also, born at sea.

Table 163. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1936, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN			NATIVITY UNKNOWN		
				TOTAL			PARENTAGE																	
							Both Parents Native			Both Parents Foreign			One Parent Native, One Parent Foreign			Unknown								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	13	11	24	11	11	22	4	4	8	4	2	6	3	3	6	–	2	2	2	–	2	–	–	–
15–19 years	93	61	154	91	59	150	31	19	50	45	30	75	10	8	18	5	2	7	2	2	4	–	–	–
20–24 years	146	119	265	136	108	244	37	39	76	72	51	123	24	14	38	3	4	7	10	11	21	–	–	–
25–29 years	142	139	281	123	116	239	37	41	78	68	50	118	16	21	37	2	4	6	19	23	42	–	–	–
30–34 years	122	126	248	93	101	194	31	38	69	44	42	86	16	15	31	2	6	8	29	25	54	–	–	–
35–39 years	157	143	300	117	98	215	45	34	79	47	45	92	17	14	31	8	5	13	40	45	85	–	–	–
40–44 years	173	149	322	117	87	204	43	37	80	42	29	71	27	13	40	5	8	13	56	62	118	–	–	–
45–49 years	134	139	273	74	80	154	27	29	56	31	31	62	13	16	29	3	4	7	59	59	118	1	–	1
50–54 years	143	142	285	69	84	153	33	35	68	22	31	53	11	14	25	3	4	7	74	58	132	–	–	–
55–59 years	139	125	264	67	64	131	28	25	53	24	27	51	9	8	17	6	4	10	71	60	131	1	1	2
60–64 years	137	101	238	80	49	129	38	23	61	30	16	46	5	7	12	7	3	10	56	51	107	1	1	2
65–69 years	134	108	242	66	50	116	28	27	55	28	12	40	6	3	9	4	8	12	68	57	125	–	1	1
70–74 years	137	132	269	69	65	134	27	27	54	29	23	52	7	3	10	6	12	18	67	66	133	1	1	2
75–79 years	103	111	214	58	64	122	33	30	63	14	17	31	3	5	8	8	12	20	44	47	91	1	–	1
80–84 years	60	73	133	43	39	82	31	21	52	5	8	13	1	2	3	6	8	14	17	32	49	–	2	2
85–89 years	22	33	55	13	24	37	9	18	27	3	3	6	–	2	2	1	1	2	9	9	18	–	–	–
90 years plus	6	5	11	2	3	5	–	3	3	1	–	1	–	–	–	1	–	1	4	2	6	–	–	–
Total	1,861	1,717	3,578	1,229	1,102	2,331	482	450	932	509	417	926	168	148	316	70	87	157	627	609	1,236	5	6	11

TABLE 164. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1936, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN		
				TOTAL			PARENTAGE														
							Both Parents Native			Both Parents Foreign			One Parent Native One Parent Foreign			Unknown					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	2	–	2	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
15–19 years	6	8	14	6	6	12	3	2	5	3	1	4	–	3	3	–	–	–	–	2	2
20–24 years	31	28	59	29	27	56	8	8	16	16	15	31	4	3	7	1	1	2	2	1	3
25–29 years	41	47	88	38	41	79	11	14	25	21	18	39	6	6	12	–	3	3	3	6	9
30–34 years	51	42	93	48	39	87	17	18	35	24	14	38	6	7	13	1	–	1	3	3	6
35–39 years	56	59	115	42	43	85	16	13	29	21	16	37	4	14	18	1	–	1	14	16	30
40–44 years	66	53	119	49	31	80	14	14	28	23	12	35	7	5	12	5	–	5	17	22	39
45–49 years	47	48	95	27	31	58	13	13	26	10	12	22	4	5	9	–	1	1	20	17	37
50–54 years	30	49	79	20	26	46	11	14	25	6	10	16	2	2	4	1	–	1	10	23	33
55–59 years	24	46	70	16	24	40	10	14	24	4	5	9	2	3	5	–	2	2	8	22	30
60–64 years	19	27	46	12	20	32	6	6	12	4	8	12	2	4	6	–	2	2	7	7	14
65–69 years	21	25	46	14	13	27	6	5	11	7	8	15	1	–	1	–	–	–	7	12	19
70–74 years	13	10	23	6	5	11	4	3	7	2	2	4	–	–	–	–	–	–	7	5	12
75–79 years	8	5	13	5	3	8	2	1	3	2	2	4	–	–	–	1	–	1	3	2	5
80–84 years	3	3	6	2	3	5	2	1	3	–	2	2	–	–	–	–	–	–	1	–	1
85–89 years	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Total	419	450	869	316	312	628	125	126	251	143	125	268	38	52	90	10	9	19	103	138	241

TABLE 165. — *Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN			NATIVITY UNKNOWN		
				TOTAL			PARENTAGE																	
							Both Parents Native			Both Parents Foreign			One Parent Native One Parent Foreign			Unknown								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	86	45	131	83	44	127	40	25	65	20	10	30	10	5	15	13	4	17	3	1	4	–	–	–
15–19 years	123	107	230	121	105	226	51	37	88	41	45	86	23	16	39	6	7	13	2	2	4	–	–	–
20–24 years	129	79	208	120	73	193	47	35	82	53	28	81	16	8	24	4	2	6	9	6	15	–	–	–
25–29 years	138	105	243	122	81	203	33	27	60	59	36	95	23	13	36	7	5	12	16	24	40	–	–	–
30–34 years	157	108	265	131	85	216	52	36	88	60	31	91	13	14	27	6	4	10	26	23	49	–	–	–
35–39 years	188	103	291	148	67	215	56	22	78	62	31	93	19	11	30	11	3	14	40	35	75	–	1	1
40–44 years	173	101	274	126	66	192	55	29	84	41	19	60	25	14	39	5	4	9	46	34	80	1	1	2
45–49 years	144	92	236	79	42	121	29	14	43	32	16	48	11	9	20	7	3	10	64	50	114	1	–	1
50–54 years	118	76	194	52	37	89	25	19	44	15	10	25	10	6	16	2	2	4	65	39	104	1	–	1
55–59 years	79	60	139	39	36	75	17	18	35	17	13	30	5	2	7	–	3	3	40	23	63	–	1	1
60–64 years	52	32	84	26	17	43	12	3	15	9	7	16	4	5	9	1	2	3	26	15	41	–	–	–
65–69 years	44	16	60	24	9	33	13	–	13	7	5	12	2	2	4	2	2	4	20	7	27	–	–	–
70–74 years	27	18	45	17	13	30	6	7	13	6	3	9	4	1	5	1	2	3	10	5	15	–	–	–
75–79 years	22	9	31	13	7	20	8	2	10	3	4	7	–	1	1	2	–	2	8	2	10	1	–	1
80–84 years	4	3	7	2	3	5	2	2	4	–	1	1	–	–	–	–	–	–	2	–	2	–	–	–
85–89 years	5	2	7	4	–	4	2	–	2	2	–	2	–	–	–	–	–	–	1	2	3	–	–	–
90 years plus	5	2	7	2	2	4	2	2	4	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–
Total	1,494	958	2,452	1,109	687	1,796	450	278	728	427	259	686	165	107	272	67	43	110	381	268	649	4	3	7

TABLE 166. — *Admission Ages of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN			NATIVITY UNKNOWN		
				TOTAL			PARENTAGE																	
							Both Parents Native			Both Parents Foreign			One Parent Native One Parent Foreign			Unknown								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	9	9	18	8	9	17	2	3	5	2	–	2	3	4	7	1	2	3	1	–	1	–	–	–
15–19 years	27	32	59	27	31	58	11	6	17	9	14	23	5	9	14	2	2	4	–	1	1	–	–	–
20–24 years	41	40	81	40	39	79	12	13	25	23	22	45	4	4	8	1	–	1	1	1	2	–	–	–
25–29 years	50	30	80	49	23	72	17	8	25	23	8	31	8	5	13	1	2	3	1	7	8	–	–	–
30–34 years	47	50	97	40	44	84	15	15	30	20	16	36	4	8	12	1	5	6	7	6	13	–	–	–
35–39 years	75	47	122	65	37	102	26	20	46	27	7	34	10	10	20	2	–	2	10	9	19	–	1	1
40–44 years	84	43	127	62	27	89	21	10	31	28	9	37	9	7	16	4	1	5	22	16	38	–	–	–
45–49 years	62	39	101	40	23	63	18	12	30	14	7	21	7	4	11	1	–	1	22	16	38	–	–	–
50–54 years	32	32	64	19	20	39	9	11	20	8	8	16	2	1	3	–	–	–	13	12	25	–	–	–
55–59 years	34	29	63	17	16	33	9	7	16	8	6	14	–	2	2	–	1	1	17	13	30	–	–	–
60–64 years	15	10	25	11	9	20	7	5	12	4	3	7	–	–	–	–	1	1	4	1	5	–	–	–
65–69 years	7	6	13	5	3	8	2	2	4	3	1	4	–	–	–	–	–	–	2	3	5	–	–	–
70–74 years	10	4	14	7	4	11	3	3	6	2	–	2	1	1	2	1	–	1	3	–	3	–	–	–
75–79 years	3	–	3	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	496	371	867	393	285	678	155	115	270	171	101	272	53	55	108	14	14	28	103	85	188	–	1	1

TABLE 167. — *Country of Origin of Foreign Born First Court Admissions, 1936, by Mental Disorders and Sex*

COUNTRY OF ORIGIN	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	9	2	11	9	2	11	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Canada[1]	170	181	351	167	180	347	3	1	4	13	6	19	–	–	–	1	1	2	–	2	2	23	2	25
England	37	42	79	36	42	78	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	4	3	7
Finland	6	12	18	6	12	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
France	3	4	7	3	4	7	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Germany	11	10	21	10	10	20	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Greece	10	4	14	10	4	14	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	91	152	243	90	152	242	1	–	1	–	1	1	–	–	–	–	–	–	1	1	2	21	7	28
Italy	85	50	135	84	50	134	1	–	1	20	1	21	–	–	–	–	–	–	–	1	1	7	–	7
Norway	7	2	9	7	2	9	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2
Poland	39	27	66	39	27	66	–	–	–	3	1	4	–	–	–	–	–	–	–	–	–	7	2	9
Portugal	28	15	43	28	15	43	–	–	–	9	2	11	1	–	1	–	–	–	–	–	–	2	–	2
Russia	36	23	59	36	23	59	–	–	–	3	–	3	–	1	1	–	–	–	–	–	–	1	1	2
Scotland	13	22	35	13	21	34	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Sweden	26	20	46	26	20	46	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	7	–	7
West Indies[2]	3	7	10	3	7	10	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
All other countries[3]	53	36	89	53	36	89	–	–	–	2	2	4	1	–	1	1	–	1	–	–	–	3	1	4
Unknown	5	6	11	5	6	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	632	615	1,247	625	613	1,238	7	2	9	55	16	71	3	1	4	2	1	3	1	4	5	80	16	96

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first court admissions are added to the group "All other countries".

TABLE 167. — *Country of Origin of Foreign Born First Court Admissions, 1936, by Mental Disorders and Sex* — Continued

COUNTRY OF ORIGIN	DUE TO DRUGS, ETC.			TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES ETC			DUE TO NEW GROWTH		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Canada[1]	–	–	–	1	–	1	61	55	116	3	1	4	2	4	6	14	22	36	5	18	23	3	6	9	2	–	2
England	–	1	1	1	–	1	18	18	36	–	–	–	2	–	2	1	6	7	1	–	1	–	1	1	–	–	–
Finland	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	1	–	1	–	2	2	–	1	1
France	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Germany	–	–	–	–	–	–	6	5	11	–	–	–	–	–	–	2	1	3	–	1	1	–	1	1	–	–	–
Greece	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	–	1	1	2	1	3	41	71	112	1	1	2	1	–	1	2	12	14	4	6	10	2	3	5	–	–	–
Italy	–	–	–	–	–	–	18	13	31	–	–	–	–	–	–	5	2	7	3	6	9	1	2	3	–	–	–
Norway	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poland	–	–	–	1	1	2	5	3	8	–	–	–	1	1	2	3	2	5	3	2	5	1	1	2	2	–	2
Portugal	–	–	–	1	–	1	5	5	10	–	–	–	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–
Russia	–	–	–	2	–	2	5	2	7	–	1	1	–	–	–	1	1	2	1	4	5	–	1	1	1	–	1
Scotland	–	–	–	–	–	–	2	11	13	–	–	–	–	–	–	2	3	5	1	1	2	2	–	2	–	–	–
Sweden	–	–	–	–	–	–	10	7	17	–	–	–	–	–	–	1	2	3	2	1	3	1	1	2	–	–	–
West Indies[2]	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
All other Countries[3]	–	–	–	1	–	1	13	4	17	2	2	4	2	1	3	1	3	4	1	2	3	–	–	–	1	–	1
Unknown	–	–	–	–	–	–	3	4	7	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	2	2	9	2	11	198	200	398	8	6	14	8	6	14	34	56	90	24	43	67	11	18	29	6	1	7

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea. All countries have 6 or less first court admissions are added to the group "All other countries".

TABLE 167. — *Country of Origin of Foreign Born First Court Admissions, 1936, by Mental Disorders and Sex* — Concluded

COUNTRY OF ORIGIN	WITH ORGANIC CHANGES OF NERVOUS SYSTEM			PSYCHO-NEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHO-PATHIC PER-SONALITY			WITH MENTAL DEFICIENCY			UNDIAG-NOSED PSYCHOSES			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
Canada[1]	7	5	12	2	6	8	7	14	21	11	23	34	5	8	13	4	4	8	3	2	5	–	1	1	3	1	4
England	1	1	2	–	–	–	2	6	8	4	2	6	–	2	2	1	1	2	–	1	1	–	–	–	1	–	1
Finland	–	–	–	–	1	1	–	1	1	3	5	8	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Germany	–	–	–	–	–	–	–	2	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Greece	–	–	–	–	–	–	–	2	2	2	1	3	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Ireland	2	1	3	–	1	1	5	17	22	6	18	24	–	8	8	–	2	2	2	1	3	–	–	–	1	–	1
Italy	5	–	5	3	4	7	7	4	11	8	10	18	1	2	3	2	–	2	3	4	7	1	1	2	1	–	1
Norway	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Poland	–	–	–	1	1	2	4	1	5	3	10	13	3	2	5	1	–	1	–	–	–	1	–	1	–	–	–
Portugal	–	–	–	–	1	1	–	1	1	5	2	7	–	–	–	1	–	1	2	2	4	–	1	1	–	–	–
Russia	1	–	1	5	2	7	5	7	12	10	2	12	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Scotland	–	–	–	–	–	–	5	1	6	–	2	2	–	3	3	–	–	–	–	–	–	–	–	–	–	1	1
Sweden	–	–	–	–	–	–	2	2	4	2	4	6	–	2	2	–	–	–	1	–	1	–	–	–	–	–	–
West Indies[2]	–	–	–	–	–	–	1	3	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
All other countries[3]	3	1	4	–	–	–	6	5	11	9	10	19	4	5	9	1	–	1	2	–	2	–	–	–	–	–	–
Unknown	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Total	19	9	28	11	16	27	47	68	115	65	91	156	15	37	52	11	7	18	15	10	25	3	3	6	7	2	9

[1] Includes Newfoundland.

[2] Except Cuba, Porto Rico and Virgin Islands.

[3] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first court admissions are added to the group "All other countries."

TABLE 168. — *Country of Origin of Foreign Born First Court Admissions, 1936, by Age at Admission and Sex*

COUNTRY OF ORIGIN	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	9	2	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	2	–	2
Canada[1]	170	181	351	–	–	–	1	1	2	4	5	9	7	7	14	8	4	12	10	14	24	7	13	20	14	16	30
England	37	42	79	–	–	–	–	–	–	–	–	–	–	1	1	1	2	3	2	1	3	3	2	5	1	2	3
Finland	6	12	18	–	–	–	–	–	–	–	–	–	–	2	2	1	–	1	–	2	2	–	2	2	3	2	5
France	3	4	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	2	–	–	–
Germany	11	10	21	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–
Greece	10	4	14	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	1	1	2	1	–	1	1	1	2
Ireland	91	152	243	–	–	–	–	–	–	–	1	1	4	6	10	3	8	11	2	7	9	7	9	16	6	15	21
Italy	85	50	135	2	–	2	1	1	2	1	1	2	1	3	4	6	3	9	6	7	13	11	7	18	9	3	12
Norway	7	2	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	1	2	–	–	–
Poland	39	27	66	–	–	–	–	–	–	–	1	1	–	2	2	1	1	2	2	3	5	6	6	12	8	5	13
Portugal	28	15	43	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	5	1	6	5	3	8	4	3	7
Russia	36	23	59	–	–	–	–	–	–	2	–	2	3	–	3	2	2	4	2	2	4	5	7	12	3	2	5
Scotland	13	22	35	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	2	2	–	2	2
Sweden	26	20	46	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	2	2	1	1	2	2	1	3
West Indies[2]	3	7	10	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	2	2	–	2	2
All other countries[3]	53	36	89	–	–	–	–	–	–	1	1	2	2	1	3	4	4	8	6	2	8	7	5	12	6	5	11
Unknown	5	6	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Total	632	615	1,247	2	–	2	2	2	4	10	11	21	19	23	42	29	25	54	40	45	85	56	62	118	60	59	119

[1] Includes Newfoundland.

[2] Except Cuba, Porto Rico and the Virgin Islands.

[3] Includes Europe and Asia not specified; also, born at sea.

TABLE 168 — *Country of Origin of Foreign Born First Court Admissions, 1936, by Age at Admission and Sex* — Concluded

Country of Origin	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	1	1	–	–	–	1	–	1	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	17	17	34	14	25	39	19	12	31	19	14	33	18	19	37	20	18	38	8	10	18	3	4	7	1	2	3
England	3	2	5	5	3	8	3	5	8	3	7	10	9	9	18	2	4	6	3	2	5	2	2	4	–	–	–
Finland	1	2	3	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
France	–	1	1	–	–	–	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–
Germany	–	–	–	–	–	–	2	1	3	–	5	5	1	1	2	3	–	3	1	3	4	1	–	1	1	–	1
Greece	–	2	2	–	–	–	–	–	–	1	–	1	2	–	2	1	–	1	–	–	–	–	–	–	1	–	1
Ireland	10	8	18	11	11	22	10	16	26	11	21	32	16	25	41	9	15	24	2	9	11	–	1	1	–	–	–
Italy	12	8	20	12	6	18	3	5	8	10	3	13	7	2	9	4	1	5	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	1	1	2	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Poland	5	1	6	8	4	12	4	–	4	4	3	7	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Portugal	2	–	2	2	3	5	3	–	3	2	1	3	3	1	4	–	1	1	–	–	–	–	–	–	–	–	–
Russia	6	2	8	9	–	9	–	3	3	2	2	4	–	3	3	–	–	–	1	–	1	1	–	1	–	–	–
Scotland	2	2	4	2	1	3	4	4	8	1	–	1	3	1	4	1	4	5	–	2	2	–	2	2	–	–	–
Sweden	7	4	11	2	1	3	2	3	5	6	1	7	1	1	2	2	3	5	1	2	3	–	–	–	1	–	1
West Indies[2]	1	–	1	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
All other countries[3]	8	8	16	6	5	11	3	–	3	5	–	5	3	2	5	–	1	1	–	2	2	2	–	2	–	–	–
Unknown	–	–	–	1	1	2	1	1	2	–	1	1	1	1	2	1	–	1	–	2	2	–	–	–	–	–	–
Total	74	58	132	72	61	133	57	52	109	68	58	126	68	67	135	45	47	92	17	34	51	9	9	18	4	2	6

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and the Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea.

TABLE 169. — *Country of Origin of Native Born First Court Admissions, 1936, by Mental Disorders and Sex*

COUNTRY OF ORIGIN	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	6	5	11	6	5	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Canada[1]	158	125	283	155	124	279	3	1	4	23	8	31	1	–	1	–	–	–	–	1	1	21	4	25	–	–	–
England	60	48	108	57	47	104	3	1	4	4	–	4	–	–	–	1	–	1	–	–	–	6	1	7	2	–	2
Finland	7	4	11	7	4	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
France	5	3	8	5	3	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Germany	24	24	48	23	24	47	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–	1	3	4	–	–	–
Greece	1	4	5	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	249	200	449	247	198	445	2	2	4	10	5	15	–	–	–	2	–	2	4	1	5	44	6	50	1	2	3
Italy	43	35	78	42	32	74	1	3	4	1	1	2	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–
Poland	25	24	49	25	24	49	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	4	–	–	–
Portugal	26	17	43	23	16	39	3	1	4	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Russia	20	33	53	20	33	53	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scotland	14	12	26	14	12	26	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	3	–	3	–	–	–
Sweden	15	21	36	14	21	35	1	–	1	1	–	1	–	–	–	–	–	–	–	1	1	1	1	2	–	–	–
All other countries[2]	31	20	51	30	20	50	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Unknown	41	56	97	41	55	96	–	1	1	3	5	8	–	1	1	–	–	–	–	–	–	3	–	3	–	–	–
Total	725	631	1,356	710	622	1,332	15	9	24	47	23	70	2	1	3	4	1	5	4	3	7	85	16	101	3	2	5
(Native born of Native Parentage)	504	471	975	493	461	954	11	10	21	35	16	51	5	3	8	–	2	2	5	4	9	37	5	42	2	3	5

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also born at sea.

TABLE 169. — *Country of Origin of Native Born First Court Admissions, 1936, by Mental Disorders and Sex* — Continued

COUNTRY OF ORIGIN	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	–	–	–	15	9	24	1	3	4	5	2	7	1	4	5	–	8	8	1	5	6	2	–	2	2	1	3
England	1	–	1	13	12	25	–	–	–	1	–	1	3	7	10	2	3	5	1	–	1	1	–	1	–	1	1
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1
Germany	–	–	–	8	2	10	–	–	–	–	1	1	–	2	2	–	2	2	2	1	3	–	–	–	1	–	1
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Ireland	2	–	2	54	40	94	1	1	2	7	8	15	10	21	31	4	19	23	3	1	4	2	–	2	3	1	4
Italy	–	–	–	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	1	4	5	–	–	–	–	–	–
Poland	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	2	2	–	–	–	2	–	2
Portugal	–	–	–	3	–	3	–	–	–	2	1	3	–	–	–	–	1	1	–	–	–	2	–	2	1	1	2
Russia	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	–	1	–	–	–	2	–	2
Scotland	–	–	–	3	1	4	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	1	–	1
Sweden	–	–	–	1	–	1	–	–	–	1	1	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
All other countries[2]	1	–	1	1	1	2	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Unknown	2	–	2	16	19	35	–	–	–	–	1	1	2	9	11	–	–	–	–	2	2	–	–	–	–	–	–
Total	6	–	6	115	84	199	2	4	6	19	18	37	20	43	63	6	39	45	9	16	25	7	–	7	12	5	17
(Native Born of Native Parentage)	3	–	3	112	95	207	1	5	6	13	12	25	36	46	82	12	26	38	8	12	20	1	1	2	8	6	14

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea.

TABLE 169. — *Country of Origin of Native Born First Court Admissions, 1936, by Mental Disorders and Sex* — Concluded

COUNTRY OF ORIGIN	PSYCHO-NEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHO-PATHIC PER-SONALITY			WITH MENTAL DEFICIENCY			UNDIAG-NOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	2	–	2	3	4	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	5	6	11	18	19	37	48	42	90	1	3	4	2	3	5	6	5	11	3	1	4	3	1	4	–	–	–
England	–	1	1	8	11	19	8	9	17	1	2	3	2	–	2	3	–	3	–	–	–	3	1	4	–	–	–
Finland	–	–	–	–	1	1	6	2	8	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	2	1	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Germany	–	2	2	3	5	8	3	2	5	–	1	1	3	1	4	–	1	1	–	–	–	1	–	1	–	–	–
Greece	–	–	–	–	1	1	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	5	10	15	29	29	58	44	38	82	5	4	9	4	3	7	12	8	20	1	1	2	2	2	4	–	–	–
Italy	–	2	2	5	8	13	27	9	36	–	–	–	–	–	–	6	4	10	–	–	–	1	3	4	–	–	–
Poland	–	–	–	1	3	4	15	16	31	–	–	–	1	–	1	1	1	2	1	–	1	–	–	–	–	–	–
Portugal	–	–	–	–	6	6	12	3	15	–	1	1	–	–	–	1	1	2	–	–	–	3	1	4	–	–	–
Russia	1	1	2	6	13	19	8	14	22	–	1	1	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–
Scotland	–	2	2	1	3	4	2	4	6	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Sweden	1	–	1	–	3	3	7	10	17	2	1	3	–	2	2	–	–	–	–	–	–	1	–	1	–	–	–
All other countries[2]	1	1	2	8	6	14	15	11	26	–	–	–	–	–	–	2	–	2	–	–	–	1	–	1	–	–	–
Unknown	2	1	3	5	5	10	6	8	14	1	–	1	–	1	1	1	2	3	–	1	1	–	–	–	–	1	1
Total	15	26	41	88	114	202	205	175	380	10	13	23	12	13	25	34	23	57	5	3	8	15	8	23	–	1	1
(Native Born of Native Parentage)	15	22	37	61	70	131	97	84	181	9	12	21	6	8	14	23	23	46	4	6	10	11	10	21	–	–	–

---

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea.

TABLE 170. — *Country of Origin of Native Born First Court Admissions, 1936, by Age at Admission and Sex*

COUNTRY OF ORIGIN	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	6	5	11	–	–	–	1	–	1	4	1	5	–	2	2	1	1	2	–	–	–	–	–	–	–	–	–
Canada[1]	158	125	283	1	–	1	11	9	20	18	16	34	16	17	33	17	14	31	21	14	35	30	11	41	7	15	22
England	60	48	108	–	–	–	3	–	3	3	1	4	7	4	11	1	4	5	6	6	12	12	2	14	5	4	9
Finland	7	4	11	–	–	–	–	–	–	3	1	4	2	2	4	2	1	3	–	–	–	–	–	–	–	–	–
France	5	3	8	–	1	1	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Germany	24	24	48	–	–	–	1	–	1	–	2	2	3	2	5	–	2	2	3	3	6	2	–	2	2	4	6
Greece	1	4	5	–	–	–	–	–	–	1	3	4	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	249	200	449	1	2	3	9	5	14	21	5	26	25	9	34	18	15	33	21	24	45	20	17	37	23	20	43
Italy	43	35	78	2	1	3	6	6	12	17	8	25	11	9	20	4	7	11	1	2	3	2	2	4	–	–	–
Poland	25	24	49	–	–	–	6	7	13	6	9	15	7	4	11	5	2	7	1	–	1	–	1	1	–	–	–
Portugal	26	17	43	2	–	2	7	2	9	3	5	8	3	3	6	4	2	6	2	–	2	1	–	1	–	2	2
Russia	20	33	53	–	–	–	5	5	10	3	9	12	4	9	13	4	3	7	2	2	4	1	4	5	–	–	–
Scotland	14	12	26	–	–	–	1	1	2	1	–	1	1	1	2	1	2	3	–	1	1	–	2	2	–	–	–
Sweden	15	21	36	–	–	–	–	1	1	5	1	6	1	1	2	–	5	5	3	5	8	2	2	4	3	1	4
All other countries[2]	31	20	51	1	1	2	5	2	7	11	3	14	4	7	11	3	2	5	4	3	7	–	1	1	2	–	2
Unknown	41	56	97	–	2	2	2	–	2	3	2	5	1	2	3	1	2	3	7	4	11	3	6	9	2	3	5
Total	725	631	1,356	7	7	14	58	39	97	99	67	166	85	73	158	61	62	123	71	64	135	73	48	121	46	51	97
(Native Born of Native Parentage)	504	471	975	4	4	8	33	20	53	37	41	78	38	43	81	32	39	71	46	34	80	44	39	83	28	29	57

[1] Includes Newfoundland.

[2] Includes Europe and Asia not specified; also, born at sea.

TABLE 170. — *Country of Origin of Native Born First Court Admissions, 1936, by Age at Admission and Sex* — Concluded

COUNTRY OF ORIGIN	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	11	9	20	8	8	16	5	4	9	5	3	8	6	1	7	1	3	4	1	1	2	–	–	–	–	–	–
England	5	3	8	1	5	6	5	7	12	2	2	4	5	5	10	4	1	5	1	1	2	–	3	3	–	–	–
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
Germany	–	4	4	4	2	6	2	2	4	4	1	5	1	2	3	2	–	2	–	–	–	–	–	–	–	–	–
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	13	19	32	19	18	37	21	11	32	22	10	32	22	18	40	9	17	26	2	8	10	3	2	5	–	–	–
Italy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poland	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portugal	2	3	5	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Russia	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scotland	2	3	5	1	–	1	2	–	2	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–
Sweden	–	3	3	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All other countries[2]	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Unknown	2	2	4	1	3	4	4	–	4	4	4	8	3	9	12	3	10	13	4	6	10	–	1	1	1	–	1
Total	35	48	83	36	38	74	41	24	65	38	20	58	39	36	75	21	32	53	10	16	26	3	6	9	2	–	2
(Native Born of Native Parentage)	34	36	70	31	26	57	39	25	64	28	30	58	30	29	59	37	32	69	33	23	56	10	18	28	–	3	3

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea.

Table 171. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	–	1	1	1	1	2	1	1	2	2	2	4	8	2	10	23	10	33	34	8	42	15	14	29
With other forms of syphilis	10	5	15	–	–	–	1	–	1	–	2	2	–	–	–	–	–	–	1	–	1	–	2	2	1	1	2
With epidemic encephalitis	6	4	10	–	1	1	2	1	3	–	1	1	1	–	1	1	1	2	–	–	–	–	–	–	1	–	1
With other infectious diseases	10	11	21	–	–	–	–	2	2	–	1	1	1	–	1	1	1	2	–	2	2	3	1	4	1	1	2
Alcoholic psychoses	202	37	239	–	–	–	–	–	–	4	–	4	7	2	9	17	1	18	30	6	36	35	2	37	34	8	42
Due to drugs, etc.	5	7	12	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	2	2	4	2	–	2
Traumatic psychoses	18	2	20	–	–	–	–	–	–	1	–	1	3	–	3	–	–	–	1	–	1	4	–	4	3	1	4
With cerebral arteriosclerosis	425	379	804	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	6
With other disturbances of circulation	11	15	26	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	3	3	2	4	6
With convulsive disorders (epilepsy)	40	36	76	–	–	–	9	2	11	3	5	8	5	6	11	4	7	11	5	3	8	4	3	7	3	2	5
Senile psychoses	90	145	235	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Involutional psychoses	42	108	150	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	2	15	17	4	19	23
Due to other metabolic diseases, etc.	28	46	74	–	–	–	1	–	1	–	5	5	1	8	9	–	3	3	1	5	6	2	1	3	5	11	16
Due to new growth	14	2	16	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	1	1	2	1	–	1
With organic changes of nervous system	39	20	59	1	2	3	2	1	3	3	–	3	2	2	4	1	1	2	2	1	3	3	2	5	4	2	6
Psychoneuroses	41	64	105	–	–	–	3	1	4	2	6	8	6	9	15	5	12	17	3	11	14	4	8	12	6	5	11
Manic-depressive psychoses	196	252	448	–	–	–	15	14	29	22	31	53	24	30	54	16	32	48	23	34	57	20	30	50	19	26	45
Dementia praecox	367	350	717	5	2	7	46	22	68	89	55	144	74	64	138	49	50	99	39	51	90	31	46	77	18	20	38
Paranoia and paranoid conditions	34	62	96	–	–	–	–	–	–	2	–	2	–	1	1	2	2	4	6	4	10	8	10	18	4	12	16
With psychopathic personality	29	28	57	–	–	–	1	5	6	6	4	10	3	3	6	3	3	6	3	3	6	1	2	3	4	4	8
With mental deficiency	72	56	128	3	3	6	8	9	17	10	4	14	8	5	13	11	7	18	9	6	15	11	9	20	1	5	6
Undiagnosed psychoses	12	12	24	–	–	–	2	–	2	–	2	2	–	2	2	1	2	3	4	1	5	2	2	4	2	–	2
Without psychoses	33	20	53	4	2	6	2	3	5	2	1	3	5	4	9	3	1	4	6	3	9	6	2	8	1	–	1
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	9	9	18	91	58	149	144	118	262	137	135	272	119	125	244	151	140	291	167	147	314	133	139	272
Total Without Mental Disorder	33	21	54	4	2	6	2	3	5	2	1	3	5	4	9	3	1	4	6	3	9	6	2	8	1	–	1
Grand Total	1,861	1,717	3,578	13	11	24	93	61	154	146	119	265	142	139	281	122	126	248	157	143	300	173	149	322	134	139	273

Table 171. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

Mental Disorders	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	20	7	27	17	8	25	8	1	9	4	–	4	3	–	3	–	–	–	1	–	1	–	–	–	–	–	–
With other forms of syphilis	3	–	3	–	–	–	1	–	1	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	–	2	–	2	2	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	25	5	30	21	7	28	21	2	23	5	3	8	3	–	3	–	1	1	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	1	–	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	2	–	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	8	13	21	32	29	61	63	51	114	89	58	147	104	84	188	72	73	145	38	46	84	11	21	32	5	1	6
With other disturbances of circulation	3	3	6	1	1	2	2	–	2	–	2	2	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	3	3	1	2	3	2	–	2	1	2	3	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	1	5	6	5	8	13	11	16	27	16	41	57	26	31	57	19	27	46	11	12	23	1	4	5
Involutional psychoses	14	35	49	15	26	41	5	7	12	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	4	5	9	4	1	5	5	3	8	3	2	5	2	–	2	–	2	2	–	–	–	–	–	–	–	–	–
Due to new growth	3	1	4	4	–	4	1	–	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	7	2	9	6	4	10	3	3	6	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Psychoneuroses	5	4	9	4	4	8	3	3	6	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	24	21	45	16	14	30	9	8	17	6	8	14	2	3	5	–	1	1	–	–	–	–	–	–	–	–	–
Dementia praecox	11	24	35	3	9	12	–	2	2	2	3	5	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	5	11	16	2	8	10	2	7	9	2	5	7	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
With psychopathic personality	2	2	4	1	–	1	3	1	4	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	3	5	6	2	8	2	3	5	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Without psychoses	1	2	3	2	–	2	1	–	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	142	140	282	137	125	262	136	101	237	134	106	240	137	132	269	103	110	213	60	73	133	22	33	55	6	5	11
Total Without Mental Disorder	1	2	3	2	–	2	1	–	1	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Grand Total	143	142	285	139	125	264	137	101	238	134	108	242	137	132	269	103	111	214	60	73	133	22	33	55	6	5	11

TABLE 172. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	–	–	–	1	–	1	–	–	–	1	1	2	2	–	2	1	1	2	3	–	3
With other forms of syphilis	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	1	1	2	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	3	–	3	5	–	5
Traumatic psychoses	3	–	3	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	25	24	49	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	–	–	–	1	–	1	2	1	3	2	3	5	2	1	3	–	–	–	1	–	1
Senile psychoses	4	7	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	3	12	15	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
Due to other metabolic diseases, etc.	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With organic changes of nervous system	6	3	9	–	–	–	–	1	1	–	–	–	–	1	1	2	–	2	1	–	1	1	–	1
Psychoneuroses	6	8	14	–	–	–	–	–	–	–	2	2	–	1	1	2	–	2	1	2	3	–	–	–
Manic-depressive psychoses	100	179	279	–	–	–	–	2	2	7	9	16	8	19	27	8	14	22	10	26	36	19	19	38
Dementia praecox	172	144	316	–	–	–	3	4	7	17	12	29	24	14	38	27	21	48	30	20	50	30	27	57
Paranoia and paranoid conditions	1	9	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1
With psychopathic personality	10	11	21	–	–	–	–	–	–	–	2	2	1	5	6	2	–	2	4	1	5	2	–	2
With mental deficiency	17	22	39	–	–	–	–	–	–	3	1	4	1	3	4	–	5	5	5	6	11	2	2	4
Undiagnosed psychoses	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	–	–	–	1	–	1
Without psychoses	10	6	16	2	–	2	–	–	–	–	1	1	3	–	3	1	–	1	–	1	1	1	2	3
Total With Mental Disorder	409	444	853	–	–	–	6	8	14	31	27	58	38	47	85	50	42	92	56	58	114	65	51	116
Total Without Mental Disorder	10	6	16	2	–	2	–	–	–	–	1	1	3	–	3	1	–	1	–	1	1	1	2	3
Grand Total	419	450	869	2	–	2	6	8	14	31	28	59	41	47	88	51	42	93	56	59	115	66	53	119

TABLE 172. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1	3	4	3	–	3	2	–	2	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
With other forms of syphilis	–	1	1	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	3	1	4	3	2	5	3	2	5	4	–	4	2	–	2	1	–	1	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	–	2	2	1	3	4	3	2	5	10	7	17	3	4	7	5	3	8	3	3	6
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	1	2	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	–	–	–	2	2	1	2	3	2	1	3	1	2	3	–	–	–
Involutional psychoses	–	2	2	–	1	1	2	6	8	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	2	2	4	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	11	18	29	9	19	28	6	22	28	8	18	26	7	9	16	4	4	8	2	–	2	1	–	1
Dementia praecox	23	14	37	12	17	29	5	6	11	–	4	4	–	5	5	1	–	1	–	–	–	–	–	–
Paranoia and paranoid conditions	–	–	–	–	4	4	–	2	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With psychopathic personality	1	1	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	4	1	5	2	3	5	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	1	1	1	–	1	1	–	1	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	47	47	94	29	49	78	23	46	69	19	27	46	20	24	44	13	10	23	8	5	13	4	3	7
Total Without Mental Disorder	–	1	1	1	–	1	1	–	1	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Grand Total	47	48	95	30	49	79	24	46	70	19	27	46	21	25	46	13	10	23	8	5	13	4	3	7

Table 173. — *Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	28	14	42	–	–	–	–	–	–	–	1	1	1	1	2	2	–	2	7	2	9	4	1	5
With other forms of syphilis . .	5	5	10	–	–	–	–	1	1	–	–	–	–	–	–	2	1	3	–	1	1	2	–	2
With epidemic encephalitis . .	1	2	3	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
With other infectious diseases . .	15	8	23	–	–	–	–	1	1	–	6	6	2	–	2	1	–	1	–	–	–	5	1	6
Alcoholic psychoses	276	33	309	–	–	–	–	–	–	6	1	7	24	4	28	45	4	49	53	5	58	51	2	53
Due to drugs, etc.	9	8	17	–	–	–	–	–	–	1	1	2	1	–	1	1	1	2	1	1	2	2	3	5
Traumatic psychoses.	9	1	10	–	–	–	1	–	1	1	–	1	–	–	–	2	–	2	1	–	1	1	1	2
With cerebral arteriosclerosis . .	73	42	115	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With other disturbances of circulation	7	13	20	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
With convulsive disorders (epilepsy)	32	24	56	2	2	4	6	6	12	3	3	6	6	1	7	4	3	7	1	2	3	2	4	6
Senile psychoses	9	17	26	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses . . .	6	23	29	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	4
Due to other metabolic diseases, etc.	14	13	27	–	–	–	1	1	2	–	1	1	–	2	2	–	3	3	2	1	3	4	2	6
Due to new growth	5	–	5	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
With organic changes of nervous system	12	20	32	–	–	–	–	3	3	–	1	1	–	1	1	–	–	–	–	3	3	1	3	4
Psychoneuroses	88	77	165	–	–	–	6	9	15	11	8	19	7	11	18	8	12	20	15	11	26	16	7	23
Manic-depressive psychoses . .	106	106	212	1	–	1	15	10	25	13	14	27	13	15	28	15	22	37	16	9	25	5	9	14
Dementia praecox	105	131	236	3	–	3	14	4	18	29	13	42	25	31	56	7	18	25	10	25	35	7	15	22
Paranoia and paranoid conditions .	22	21	43	–	–	–	–	–	–	2	–	2	1	2	3	1	–	1	4	3	7	5	4	9
With psychopathic personality .	22	8	30	–	–	–	3	2	5	7	1	8	2	1	3	2	–	2	2	1	3	4	3	7
With mental deficiency . . .	20	15	35	1	–	1	5	3	8	2	1	3	4	3	7	–	3	3	2	1	3	2	3	5
Undiagnosed psychoses . . .	93	105	198	1	1	2	10	6	16	10	5	15	13	12	25	7	14	21	13	17	30	11	13	24
Without psychoses	470	237	707	57	34	91	38	45	83	38	21	59	35	19	54	55	23	78	59	21	80	48	23	71
Primary behavior disorders . .	67	35	102	20	8	28	23	16	39	6	2	8	4	2	6	4	2	6	1	–	1	2	2	4
Total With Mental Disorder .	957	686	1,643	9	3	12	62	46	108	85	56	141	99	84	183	98	83	181	128	82	210	123	76	199
Total Without Mental Disorder	537	272	809	77	42	119	61	61	122	44	23	67	39	21	60	59	25	84	60	21	81	50	25	75
Grand Total	1,494	958	2,452	86	45	131	123	107	230	129	79	208	138	105	243	157	108	265	188	103	291	173	101	274

Table 173. — *Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

Mental Disorders	45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	3	5	5	4	9	3	2	5	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	–	1	1	–	1	3	–	3	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–
Alcoholic psychoses	36	6	42	29	4	33	16	4	20	8	1	9	4	1	5	4	1	5	–	–	–	–	–	–
Due to drugs, etc.	1	1	2	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	1	2	3	2	3	5	7	5	12	10	8	18	14	5	19	13	11	24	15	4	19	10	4	14
With other disturbances of circulation	1	3	4	2	4	6	2	2	4	–	1	1	2	1	3	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	2	1	3	2	–	2	1	1	2	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–
Senile psychoses	–	1	1	–	1	1	–	2	2	1	3	4	2	1	3	3	3	6	–	4	4	3	2	5
Involutional psychoses	–	5	5	2	7	9	2	6	8	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	–	2	2	2	4	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	2	3	4	1	5	3	5	8	3	–	3	–	–	–	–	1	1	–	–	–	–	–	–
Psychoneuroses	11	7	18	7	3	10	4	4	8	2	3	5	–	2	2	1	–	1	–	–	–	–	–	–
Manic-depressive psychoses	12	9	21	5	12	17	7	3	10	3	3	6	–	–	–	–	–	–	1	–	1	–	–	–
Dementia praecox	7	10	17	3	10	13	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	5	3	8	3	3	6	–	3	3	–	2	2	1	–	1	–	1	1	–	–	–	–	–	–
With psychopathic personality	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	1	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	13	15	28	6	11	17	7	8	15	–	3	3	1	–	1	–	–	–	1	–	1	–	–	–
Without psychoses	42	22	64	39	8	47	22	7	29	14	7	21	15	4	19	4	1	5	3	1	4	1	1	2
Primary behavior disorders	2	1	3	1	1	2	1	1	2	2	–	2	–	–	–	–	–	–	1	–	1	–	–	–
Total With Mental Disorder	100	69	169	78	67	145	56	52	108	36	25	61	29	12	41	23	17	40	18	8	26	13	6	19
Total Without Mental Disorder	44	23	67	40	9	49	23	8	31	16	7	23	15	4	19	4	1	5	4	1	5	1	1	2
Grand Total	144	92	236	118	76	194	79	60	139	52	32	84	44	16	60	27	18	45	22	9	31	14	7	21

TABLE 174. — *Admission Ages of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	1	–	1
With other forms of syphilis	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
With other infectious diseases	–	3	3	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	1	1
Alcoholic psychoses	82	11	93	–	–	–	–	–	–	–	–	–	5	–	5	9	1	10	13	1	14
Due to drugs, etc.	4	1	5	–	–	–	–	–	–	–	–	–	1	–	1	1	1	2	1	–	1
Traumatic psychoses	4	–	4	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	1	–	1
With cerebral arteriosclerosis	10	3	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	13	12	25	–	1	1	1	1	2	–	1	1	4	–	4	3	1	4	–	4	4
Senile psychoses	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	4	3	7	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Psychoneuroses	23	24	47	–	–	–	–	3	3	1	2	3	1	2	3	4	3	7	3	5	8
Manic-depressive psychoses	57	83	140	–	–	–	3	2	5	11	9	20	8	6	14	2	12	14	7	13	20
Dementia praecox	33	50	83	–	1	1	–	1	1	5	9	14	4	2	6	3	10	13	5	8	13
Paranoia and paranoid conditions	5	8	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
With psychopathic personality	19	16	35	–	–	–	3	3	6	1	2	3	2	4	6	–	1	1	3	1	4
With mental deficiency	11	10	21	–	–	–	2	3	5	1	–	1	2	2	4	–	1	1	3	1	4
Undiagnosed psychoses	22	16	38	1	–	1	3	–	3	2	1	3	4	3	7	3	2	5	3	2	5
Without psychoses	185	107	292	6	6	12	12	17	29	19	14	33	17	10	27	21	16	37	33	8	41
Primary behavior disorders	7	9	16	2	1	3	1	1	2	1	2	3	–	–	–	–	–	–	1	2	3
Total With Mental Disorder	304	255	559	1	2	3	14	14	28	21	24	45	33	20	53	26	34	60	41	37	78
Total Without Mental Disorder	192	116	308	8	7	15	13	18	31	20	16	36	17	10	27	21	16	37	34	10	44
Grand Total	496	371	867	9	9	18	27	32	59	41	40	81	50	30	80	47	50	97	75	47	122

TABLE 174. — *Admission Ages of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	40–44 YEARS			45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	1	3	2	1	3	–	1	1	3	1	4	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	1	1	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	15	–	15	16	1	17	10	2	12	8	5	13	5	1	6	1	–	1	–	–	–
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	–	–	–	1	1	2	4	1	5	3	1	4	–	–	–	2	–	2
With other disturbances of circulation	–	–	–	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1
With convulsive disorders (epilepsy)	1	–	1	2	1	3	1	2	3	–	–	–	–	1	1	–	–	–	1	–	1
Senile psychoses	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–
Involutional psychoses	–	–	–	–	1	1	–	–	–	–	2	2	1	–	1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With organic changes of nervous system	–	2	2	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–	–	1	1
Psychoneuroses	5	3	8	4	–	4	3	2	5	2	1	3	–	2	2	–	1	1	–	–	–
Manic-depressive psychoses	3	11	14	11	14	25	2	10	12	3	2	5	3	2	5	–	1	1	4	1	5
Dementia praecox	6	6	12	5	7	12	1	4	5	3	2	5	–	–	–	–	–	–	1	–	1
Paranoia and paranoid conditions	3	1	4	1	1	2	–	1	1	–	4	4	–	–	–	–	–	–	–	–	–
With psychopathic personality	6	3	9	2	2	4	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	3	5	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	3	1	4	2	2	4	1	2	3	–	3	3	–	–	–	–	–	–	–	–	–
Without psychoses	36	10	46	14	8	22	7	6	13	10	5	15	–	3	3	6	3	9	4	1	5
Primary behavior disorders	–	1	1	1	–	1	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	48	32	80	47	31	78	24	25	49	24	23	47	15	7	22	1	3	4	9	3	12
Total Without Mental Disorder	36	11	47	15	8	23	8	7	15	10	6	16	–	3	3	6	3	9	4	1	5
Grand Total	84	43	127	62	39	101	32	32	64	34	29	63	15	10	25	7	6	13	13	4	17

TABLE 175. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	300	306	606	12	10	22	30	32	62	35	29	64	39	51	90	43	43	86	60	49	109	67	68	135	12	24	36	2	–	2
Boston Psycho.	80	62	142	10	6	16	10	20	30	23	17	40	24	12	36	12	7	19	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	265	257	522	16	17	33	45	34	79	30	41	71	41	36	77	41	38	79	50	31	81	29	39	68	12	20	32	1	1	2
Foxborough	89	105	194	7	7	14	9	20	29	14	17	31	14	19	33	14	16	30	10	11	21	15	9	24	6	6	12	–	–	–
Gardner	32	37	69	1	–	1	8	6	14	4	4	8	4	5	9	4	6	10	4	8	12	4	5	9	2	3	5	1	–	1
Grafton	19	11	30	–	–	–	4	1	5	5	1	6	4	2	6	2	4	6	4	2	6	–	1	1	–	–	–	–	–	–
Medfield	75	78	153	3	2	5	12	16	28	11	15	26	14	17	31	10	8	18	9	10	19	13	7	20	3	3	6	–	–	–
Northampton	227	209	436	10	6	16	34	28	62	41	32	73	34	39	73	37	31	68	34	26	60	27	32	59	9	15	24	1	–	1
Taunton	199	175	374	11	9	20	29	27	56	26	32	58	35	21	56	30	26	56	29	26	55	24	23	47	14	8	22	1	3	4
Westborough	166	190	356	13	6	19	39	26	65	20	28	48	22	32	54	23	36	59	21	16	37	18	28	46	10	18	28	–	–	–
Worcester	249	233	482	8	5	13	41	37	78	38	42	80	31	47	78	43	39	82	39	26	65	35	28	63	14	8	22	–	1	1
Monson	24	15	39	8	4	12	5	4	9	5	2	7	2	2	4	1	2	3	2	1	3	1	–	1	–	–	–	–	–	–
McLean	48	39	87	4	–	4	9	7	16	8	9	17	6	5	11	11	11	22	3	3	6	7	3	10	–	1	1	–	–	–
Bridgewater	26	–	26	3	–	3	10	–	10	6	–	6	3	–	3	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	28	–	28	–	–	–	2	–	2	8	–	8	16	–	16	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	34	–	34	–	–	–	1	–	1	5	–	5	18	–	18	7	–	7	3	–	3	–	–	–	–	–	–	–	–	–
Total	1,861	1,717	3,578	106	72	178	288	258	546	279	269	548	307	288	595	282	267	549	271	209	480	240	243	483	82	106	188	6	5	11

TABLE 176. — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.
Boston State	33	59	92	–	–	–	7	9	16	7	10	17	8	13	21	3	14	17	5	6	11	3	6	9	–	1	1
Boston Psychopathic	7	15	22	–	1	1	2	4	6	2	7	9	2	1	3	–	1	1	1	1	2	–	–	–	–	–	–
Danvers	68	73	141	2	1	3	13	12	25	19	15	34	10	22	32	9	16	25	8	6	14	5	1	6	2	–	2
Foxborough	12	21	33	–	1	1	2	4	6	3	3	6	1	7	8	4	4	8	–	2	2	2	–	2	–	–	–
Gardner	11	11	22	–	–	–	5	1	6	–	4	4	5	1	6	1	1	2	–	4	4	–	–	–	–	–	–
Grafton	7	7	14	1	–	1	1	2	3	2	2	4	1	–	1	–	3	3	2	–	2	–	–	–	–	–	–
Medfield	11	31	42	–	2	2	3	6	9	1	9	10	2	6	8	1	5	6	2	3	5	2	–	2	–	–	–
Northampton	40	43	83	–	1	1	6	4	10	18	10	28	5	11	16	6	9	15	3	6	9	2	1	3	–	1	1
Taunton	32	32	64	1	–	1	7	7	14	9	5	14	7	6	13	3	7	10	4	6	10	1	1	2	–	–	–
Westborough	38	72	110	–	2	2	8	14	22	8	13	21	8	14	22	8	14	22	4	9	13	2	5	7	–	1	1
Worcester	64	66	130	1	–	1	8	7	15	16	14	30	17	18	35	8	20	28	8	6	14	4	1	5	2	–	2
Monson	9	4	13	3	–	3	3	3	6	1	–	1	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–
McLean	12	16	28	–	–	–	4	2	6	3	9	12	1	1	2	3	1	4	1	3	4	–	–	–	–	–	–
Bridgewater	2	–	2	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	26	–	26	–	–	–	1	–	1	3	–	3	19	–	19	2	–	2	1	–	1	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	47	–	47	–	–	–	1	–	1	14	–	14	27	–	27	4	–	4	1	–	1	–	–	–	–	–	–
Total	419	450	869	8	8	16	72	75	147	107	101	208	113	101	214	54	95	149	40	52	92	21	15	36	4	3	7

TABLE 177. — *Mental Disorders of First Court Admissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex*

MENTAL DISORDERS	TOTAL				BOSTON STATE				BOSTON PSYCHOPATHIC				DANVERS				FOXBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	137	55	192	5.4	17	9	26	4.3	32	8	40	28.2	22	7	29	5.6	3	2	5	2.6
With other forms of syphilis	10	5	15	.4	–	–	–	–	–	1	1	.7	4	1	5	1.0	–	–	–	–
With epidemic encephalitis	6	4	10	.3	–	–	–	–	–	–	–	–	1	2	3	.6	–	–	–	–
With other infectious diseases	10	11	21	.6	–	2	2	.3	2	3	5	3.5	–	2	2	.4	–	–	–	–
Alcoholic psychoses	202	37	239	6.7	30	10	40	6.6	4	1	5	3.5	33	4	37	7.0	5	3	8	4.1
Due to drugs, etc.	5	7	12	.3	1	2	3	.5	1	–	1	.7	–	1	1	.2	2	–	2	1.0
Traumatic psychoses	18	2	20	.6	3	–	3	.5	3	–	3	2.1	1	1	2	.4	1	–	1	.5
With cerebral arteriosclerosis	425	379	804	22.5	123	115	238	39.2	–	–	–	–	70	47	117	22.4	15	11	26	13.5
With other disturbances of circulation	11	15	26	.7	1	2	3	.5	–	2	2	1.4	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	40	36	76	2.1	4	3	7	1.2	2	4	6	4.2	4	7	11	2.1	2	3	5	2.6
Senile psychoses	90	145	235	6.6	10	24	34	5.6	–	–	–	–	13	34	47	9.0	8	7	15	7.7
Involutional psychoses	42	108	150	4.2	–	4	4	.7	1	1	2	1.4	4	15	19	3.6	3	9	12	6.2
Due to other metabolic diseases, etc.	28	46	74	2.1	5	7	12	2.0	1	5	6	4.2	2	3	5	1.0	1	6	7	3.6
Due to new growth	14	2	16	.4	3	–	3	.5	1	–	1	.7	–	–	–	–	–	–	–	–
With organic changes of nervous system	39	20	59	1.6	4	3	7	1.2	5	2	7	4.9	5	3	8	1.5	8	2	10	5.2
Psychoneuroses	41	64	105	2.9	5	6	11	1.8	1	3	4	2.8	4	20	24	4.6	5	3	8	4.1
Manic-depressive psychoses	196	252	448	12.5	50	65	115	18.9	6	8	14	9.9	9	17	26	5.0	11	18	29	14.9
Dementia praecox	367	350	717	20.0	13	11	24	4.0	13	17	30	21.2	81	73	154	29.5	18	19	37	19.1
Paranoia and paranoid conditions	34	62	96	2.7	10	25	35	5.7	1	2	3	2.1	4	6	10	1.9	2	10	12	6.2
With psychopathic personality	29	28	57	1.6	6	6	12	2.0	–	–	–	–	2	4	6	1.1	–	3	3	1.5
With mental deficiency	72	56	128	3.6	11	9	20	3.3	–	–	–	–	6	9	15	2.9	5	8	13	6.7
Undiagnosed psychoses	12	12	24	.7	–	3	3	.5	7	5	12	8.5	–	–	–	–	–	–	–	–
Without psychoses	33	20	53	1.5	4	–	4	.7	–	–	–	–	–	–	–	–	–	1	1	.5
Primary behavior disorders	–	1	1	.02	–	–	–	–	–	–	–	–	–	1	1	.2	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	98.5	296	306	602	99.3	80	62	142	100.0	265	256	521	99.8	89	104	193	99.5
Total Without Mental Disorder	33	21	54	1.5	4	–	4	.7	–	–	–	–	–	1	1	.2	–	1	1	.5
Grand Total	1,861	1,717	3,578	100.0	300	306	606	100.0	80	62	142	100.0	265	257	522	100.0	89	105	194	100.0

TABLE 177. — *Mental Disorders of First Court Admissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex* — Continued

MENTAL DISORDERS	GARDNER				GRAFTON				MEDFIELD				NORTHAMPTON				TAUNTON				WESTBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	2	1	3	4.4	1	–	1	3.3	2	3	5	3.3	15	6	21	4.8	13	5	18	4.8	3	3	6	1.7
With other forms of syphilis	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	.2	2	–	2	.5	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	1	–	1	.7	–	–	–	–	1	–	1	.3	2	1	3	.8
With other infectious diseases	1	–	1	1.4	–	–	–	–	1	–	1	.7	1	1	2	.5	–	–	–	–	–	1	1	.3
Alcoholic psychoses	1	2	3	4.4	3	2	5	16.7	5	1	6	3.9	18	6	24	5.5	23	2	25	6.7	29	3	32	9.0
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	1	1	.7	1	1	2	.5	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	.5	1	1	2	.5	3	–	3	.8
With cerebral arteriosclerosis	5	8	13	18.9	1	1	2	6.7	13	10	23	15.0	47	31	78	17.9	40	45	85	22.7	37	56	93	26.1
With other disturbances of circulation	–	1	1	1.4	–	–	–	–	2	–	2	1.3	4	5	9	2.1	–	–	–	–	1	5	6	1.7
With convulsive disorders (epilepsy)	–	–	–	–	–	1	1	3.3	1	2	3	2.0	–	1	1	.2	4	2	6	1.6	3	5	8	2.2
Senile psychoses	5	4	9	13.0	1	1	2	6.7	6	7	13	8.4	16	29	45	10.3	16	18	34	9.1	2	6	8	2.2
Involutional psychoses	–	4	4	5.8	2	–	2	6.7	2	4	6	3.9	13	19	32	7.3	6	18	24	6.4	8	12	20	5.6
Due to other metabolic diseases, etc.	3	4	7	10.1	–	–	–	–	2	2	4	2.6	4	6	10	2.3	4	2	6	1.6	1	3	4	1.1
Due to new growth	–	–	–	–	–	–	–	–	1	–	1	.7	2	–	2	.5	4	–	4	1.1	1	1	2	.6
With organic changes of nervous system	2	2	4	5.8	1	–	1	3.3	1	–	1	.7	2	1	3	.7	4	3	7	1.9	1	–	1	.5
Psychoneuroses	1	1	2	2.9	–	–	–	–	–	1	1	.7	4	10	14	3.2	7	8	15	4.0	3	3	6	1.7
Manic-depressive psychoses	2	3	5	7.2	2	1	3	10.0	10	13	23	15.0	18	17	35	8.0	13	28	41	11.0	29	44	73	20.6
Dementia praecox	6	4	10	14.5	3	2	5	16.7	17	23	40	26.1	46	49	95	21.7	45	37	82	21.9	39	38	77	21.7
Paranoia and paranoid conditions	–	–	–	–	2	1	3	10.0	1	–	1	.7	2	6	8	1.8	5	1	6	1.6	–	1	1	.3
With psychopathic personality	–	1	1	1.4	–	1	1	3.3	3	6	9	5.8	10	3	13	3.0	1	1	2	.5	1	2	3	.8
With mental deficiency	2	1	3	4.4	3	1	4	13.3	6	4	10	6.5	17	12	29	6.7	9	4	13	3.5	3	6	9	2.5
Undiagnosed psychoses	–	–	–	–	–	–	–	–	1	1	2	1.3	1	3	4	.9	–	–	–	–	–	–	–	–
Without psychoses	2	1	3	4.4	–	–	–	–	–	–	–	–	3	3	6	1.4	1	–	1	.3	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	30	36	66	95.6	19	11	30	100.0	75	78	153	100.0	224	206	430	98.6	198	175	373	99.7	166	190	356	100.0
Total Without Mental Disorder	2	1	3	4.4	–	–	–	–	–	–	–	–	3	3	6	1.4	1	–	1	.3	–	–	–	–
Grand Total	32	37	69	100.0	19	11	30	100.0	75	78	153	100.0	227	209	436	100.0	199	175	374	100.0	166	190	356	100.0

TABLE 177. — *Mental Disorders of First Court Admissions to Hospitals for Mental Diseases 1936, by Hospital and Sex* — Concluded

MENTAL DISORDERS	WORCESTER				MONSON				MCLEAN				BRIDGEWATER				VETS'. ADM. FAC. No. 107				VETS'. ADM. FAC. No. 95			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	15	11	26	5.4	–	–	–	–	–	–	–	–	1	–	1	3.8	2	–	2	7.1	9	–	9	26.5
With other forms of syphilis	3	2	5	1.0	–	–	–	–	–	1	1	1.1	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	1	1	.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2.9
With other infectious diseases	1	2	3	.6	–	–	–	–	1	–	1	1.1	–	–	–	–	–	–	–	–	3	–	3	8.8
Alcoholic psychoses	36	2	38	7.9	–	–	–	–	1	1	2	2.3	5	–	5	19.3	3	–	3	10.7	6	–	6	17.7
Due to drugs, etc.	–	1	1	.2	–	–	–	–	–	1	1	1.1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	.6	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.6	–	–	–	–
With cerebral arteriosclerosis	67	53	120	24.9	–	–	–	–	6	2	8	9.2	–	–	–	–	–	–	–	–	1	–	1	2.9
With other disturbances of circulation	3	–	3	.6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	6	1	7	1.5	10	7	17	43.6	–	–	–	–	–	–	–	–	2	–	2	7.1	2	–	2	5.9
Senile psychoses	11	14	25	5.2	–	–	–	–	1	1	2	2.3	–	–	–	–	1	–	1	3.6	–	–	–	–
Involutional psychoses	2	18	20	4.2	–	–	–	–	–	4	4	4.6	–	–	–	–	–	–	–	–	1	–	1	2.9
Due to other metabolic diseases, etc.	5	8	13	2.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	2	1	3	.6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	2	4	.8	–	–	–	–	1	2	3	3.5	–	–	–	–	1	–	1	3.6	2	–	2	5.9
Psychoneuroses	8	8	16	3.4	–	–	–	–	1	1	2	2.3	1	–	1	3.8	1	–	1	3.6	–	–	–	–
Manic-depressive psychoses	18	21	39	8.1	–	–	–	–	21	17	38	43.7	1	–	1	3.8	4	–	4	14.3	2	–	2	5.9
Dementia praecox	55	72	127	26.4	–	–	–	–	6	5	11	12.7	7	–	7	27.0	12	–	12	42.8	6	–	6	17.7
Paranoia and paranoid conditions	6	8	14	2.9	–	–	–	–	1	2	3	3.5	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	1	2	.4	–	–	–	–	1	–	1	1.1	3	–	3	11.6	1	–	1	3.6	–	–	–	–
With mental deficiency	4	2	6	1.2	–	–	–	–	–	–	–	–	6	–	6	23.1	–	–	–	–	–	–	–	–
Undiagnosed psychoses	1	–	1	.2	–	–	–	–	–	–	–	–	1	–	1	3.8	–	–	–	–	1	–	1	2.9
Without psychoses	–	5	5	1.0	14	8	22	56.4	8	2	10	11.5	1	–	1	3.8	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	249	228	477	99.0	10	7	17	43.6	40	37	77	88.5	25	–	25	96.2	28	–	28	100.0	34	–	34	100.0
Total Without Mental Disorder	–	5	5	1.0	14	8	22	56.4	8	2	10	11.5	1	–	1	3.8	–	–	–	–	–	–	–	–
Grand Total	249	233	482	100.0	24	15	39	100.0	48	39	87	100.0	26	–	26	100.0	28	–	28	100.0	34	–	34	100 0

TABLE 178. — *Mental Disorders of Court Readmissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex*

MENTAL DISORDERS	TOTAL				BOSTON STATE				BOSTON PSYCHOPATHIC				DANVERS				FOXBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	15	6	21	2.4	2	3	5	5.4	1	–	1	4.5	1	–	1	.7	1	–	1	3.0
With other forms of syphilis	3	1	4	.5	–	–	–	–	–	–	–	–	1	–	1	.7	–	–	–	–
With epidemic encephalitis	1	1	2	.2	–	–	–	–	–	1	1	4.5	1	–	1	.7	–	–	–	–
Alcoholic psychoses	27	5	32	3.7	3	1	4	4.3	–	–	–	–	4	1	5	3.5	–	–	–	–
Traumatic psychoses	3	–	3	.3	1	–	1	1.1	1	–	1	4.5	1	–	1	.7	–	–	–	–
With cerebral arteriosclerosis	25	24	49	5.6	4	6	10	10.8	–	–	–	–	7	4	11	7.9	–	1	1	3.0
With other disturbances of circulation	–	1	1	.1	–	–	–	–	–	–	–	–	–	1	1	.7	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	2.1	2	1	3	3.3	–	–	–	–	2	2	4	2.8	–	–	–	–
Senile psychoses	4	7	11	1.3	1	2	3	3.3	–	–	–	–	1	–	1	.7	1	–	1	3.0
Involutional psychoses	3	12	15	1.7	1	–	1	1.1	–	–	–	–	–	2	2	1.4	–	2	2	6.1
Due to other metabolic diseases, etc.	2	3	5	.6	–	2	2	2.2	–	–	–	–	–	–	–	–	–	1	1	3.0
With organic changes of nervous system	6	3	9	1.0	–	–	–	–	–	–	–	–	1	2	3	2.1	–	–	–	–
Psychoneuroses	6	8	14	1.6	1	1	2	2.2	–	–	–	–	1	3	4	2.8	1	2	3	9.1
Manic-depressive psychoses	100	179	279	32.1	15	29	44	47.8	3	11	14	63.7	11	23	34	24.2	6	10	16	48.6
Dementia praecox	172	144	316	36.4	2	3	5	5.4	1	2	3	13.7	35	29	64	45.4	3	3	6	18.2
Paranoia and paranoid conditions	1	9	10	1.2	–	3	3	3.3	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	10	11	21	2.4	1	1	2	2.2	–	–	–	–	–	–	–	–	–	1	1	3.0
With mental deficiency	17	22	39	4.5	–	6	6	6.5	–	–	–	–	1	6	7	5.0	–	1	1	3.0
Undiagnosed psychoses	3	1	4	.5	–	–	–	–	1	1	2	9.1	–	–	–	–	–	–	–	–
Without psychoses	10	6	16	1.8	–	1	1	1.1	–	–	–	–	1	–	1	.7	–	–	–	–
Total With Mental Disorder	409	444	853	98.2	33	58	91	98.9	7	15	22	100.0	67	73	140	99.3	12	21	33	100.0
Total Without Mental Disorder	10	6	16	1.8	–	1	1	1.1	–	–	–	–	1	–	1	.7	–	–	–	–
Grand Total	419	450	869	100.0	33	59	92	100.0	7	15	22	100.0	68	73	141	100.0	12	21	33	100.0

TABLE 178. — *Mental Disorders of Court Readmissions to Hospitals for Mental Diseases, 1936 by Hospital and Sex* — Continued

MENTAL DISORDERS	GARDNER				GRAFTON				MEDFIELD				NORTHAMPTON				TAUNTON				WESTBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	3.6	2	1	3	4.7	2	–	2	1.8
With other forms of syphilis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	–	–	–	–	2	–	2	14.3	–	1	1	2.4	6	–	6	7.2	–	1	1	1.6	1	–	1	.9
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	–	–	–	–	–	–	1	1	2.4	4	2	6	7.2	2	2	4	6.2	2	4	6	5.5
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1.2	–	–	–	–	–	1	1	.9
Senile psychoses	–	1	1	4.5	–	–	–	–	–	–	–	–	–	1	1	1.2	–	1	1	1.6	–	1	1	.9
Involutional psychoses	–	–	–	–	–	2	2	14.3	–	–	–	–	2	2	4	4.8	–	1	1	1.6	–	3	3	2.7
Due to other metabolic diseases, etc.	–	–	–	–	1	–	1	7.1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	–	–	–	–	–	1	1	2	4.8	–	–	–	–	1	–	1	1.6	–	–	–	–
Psychoneuroses	1	–	1	4.5	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	3.1	–	–	–	–
Manic-depressive psychoses	2	8	10	45.5	1	1	2	14.3	4	14	18	42.8	7	20	27	32.6	8	14	22	34.4	12	31	43	39.1
Dementia praecox	5	2	7	31.9	2	2	4	28.6	3	6	9	21.4	12	15	27	32.6	13	10	23	35.9	19	31	50	45.5
Paranoia and paranoid conditions	–	–	–	–	–	–	–	–	1	1	2	4.8	–	1	1	1.2	–	–	–	–	–	–	–	–
With psychopathic personality	–	–	–	–	1	1	2	14.3	1	3	4	9.5	2	1	3	3.6	1	1	2	3.1	–	1	1	.9
With mental deficiency	2	–	2	9.1	–	1	1	7.1	–	4	4	9.5	2	–	2	2.4	3	1	4	6.2	2	–	2	1.8
Undiagnosed psychoses	–	–	–	–	–	–	–	–	1	–	1	2.4	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	1	–	1	4.5	–	–	–	–	–	–	–	–	2	–	2	2.4	–	–	–	–	–	–	–	–
Total With Mental Disorder	10	11	21	95.5	7	7	14	100.0	11	31	42	100.0	38	43	81	97.6	32	32	64	100.0	38	72	110	100.0
Total Without Mental Disorder	1	–	1	4.5	–	–	–	–	–	–	–	–	2	–	2	2.4	–	–	–	–	–	–	–	–
Grand Total	11	11	22	100.0	7	7	14	100.0	11	31	42	100.0	40	43	83	100.0	32	32	64	100.0	38	72	110	100.0

TABLE 178. — *Mental Disorders of Court Readmissions to Hospitals for Mental Diseases, 1936, by Hospital and Sex* — Concluded

MENTAL DISORDERS	WORCESTER				MONSON				MCLEAN				BRIDGEWATER				VETERANS' ADM. FAC. NO. 107				VETERANS' ADM. FAC. NO. 95			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	3	1	4	3.1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2.1
With other forms of syphilis	1	1	2	1.5	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.8	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	11	1	12	9.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	5	4	9	6.9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2.1
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	–	–	–	5	2	7	53.8	–	1	1	3.6	–	–	–	–	–	–	–	–	1	–	1	2.1
Senile psychoses	1	–	1	.8	–	–	–	–	–	1	1	3.6	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	–	1	.8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	–	1	.8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	2	2	1.5	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	7.7	–	–	–	–
Manic-depressive psychoses	13	11	24	18.5	–	–	–	–	6	7	13	46.5	–	–	–	–	6	–	6	23.1	6	–	6	12.8
Dementia praecox	21	37	58	44.7	–	–	–	–	5	4	9	32.1	–	–	–	–	16	–	16	61.6	35	–	35	74.5
Paranoia and paranoid conditions	–	2	2	1.5	–	–	–	–	–	2	2	7.1	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	2	3	2.3	–	–	–	–	–	–	–	–	1	–	1	50.0	–	–	–	–	2	–	2	4.3
With mental deficiency	6	3	9	6.9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2.1
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.8	–	–	–	–
Without psychoses	–	2	2	1.5	4	2	6	46.2	1	1	2	7.1	1	–	1	50.0	–	–	–	–	–	–	–	–
Total With Mental Disorder	64	64	128	98.5	5	2	7	53.8	11	15	26	92.9	1	–	1	50.0	26	–	26	100.0	47	–	47	100.0
Total Without Mental Disorder	–	2	2	1.5	4	2	6	46.2	1	1	2	7.1	1	–	1	50.0	–	–	–	–	–	–	–	–
Grand Total	64	66	130	100.0	9	4	13	100.0	12	16	28	100.0	2	–	2	100.0	26	–	26	100.0	47	–	47	100.0

TABLE 179. — *Alcoholic Habits of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	21	28	49	73	15	88	37	8	45	6	4	10
With other forms of syphilis	10	5	15	2	3	5	3	1	4	4	–	4	1	1	2
With epidemic encephalitis	6	4	10	4	4	8	1	–	1	1	–	1	–	–	–
With other infectious diseases	10	11	21	2	6	8	5	2	7	2	1	3	1	2	3
Alcoholic psychoses	202	37	239	–	–	–	–	–	–	202	37	239	–	–	–
Due to drugs, etc.	5	7	12	–	3	3	2	2	4	3	2	5	–	–	–
Traumatic psychoses	18	2	20	3	2	5	7	–	7	8	–	8	–	–	–
With cerebral arteriosclerosis	425	379	804	147	284	431	146	38	184	89	9	98	43	48	91
With other disturbances of circulation	11	15	26	3	12	15	3	2	5	1	–	1	4	1	5
With convulsive disorders (epilepsy)	40	36	76	27	31	58	9	5	14	3	–	3	1	–	1
Senile psychoses	90	145	235	35	112	147	30	15	45	19	4	23	6	14	20
Involutional psychoses	42	108	150	10	78	88	25	26	51	5	3	8	2	1	3
Due to other metabolic diseases, etc.	28	46	74	11	33	44	10	10	20	5	2	7	2	1	3
Due to new growth	14	2	16	4	2	6	7	–	7	2	–	2	1	–	1
With organic changes of nervous system	39	20	59	17	17	34	16	2	18	6	–	6	–	1	1
Psychoneuroses	41	64	105	17	42	59	18	16	34	5	5	10	1	1	2
Manic-depressive psychoses	196	252	448	71	168	239	70	46	116	52	22	74	3	16	19
Dementia praecox	367	350	717	161	254	415	147	74	221	50	15	65	9	7	16
Paranoia and paranoid conditions	34	62	96	7	44	51	15	12	27	10	2	12	2	4	6
With psychopathic personality	29	28	57	6	16	22	14	5	19	9	7	16	–	–	–
With mental deficiency	72	56	128	35	46	81	19	5	24	15	3	18	3	2	5
Undiagnosed psychoses	12	12	24	6	7	13	4	–	4	2	2	4	–	3	3
Without psychoses	33	20	53	19	14	33	2	2	4	11	2	13	1	2	3
Primary behavior disorders	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	589	1,192	1,781	624	276	900	530	122	652	85	106	191
Total Without Mental Disorder	33	21	54	19	15	34	2	2	4	11	2	13	1	2	3
Grand Total	1,861	1,717	3,578	608	1,207	1,815	626	278	904	541	124	665	86	108	194

TABLE 180. — *Alcoholic Habits of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	4	3	7	7	3	10	4	–	4	–	–	–
With other forms of syphilis	3	1	4	–	1	1	1	–	1	2	–	2	–	–	–
With epidemic encephalitis	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	–	–	–	–	–	–	27	5	32	–	–	–
Traumatic psychoses	3	–	3	1	–	1	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	25	24	49	13	18	31	4	3	7	7	1	8	1	2	3
With other disturbances of circulation	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	2	7	9	7	–	7	1	–	1	1	–	1
Senile psychoses	4	7	11	2	7	9	2	–	2	–	–	–	–	–	–
Involutional psychoses	3	12	15	2	11	13	1	–	1	–	1	1	–	–	–
Due to other metabolic diseases, etc.	2	3	5	–	1	1	2	2	4	–	–	–	–	–	–
With organic changes of nervous system	6	3	9	3	2	5	2	–	2	1	1	2	–	–	–
Psychoneuroses	6	8	14	2	7	9	2	–	2	2	1	3	–	–	–
Manic-depressive psychoses	100	179	279	31	135	166	49	36	85	20	6	26	–	2	2
Dementia praecox	172	144	316	60	120	180	73	16	89	33	5	38	6	3	9
Paranoia and paranoid conditions	1	9	10	–	4	4	–	4	4	1	1	2	–	–	–
With psychopathic personality	10	11	21	1	5	6	7	2	9	2	4	6	–	–	–
With mental deficiency	17	22	39	5	14	19	6	4	10	6	3	9	–	1	1
Undiagnosed psychoses	3	1	4	2	1	3	–	–	–	1	–	1	–	–	–
Without psychoses	10	6	16	3	3	6	4	–	4	3	3	6	–	–	–
Total With Mental Disorder	409	444	853	129	338	467	165	70	235	107	28	135	8	8	16
Total Without Mental Disorder	10	6	16	3	3	6	4	–	4	3	3	6	–	–	–
Grand Total	419	450	869	132	341	473	169	70	239	110	31	141	8	8	16

TABLE 181. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

RACE	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	22	50	72	22	49	71	–	1	1	3	7	10	–	1	1	–	–	–	–	–	–	2	2	4	–	–	–
African (part black)	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenian	12	6	18	12	6	18	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgarian	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chinese	5	1	6	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dutch and Flemish	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
English	332	302	634	322	296	618	10	6	16	18	4	22	2	–	2	1	1	2	2	–	2	20	3	23	3	2	5
Finnish	14	15	29	14	15	29	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
French	159	112	271	156	111	267	3	1	4	27	6	33	–	1	1	–	–	–	–	2	2	19	1	20	–	–	–
German	36	33	69	34	33	67	2	–	2	2	3	5	–	–	–	–	–	–	–	–	–	1	3	4	–	–	–
Greek	12	9	21	12	9	21	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hebrew	59	67	126	59	67	126	–	–	–	2	–	2	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–
Irish	393	408	801	387	405	792	6	3	9	12	7	19	1	1	2	2	1	3	5	3	8	74	14	88	1	3	4
Italian[1]	129	84	213	127	81	208	2	3	5	22	2	24	–	–	–	1	1	2	–	1	1	8	–	8	–	–	–
Lithuanian	24	17	41	24	17	41	–	–	–	–	1	1	1	–	1	1	–	1	–	–	–	4	1	5	–	–	–
Magyar	–	5	5	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portuguese	52	32	84	49	31	80	3	1	4	11	4	15	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–
Rumanian	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Scandinavian[2]	52	45	97	50	45	95	2	–	2	2	2	4	–	–	–	–	–	–	–	1	1	10	1	11	–	–	–
Scotch	28	35	63	28	34	62	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–
Slavonic[3]	79	50	129	79	50	129	–	–	–	3	1	4	–	–	–	–	–	–	–	–	–	11	3	14	–	–	–
Syrian	5	3	8	5	3	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkish	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Welsh	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	5	1	6	5	1	6	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Race unknown	44	59	103	44	59	103	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–
Mixed	392	380	772	387	375	762	5	5	10	27	15	42	4	1	5	1	1	2	3	4	7	44	8	52	1	2	3
Total	1,861	1,717	3,578	1,828	1,696	3,524	33	21	54	137	55	192	10	5	15	6	4	10	10	11	21	202	37	239	5	7	12

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 181. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Continued

RACE	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH OTHER DISTUR-BANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	–	–	–	6	10	16	–	3	3	–	1	1	–	5	5	–	–	–	–	2	2	–	–	–	–	–	–
African (part black)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenian	–	–	–	2	2	4	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Bulgarian	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chinese	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dutch and Flemish	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
English	5	–	5	90	87	177	2	5	7	7	5	12	30	42	72	10	20	30	5	6	11	3	1	4	6	6	12
Finnish	–	–	–	1	1	2	–	–	–	–	–	–	–	1	1	1	–	1	–	2	2	–	1	1	–	–	–
French	–	–	–	26	17	43	1	1	2	8	2	10	9	7	16	3	10	13	3	3	6	1	–	1	3	2	5
German	–	–	–	11	6	17	–	–	–	–	1	1	2	2	4	1	2	3	2	1	3	–	–	–	1	–	1
Greek	–	–	–	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Hebrew	1	–	1	5	4	9	–	2	2	1	–	1	1	1	2	1	6	7	1	1	2	1	–	1	2	1	3
Irish	5	1	6	99	121	220	2	2	4	10	10	20	14	33	47	11	29	40	4	8	12	2	–	2	5	3	8
Italian [1]	–	–	–	19	13	32	–	–	–	–	3	3	5	2	7	4	6	10	2	6	8	–	–	–	5	–	5
Lithuanian	–	–	–	4	1	5	–	–	–	–	1	1	1	2	3	1	1	2	–	–	–	1	–	1	1	–	1
Magyar	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Portuguese	1	–	1	7	5	12	–	–	–	2	1	3	–	–	–	1	2	3	1	–	1	2	–	2	1	1	2
Rumanian	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scandinavian [2]	1	–	1	14	8	22	–	–	–	1	–	1	1	2	3	2	2	4	1	1	2	–	–	–	–	–	–
Scotch	–	–	–	5	16	21	–	–	–	–	1	1	3	–	3	1	2	3	2	–	2	–	–	–	2	1	3
Slavonic [3]	2	1	3	9	1	10	–	–	–	1	2	3	3	2	5	2	3	5	1	3	4	2	–	2	3	–	3
Syrian	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkish	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Welsh	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Race unknown	–	–	–	20	21	41	3	–	3	–	–	–	3	11	14	1	2	3	1	2	3	–	–	–	2	1	3
Mixed	3	–	3	98	64	162	2	1	3	6	9	15	18	35	53	3	22	25	5	9	14	2	–	2	7	5	12
Total	18	2	20	425	379	804	11	15	26	40	36	76	90	145	235	42	108	150	28	46	74	14	2	16	39	20	59

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 181. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

RACE	PSYCHO-NEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHO-PATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	–	–	–	2	7	9	5	4	9	1	4	5	–	2	2	3	1	4	–	–	–	–	1	1	–	–	–
African (part black)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenian	–	–	–	3	2	5	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgarian	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Chinese	–	–	–	2	–	2	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Dutch and Flemish	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
English	9	9	18	35	39	74	51	36	87	4	9	13	5	3	8	11	12	23	3	6	9	10	6	16	–	–	–
Finnish	–	1	1	–	2	2	9	7	16	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
French	4	4	8	13	13	26	30	33	63	1	4	5	2	2	4	6	2	8	–	1	1	3	1	4	–	–	–
German	1	1	2	4	10	14	5	2	7	2	1	3	1	–	1	1	1	2	–	–	–	2	–	2	–	–	–
Greek	–	–	–	–	3	3	3	4	7	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Hebrew	6	4	10	15	21	36	18	19	37	–	5	5	1	1	2	1	1	2	2	–	2	–	–	–	–	–	–
Irish	5	13	18	42	52	94	65	71	136	4	15	19	4	6	10	18	11	29	2	1	3	6	3	9	–	–	–
Italian[1]	3	6	9	12	12	24	33	19	52	1	2	3	2	–	2	9	7	16	1	1	2	2	3	5	–	–	–
Lithuanian	–	–	–	1	1	2	7	6	13	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Magyar	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portuguese	–	1	1	–	7	7	17	5	22	–	1	1	1	–	1	2	3	5	–	1	1	3	1	4	–	–	–
Rumanian	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scandinavian[2]	2	–	2	4	5	9	9	16	25	2	4	6	–	3	3	1	–	1	–	–	–	2	–	2	–	–	–
Scotch	–	–	–	8	2	10	3	6	9	–	4	4	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Slavonic[3]	2	–	2	6	6	12	25	26	51	3	1	4	2	–	2	3	1	4	1	–	1	–	–	–	–	–	–
Syrian	–	–	–	1	–	1	1	2	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Turkish	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Welsh	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Race unknown	1	3	4	2	7	9	6	7	13	1	–	1	–	1	1	1	1	2	1	1	2	–	–	–	–	–	–
Mixed	8	21	29	45	62	107	77	82	159	8	8	16	9	9	18	14	16	30	2	1	3	5	4	9	–	1	1
Total	41	64	105	196	252	448	367	350	717	34	62	96	29	28	57	72	56	128	12	12	24	33	20	53	–	1	1

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

Table 182. — *Race of Court Readmissions to Hospitals for Mental Diseases, 1936, by Sex*

Race	Total		
	M.	F.	T.
African (black)	5	11	16
African (part black)	1	–	1
Armenian	2	3	5
Dutch and Flemish	1	–	1
English	64	85	149
Finnish	4	5	9
French	22	28	50
German	5	11	16
Greek	4	–	4
Hebrew	26	32	58
Irish	88	105	193
Italian[1]	26	16	42
Lithuanian	7	2	9
Magyar	–	1	1
Portuguese	6	7	13
Scandinavian[2]	8	15	23
Scotch	4	9	13
Slavonic[3]	23	21	44
Syrian	3	–	3
Welsh	–	1	1
Other specific races	2	–	2
Race unknown	4	3	7
Mixed	114	95	209
Total	419	450	869

[1] Includes "North" and "South".
[2] Includes Norwegians, Danes and Swedes.
[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

Table 183. — *Race of All Other First Admissions and All Other Readmissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1936, by Sex*

Race	All Other First Admissions			All Other Readmissions		
	M.	F.	T.	M.	F.	T.
African (black)	27	24	51	8	17	25
African (part black)	3	3	6	–	–	–
Armenian	6	3	9	–	2	2
Chinese	3	1	4	3	–	3
Dutch and Flemish	1	1	2	–	1	1
English	293	199	492	82	68	150
Finnish	16	6	22	5	–	5
French	78	43	121	25	20	45
German	27	9	36	8	12	20
Greek	8	8	16	2	1	3
Hebrew	79	57	136	26	26	52
Irish	376	240	616	157	100	257
Italian[1]	99	66	165	32	17	49
Lithuanian	27	14	41	3	1	4
Magyar	1	3	4	–	–	–
Portuguese	20	14	34	7	4	11
Scandinavian[2]	35	17	52	12	5	17
Scotch	23	20	43	8	3	11
Slavonic[3]	45	30	75	21	7	28
Syrian	8	3	11	1	1	2
Turkish	4	–	4	1	–	1
Welsh	–	1	1	–	–	–
Other specific races	5	–	5	1	–	1
Race unknown	51	36	87	13	10	23
Mixed	259	160	419	81	76	157
Total	1,494	958	2,452	496	371	867

[1] Includes "North" and "South".
[2] Includes Norwegians, Danes and Swedes.
[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

Table 184. — *Citizenship of All First and Readmissions Admitted to Hospitals for Mental Diseases, 1936, by Form of Admission and Sex*

Admissions	Total			Citizens by Birth			Citizens by Naturalization			Aliens			Citizenship Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Court Admissions	1,861	1,717	3,578	1,229	1,102	2,331	257	172	429	258	233	491	117	210	327
Court Readmissions	419	450	869	316	312	628	55	41	96	31	70	101	17	27	44
All Other First Admissions	1,494	958	2,452	1,109	687	1,796	170	85	255	156	133	289	59	53	112
All Other Readmissions	496	371	867	393	285	678	60	35	95	34	37	71	9	14	23
Transfers	362	336	698	239	242	481	43	32	75	66	40	106	14	22	36
Total	4,632	3,832	8,464	3,286	2,628	5,914	585	365	950	545	513	1,058	216	326	542

Table 185. — *Marital Condition of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			Single			Married			Widowed			Divorced			Separated			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	23	8	31	91	23	114	9	18	27	6	4	10	8	2	10	–	–	–
With other forms of syphilis	10	5	15	3	3	6	6	1	7	1	–	1	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	6	4	10	6	2	8	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	10	11	21	5	2	7	3	8	11	2	1	3	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	202	37	239	73	4	77	85	19	104	19	9	28	13	3	16	12	2	14	–	–	–
Due to drugs, etc.	5	7	12	2	3	5	2	2	4	–	1	1	1	1	2	–	–	–	–	–	–
Traumatic psychoses	18	2	20	5	–	5	9	1	10	2	–	2	1	–	1	1	1	2	–	–	–
With cerebral arteriosclerosis	425	379	804	72	69	141	207	90	297	122	205	327	16	9	25	6	5	11	2	1	3
With other disturbances of circulation	11	15	26	3	3	6	7	10	17	–	1	1	–	1	1	–	–	–	1	–	1
With convulsive disorders (epilepsy)	40	36	76	28	22	50	11	8	19	1	3	4	–	2	2	–	1	1	–	–	–
Senile psychoses	90	145	235	20	33	53	34	24	58	32	83	115	4	3	7	–	2	2	–	–	–
Involutional psychoses	42	108	150	10	24	34	28	64	92	3	16	19	1	1	2	–	3	3	–	–	–
Due to other metabolic diseases, etc.	28	46	74	5	4	9	20	33	53	1	7	8	–	2	2	2	–	2	–	–	–
Due to new growth	14	2	16	1	–	1	10	2	12	2	–	2	1	–	1	–	–	–	–	–	–
With organic changes of nervous system	39	20	59	15	11	26	22	6	28	2	3	5	–	–	–	–	–	–	–	–	–
Psychoneuroses	41	64	105	22	19	41	16	38	54	2	2	4	1	4	5	–	1	1	–	–	–
Manic-depressive psychoses	196	252	448	81	96	177	93	118	211	17	30	47	4	5	9	1	3	4	–	–	–
Dementia praecox	367	350	717	296	192	488	62	124	186	2	14	16	3	12	15	3	7	10	1	1	2
Paranoia and paranoid conditions	34	62	96	13	18	31	20	27	47	–	11	11	1	1	2	–	5	5	–	–	–
With psychopathic personality	29	28	57	13	14	27	12	10	22	2	2	4	1	1	2	1	1	2	–	–	–
With mental deficiency	72	56	128	65	41	106	6	9	15	1	2	3	–	2	2	–	2	2	–	–	–
Undiagnosed psychoses	12	12	24	5	6	11	6	4	10	1	1	2	–	1	1	–	–	–	–	–	–
Without psychoses	33	20	53	21	13	34	10	3	13	1	4	5	–	–	–	1	–	1	–	–	–
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	766	574	1,340	750	623	1,373	221	409	630	53	53	106	34	35	69	4	2	6
Total Without Mental Disorder	33	21	54	21	13	34	10	3	13	1	5	6	–	–	–	1	–	1	–	–	–
Grand Total	1,861	1,717	3,578	787	587	1,374	760	626	1,386	222	414	636	53	53	106	35	35	70	4	2	6

Table 186. — *Marital Condition of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			Single			Married			Widowed			Divorced			Separated			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	3	2	5	10	2	12	–	1	1	1	1	2	1	–	1	–	–	–
With other forms of syphilis	3	1	4	–	–	–	1	1	2	1	–	1	–	–	–	1	–	1	–	–	–
With epidemic encephalitis	1	1	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	9	–	9	16	1	17	2	4	6	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	25	24	49	5	4	9	14	3	17	4	16	20	1	1	2	–	–	–	1	–	1
With other disturbances of circulation	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	8	5	13	1	2	3	–	–	–	–	–	–	2	–	2	–	–	–
Senile psychoses	4	7	11	–	–	–	3	2	5	1	5	6	–	–	–	–	–	–	–	–	–
Involutional psychoses	3	12	15	1	2	3	2	6	8	–	1	1	–	1	1	–	2	2	–	–	–
Due to other metabolic diseases, etc.	2	3	5	–	1	1	–	2	2	2	–	2	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	6	3	9	5	1	6	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	6	8	14	4	6	10	1	2	3	–	–	–	1	–	1	–	–	–	–	–	–
Manic-depressive psychoses	100	179	279	38	69	107	55	82	137	2	22	24	5	5	10	–	1	1	–	–	–
Dementia praecox	172	144	316	126	62	188	38	68	106	4	9	13	3	5	8	1	–	1	–	–	–
Paranoia and paranoid conditions	1	9	10	1	–	1	–	5	5	–	1	1	–	2	2	–	1	1	–	–	–
With psychopathic personality	10	11	21	6	5	11	4	5	9	–	–	–	–	1	1	–	–	–	–	–	–
With mental deficiency	17	22	39	14	8	22	2	8	10	1	2	3	–	2	2	–	2	2	–	–	–
Undiagnosed psychoses	3	1	4	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	10	6	16	8	2	10	2	3	5	–	–	–	–	–	–	–	1	1	–	–	–
Total With Mental Disorder	409	444	853	224	166	390	151	192	343	17	62	79	11	18	29	5	6	11	1	–	1
Total Without Mental Disorder	10	6	16	8	2	10	2	3	5	–	–	–	–	–	–	–	1	1	–	–	–
Grand Total	419	450	869	232	168	400	153	195	348	17	62	79	11	18	29	5	7	12	1	–	1

TABLE 187. — *Marital Condition of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	28	14	42	7	2	9	18	10	28	–	–	–	3	1	4	–	1	1	–	–	–
With other forms of syphilis	5	5	10	4	1	5	1	3	4	–	1	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	2	3	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	15	8	23	6	2	8	8	6	14	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	276	33	309	101	7	108	132	17	149	20	8	28	13	–	13	10	1	11	–	–	–
Due to drugs, etc.	9	8	17	1	2	3	5	2	7	2	2	4	–	2	2	1	–	1	–	–	–
Traumatic psychoses	9	1	10	4	–	4	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	73	42	115	8	8	16	43	13	56	17	19	36	1	2	3	2	–	2	2	–	2
With other disturbances of circulation	7	13	20	1	5	6	5	5	10	1	3	4	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	32	24	56	24	13	37	5	7	12	1	2	3	1	2	3	–	–	–	1	–	1
Senile psychoses	9	17	26	1	5	6	5	7	12	2	5	7	–	–	–	1	–	1	–	–	–
Involutional psychoses	6	23	29	1	4	5	4	14	18	–	4	4	–	–	–	1	1	2	–	–	–
Due to other metabolic diseases, etc.	14	13	27	6	3	9	6	9	15	1	–	1	1	–	1	–	1	1	–	–	–
Due to new growth	5	–	5	3	–	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	12	20	32	5	6	11	5	9	14	1	5	6	1	–	1	–	–	–	–	–	–
Psychoneuroses	88	77	165	41	27	68	38	41	79	5	6	11	3	1	4	1	2	3	–	–	–
Manic-depressive psychoses	106	106	212	48	40	88	46	54	100	2	4	6	5	4	9	5	4	9	–	–	–
Dementia praecox	105	131	236	86	69	155	15	48	63	1	5	6	1	4	5	2	3	5	–	2	2
Paranoia and paranoid conditions	22	21	43	9	6	15	12	8	20	–	5	5	1	–	1	–	1	1	–	1	1
With psychopathic personality	22	8	30	11	3	14	7	4	11	1	–	1	3	1	4	–	–	–	–	–	–
With mental deficiency	20	15	35	15	8	23	5	6	11	–	–	–	–	–	–	–	1	1	–	–	–
Undiagnosed psychoses	93	105	198	49	35	84	37	53	90	1	10	11	5	3	8	1	4	5	–	–	–
Without psychoses	470	237	707	229	122	351	185	76	261	17	14	31	24	13	37	14	11	25	1	1	2
Primary behavior disorders	67	35	102	55	26	81	11	6	17	1	–	1	–	1	1	–	2	2	–	–	–
Total With Mental Disorder	957	686	1,643	432	247	679	404	318	722	56	79	135	38	20	58	24	19	43	3	3	6
Total Without Mental Disorder	537	272	809	284	148	432	196	82	278	18	14	32	24	14	38	14	13	27	1	1	2
Grand Total	1,494	958	2,452	716	395	1,111	600	400	1,000	74	93	167	62	34	96	38	32	70	4	4	8

TABLE 188. — *Marital Condition of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	1	1	2	7	2	9	–	1	1	–	–	–	2	–	2	–	–	–
With other forms of syphilis	2	2	4	–	–	–	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	3	3	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	82	11	93	39	7	46	30	1	31	6	2	8	1	1	2	6	–	6	–	–	–
Due to drugs, etc.	4	1	5	–	–	–	3	–	3	–	1	1	–	–	–	1	–	1	–	–	–
Traumatic psychoses	4	–	4	1	–	1	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	10	3	13	2	–	2	7	2	9	1	1	2	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	3	1	4	–	–	–	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	13	12	25	5	7	12	6	4	10	1	1	2	1	–	1	–	–	–	–	–	–
Senile psychoses	1	1	2	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	3	4	–	–	–	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	4	3	7	3	2	5	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	23	24	47	3	8	11	20	11	31	–	3	3	–	2	2	–	–	–	–	–	–
Manic-depressive psychoses	57	83	140	32	35	67	20	35	55	2	7	9	3	5	8	–	1	1	–	–	–
Dementia praecox	33	50	83	25	22	47	8	17	25	–	3	3	–	3	3	–	5	5	–	–	–
Paranoia and paranoid conditions	5	8	13	2	4	6	3	1	4	–	3	3	–	–	–	–	–	–	–	–	–
With psychopathic personality	19	16	35	14	9	23	3	5	8	–	–	–	1	1	2	1	–	1	–	1	1
With mental deficiency	11	10	21	9	7	16	2	2	4	–	–	–	–	–	–	–	1	1	–	–	–
Undiagnosed psychoses	22	16	38	10	7	17	11	7	18	–	1	1	–	–	–	1	1	2	–	–	–
Without psychoses	185	107	292	90	48	138	72	41	113	5	7	12	8	7	15	10	4	14	–	–	–
Primary behavior disorders	7	9	16	5	5	10	2	3	5	–	–	–	–	–	–	–	1	1	–	–	–
Total With Mental Disorder	304	255	559	146	111	257	128	99	227	13	24	37	6	12	18	11	8	19	–	1	1
Total Without Mental Disorder	192	116	308	95	53	148	74	44	118	5	7	12	8	7	15	10	5	15	–	–	–
Grand Total	496	371	867	241	164	405	202	143	345	18	31	49	14	19	33	21	13	34	–	1	1

TABLE 189. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1936, by Marital Condition and Sex*

AGE GROUPS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	106	72	178	105	69	174	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	288	258	546	258	183	441	27	70	97	1	1	2	2	2	4	–	2	2	–	–	–
30–39 years	279	269	548	145	87	232	109	145	254	6	12	18	10	17	27	9	8	17	–	–	–
40–49 years	307	288	595	105	74	179	177	156	333	10	35	45	8	12	20	7	10	17	–	1	1
50–59 years	282	267	549	67	60	127	159	126	285	28	63	91	15	10	25	10	7	17	3	1	4
60–69 years	271	209	480	58	47	105	146	75	221	56	77	133	5	7	12	6	3	9	–	–	–
70–79 years	240	243	483	40	45	85	114	41	155	73	150	223	9	3	12	3	4	7	1	–	1
80–89 years	82	106	188	9	20	29	26	10	36	44	73	117	3	2	5	–	1	1	–	–	–
90 years and over	6	5	11	–	2	2	1	–	1	4	3	7	1	–	1	–	–	–	–	–	–
Total	1,861	1,717	3,578	787	587	1,374	760	626	1,386	222	414	636	53	53	106	35	35	70	4	2	6

TABLE 190 — *Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1936, by Marital Condition and Sex*

AGE GROUPS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	8	8	16	8	7	15	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	72	75	147	67	56	123	4	15	19	–	2	2	–	1	1	1	1	2	–	–	–
30–39 years	107	101	208	71	36	107	34	54	88	1	3	4	–	5	5	1	3	4	–	–	–
40–49 years	113	101	214	57	30	87	50	57	107	1	10	11	5	4	9	–	–	–	–	–	–
50–59 years	54	95	149	21	22	43	23	49	72	3	16	19	5	6	11	2	2	4	–	–	–
60–69 years	40	52	92	4	15	19	27	16	43	6	19	25	1	1	2	1	1	2	1	–	1
70–79 years	21	15	36	4	2	6	13	2	15	4	10	14	–	1	1	–	–	–	–	–	–
80–89 years	4	3	7	–	–	–	2	1	3	2	2	4	–	–	–	–	–	–	–	–	–
Total	419	450	869	232	168	400	153	195	348	17	62	79	11	18	29	5	7	12	1	–	1

TABLE 191. — *Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Marital Condition and Sex*

AGE GROUPS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	209	152	361	207	147	354	2	5	7	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	267	184	451	209	107	316	52	66	118	1	–	1	2	2	4	2	8	10	1	1	2
30–39 years	345	211	556	136	55	191	161	124	285	10	8	18	23	15	38	15	8	23	–	1	1
40–49 years	317	193	510	98	38	136	177	119	296	13	19	32	21	8	29	7	9	16	1	–	1
50–59 years	197	136	333	43	27	70	122	63	185	14	32	46	9	7	16	9	5	14	–	2	2
60–69 years	96	48	144	19	14	33	57	18	75	13	14	27	4	1	5	2	1	3	1	–	1
70–79 years	49	27	76	3	7	10	23	5	28	17	14	31	2	1	3	3	–	3	1	–	1
80–89 years	9	5	14	–	–	–	3	–	3	6	4	10	–	–	–	–	1	1	–	–	–
90 years and over	5	2	7	1	–	1	3	–	3	–	2	2	1	–	1	–	–	–	–	–	–
Total	1,494	958	2,452	716	395	1,111	600	400	1,000	74	93	167	62	34	96	38	32	70	4	4	8

TABLE 192. — *Admission Ages of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Marital Condition and Sex*

AGE GROUPS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	36	41	77	36	38	74	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	91	70	161	69	49	118	20	14	34	–	–	–	1	3	4	1	3	4	–	1	1
30–39 years	122	97	219	48	33	81	54	48	102	1	5	6	5	7	12	14	4	18	–	–	–
40–49 years	146	82	228	56	17	73	75	52	127	3	3	6	7	8	15	5	2	7	–	–	–
50–59 years	66	61	127	25	15	40	34	27	61	5	14	19	1	1	2	1	4	5	–	–	–
60–69 years	22	16	38	5	3	8	10	5	15	7	8	15	–	–	–	–	–	–	–	–	–
70–79 years	13	4	17	2	2	4	9	1	10	2	1	3	–	–	–	–	–	–	–	–	–
Total	496	371	867	241	157	398	202	150	352	18	31	49	14	19	33	21	13	34	–	1	1

TABLE 193. — *Degree of Education of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	9	5	14	1	–	1	11	2	13	84	36	120	22	7	29	6	1	7	4	4	8
With other forms of syphilis	10	5	15	1	–	1	1	–	1	2	–	2	5	4	9	1	1	2	–	–	–	–	–	–
With epidemic encephalitis	6	4	10	2	–	2	–	–	–	–	1	1	3	2	5	1	1	2	–	–	–	–	–	–
With other infectious diseases	10	11	21	–	1	1	–	–	–	–	–	–	6	6	12	2	4	6	1	–	1	1	–	1
Alcoholic psychoses	202	37	239	6	3	9	1	1	2	11	3	14	146	22	168	22	6	28	9	1	10	7	1	8
Due to drugs, etc.	5	7	12	–	–	–	–	–	–	–	–	–	2	4	6	1	2	3	2	1	3	–	–	–
Traumatic psychoses	18	2	20	3	–	3	–	–	–	3	–	3	9	2	11	3	–	3	–	–	–	–	–	–
With cerebral arteriosclerosis	425	379	804	36	30	66	5	3	8	40	29	69	238	194	432	39	43	82	11	7	18	56	73	129
With other disturbances of circulation	11	15	26	–	–	–	1	–	1	1	1	2	3	8	11	2	4	6	1	1	2	3	1	4
With convulsive disorders (epil.)	40	36	76	1	2	3	–	–	–	2	2	4	30	23	53	5	8	13	–	–	–	2	1	3
Senile psychoses	90	145	235	10	10	20	1	–	1	9	15	24	49	82	131	5	20	25	6	4	10	10	14	24
Involutional psychoses	42	108	150	1	5	6	1	3	4	8	6	14	25	58	83	6	26	32	1	8	9	–	2	2
Due to other metabolic diseases, etc.	28	46	74	2	5	7	–	–	–	4	2	6	14	27	41	4	10	14	2	–	2	2	2	4
Due to new growth	14	2	16	–	–	–	–	–	–	–	–	–	14	2	16	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	39	20	59	5	1	6	–	–	–	5	1	6	19	11	30	8	3	11	1	3	4	1	1	2
Psychoneuroses	41	64	105	2	1	3	–	–	–	2	2	4	24	33	57	11	22	33	2	4	6	–	2	2
Manic-depressive psychoses	196	252	448	6	3	9	–	1	1	6	10	16	105	126	231	56	92	148	22	16	38	1	4	5
Dementia praecox	367	350	717	7	7	14	4	2	6	13	15	28	207	190	397	105	115	220	17	19	36	14	2	16
Paranoia and paranoid conditions	34	62	96	1	3	4	–	3	3	5	3	8	18	39	57	4	6	10	3	5	8	3	3	6
With psychopathic personality	29	28	57	1	1	2	–	–	–	3	1	4	18	16	34	3	8	11	4	1	5	–	1	1
With mental deficiency	72	56	128	16	15	31	2	2	4	15	7	22	36	27	63	2	1	3	–	–	–	1	4	5
Undiagnosed psychoses	12	12	24	–	–	–	–	–	–	–	–	–	10	5	15	–	4	4	1	2	3	1	1	2
Without psychoses	33	20	53	8	5	13	2	–	2	1	1	2	8	6	14	3	4	7	8	1	9	3	3	6
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	109	92	201	17	15	32	140	100	240	1,065	917	1,982	302	383	685	89	73	162	106	116	222
Total Without Mental Disorder	33	21	54	8	5	13	2	–	2	1	1	2	8	7	15	3	4	7	8	1	9	3	3	6
Grand Total	1,861	1,717	3,578	117	97	214	19	15	34	141	101	242	1,073	924	1,997	305	387	692	97	74	171	109	119	228

Table 194. — *Degree of Education of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			Illiterate			Reads Only			Reads and Writes			Common School			High School			College			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	1	–	1	1	–	1	2	–	2	8	3	11	3	3	6	–	–	–	–	–	–
With other forms of syphilis	3	1	4	–	–	–	–	–	–	–	–	–	3	1	4	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	–	2	2	2	–	2	6	–	6	16	3	19	2	–	2	–	–	–	1	–	1
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	25	24	49	1	1	2	1	–	1	5	1	6	13	15	28	2	3	5	1	1	2	2	3	5
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	–	1	1	–	–	–	–	–	–	8	4	12	2	1	3	1	–	1	–	1	1
Senile psychoses	4	7	11	1	–	1	–	–	–	–	–	–	3	6	9	–	–	–	–	–	–	–	1	1
Involutional psychoses	3	12	15	–	–	–	–	–	–	–	2	2	2	7	9	–	2	2	1	–	1	–	1	1
Due to other metabolic diseases, etc.	2	3	5	–	–	–	–	–	–	–	–	–	2	2	4	–	1	1	–	–	–	–	–	–
With organic changes of nervous system	6	3	9	–	–	–	–	–	–	–	–	–	5	2	7	1	1	2	–	–	–	–	–	–
Psychoneuroses	6	8	14	–	–	–	–	–	–	1	–	1	4	2	6	1	6	7	–	–	–	–	–	–
Manic-depressive psychoses	100	179	279	1	3	4	–	–	–	6	10	16	50	86	136	29	64	93	13	15	28	1	1	2
Dementia praecox	172	144	316	1	4	5	–	–	–	10	15	25	103	77	180	43	36	79	11	12	23	4	–	4
Paranoia and paranoid conditions	1	9	10	–	–	–	–	–	–	–	–	–	1	6	7	–	2	2	–	1	1	–	–	–
With psychopathic personality	10	11	21	–	–	–	–	–	–	–	1	1	5	6	11	3	4	7	2	–	2	–	–	–
With mental deficiency	17	22	39	3	–	3	1	1	2	1	4	5	12	16	28	–	1	1	–	–	–	–	–	–
Undiagnosed psychoses	3	1	4	–	–	–	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–	–	–	–
Without psychoses	10	6	16	2	1	3	–	1	1	–	–	–	7	3	10	–	1	1	1	–	1	–	–	–
Total With Mental Disorder	409	444	853	8	11	19	5	1	6	31	34	65	237	237	474	91	125	216	29	29	58	8	7	15
Total Without Mental Disorder	10	6	16	2	1	3	–	1	1	–	–	–	7	3	10	–	1	1	1	–	1	–	–	–
Grand Total	419	450	869	10	12	22	5	2	7	31	34	65	244	240	484	91	126	217	30	29	59	8	7	15

TABLE 195. — *Degree of Education of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	28	14	42	–	–	–	–	–	–	–	1	1	20	8	28	4	4	8	2	–	2	2	1	3
With other forms of syphilis	5	5	10	–	1	1	–	–	–	1	–	1	4	4	8	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	2	3	–	–	–	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–
With other infectious diseases	15	8	23	–	–	–	–	–	–	1	–	1	9	4	13	4	4	8	–	–	–	1	–	1
Alcoholic psychoses	276	33	309	8	1	9	1	–	1	15	2	17	181	24	205	56	2	58	9	2	11	6	2	8
Due to drugs etc.	9	8	17	–	–	–	–	–	–	1	–	1	3	2	5	5	3	8	–	3	3	–	–	–
Traumatic psychoses	9	1	10	–	–	–	–	–	–	1	–	1	4	1	5	4	–	4	–	–	–	–	–	–
With cerebral arteriosclerosis	73	42	115	4	3	7	1	1	2	9	–	9	41	19	60	6	6	12	1	2	3	11	11	22
With other disturbances of circulation	7	13	20	–	1	1	–	–	–	2	–	2	4	7	11	–	3	3	–	1	1	1	1	2
With convulsive disorders (epilepsy)	32	24	56	1	–	1	–	–	–	3	–	3	19	12	31	5	11	16	1	–	1	3	1	4
Senile psychoses	9	17	26	–	–	–	–	–	–	1	–	1	5	13	18	2	3	5	–	–	–	1	1	2
Involutional psychoses	6	23	29	1	3	4	–	–	–	1	–	1	4	14	18	–	6	6	–	–	–	–	–	–
Due to other metabolic diseases, etc.	14	13	27	–	–	–	–	–	–	1	1	2	8	6	14	2	4	6	1	1	2	2	1	3
Due to new growth	5	–	5	–	–	–	–	–	–	1	–	1	2	–	2	2	–	2	–	–	–	–	–	–
With organic changes of nervous system	12	20	32	2	1	3	–	–	–	–	1	1	8	15	23	2	1	3	–	–	–	–	2	2
Psychoneuroses	88	77	165	–	4	4	1	–	1	6	3	9	41	29	70	33	26	59	7	9	16	–	6	6
Manic-depressive psychoses	106	106	212	–	1	1	–	–	–	2	3	5	52	45	97	34	51	85	18	6	24	–	–	–
Dementia praecox	105	131	236	1	3	4	–	–	–	5	4	9	43	64	107	48	49	97	8	10	18	–	1	1
Paranoia and paranoid conditions	22	21	43	3	–	3	–	1	1	10	8	18	5	11	16	2	1	3	2	–	2	–	–	–
With psychopathic personality	22	8	30	–	–	–	–	–	–	1	1	2	13	5	18	7	2	9	1	–	1	–	–	–
With mental deficiency	20	15	35	2	2	4	–	–	–	6	4	10	11	9	20	1	–	1	–	–	–	–	–	–
Undiagnosed psychoses	93	105	198	2	8	10	–	1	1	3	4	7	58	61	119	24	27	51	3	3	6	3	1	4
Without psychoses	470	237	707	53	33	86	9	6	15	27	13	40	229	111	340	96	56	152	45	13	58	11	5	16
Primary behavior disorders	67	35	102	2	1	3	–	–	–	5	–	5	47	28	75	11	6	17	2	–	2	–	–	–
Total With Mental Disorder	957	686	1,643	24	28	52	3	3	6	70	32	102	536	354	890	241	204	445	53	37	90	30	28	58
Total Without Mental Disorder	537	272	809	55	34	89	9	6	15	32	13	45	276	139	415	107	62	169	47	13	60	11	5	16
Grand Total	1,494	958	2,452	79	62	141	12	9	21	102	45	147	812	493	1,305	348	266	614	100	50	150	41	33	74

TABLE 196. — *Degree of Education of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	–	1	1	–	–	–	–	–	–	9	3	12	–	–	–	1	–	1	–	–	–
With other forms of syphilis	2	2	4	–	–	–	–	–	–	–	–	–	2	1	3	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	–	2	2	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	3	3	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	82	11	93	1	–	1	–	–	–	5	–	5	51	9	60	18	2	20	5	–	5	2	–	2
Due to drugs, etc.	4	1	5	–	–	–	–	–	–	–	–	–	1	1	2	2	–	2	1	–	1	–	–	–
Traumatic psychoses	4	–	4	–	–	–	–	–	–	–	–	–	3	–	3	1	–	1	–	–	–	–	–	–
With cerebral arteriosclerosis	10	3	13	–	–	–	–	–	–	1	1	2	5	1	6	1	1	2	3	–	3	–	–	–
With other disturbances of circulation	3	1	4	–	–	–	–	–	–	–	–	–	2	–	2	1	1	2	–	–	–	–	–	–
With convulsive disorders (epilepsy)	13	12	25	–	1	1	–	–	–	1	–	1	5	8	13	1	1	2	5	2	7	1	–	1
Senile psychoses	1	1	2	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	
Involutional psychoses	1	3	4	–	–	–	–	–	–	–	–	–	1	3	4	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	4	3	7	–	–	–	–	–	–	–	–	–	3	1	4	1	2	3	–	–	–	–	–	–
Psychoneuroses	23	24	47	–	–	–	–	–	–	4	–	4	13	10	23	4	10	14	2	4	6	–	–	
Manic-depressive psychoses	57	83	140	–	1	1	–	–	–	4	1	5	14	38	52	23	32	55	16	11	27	–	–	–
Dementia praecox	33	50	83	–	1	1	–	–	–	2	1	3	23	31	54	5	16	21	2	1	3	1	–	1
Paranoia and paranoid conditions	5	8	13	–	–	–	–	–	–	–	–	–	4	2	6	1	4	5	–	1	1	–	1	1
With psychopathic personality	19	16	35	–	–	–	–	–	–	2	1	3	11	8	19	4	5	9	1	1	2	1	1	2
With mental deficiency	11	10	21	1	1	2	–	–	–	2	–	2	8	9	17	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	22	16	38	–	1	1	–	–	–	3	1	4	14	7	21	4	7	11	1	–	1	–	–	–
Without psychoses	185	107	292	7	11	18	1	1	2	6	2	8	108	66	174	43	21	64	17	1	18	3	5	8
Primary behavior disorders	7	9	16	–	–	–	–	–	–	–	1	1	6	7	13	1	1	2	–	–	–	–	–	–
Total With Mental Disorder	304	255	559	2	6	8	–	–	–	24	5	29	170	137	307	66	84	150	37	21	58	5	2	7
Total Without Mental Disorder	192	116	308	7	11	18	1	1	2	6	3	9	114	73	187	44	22	66	17	1	18	3	5	8
Grand Total	496	371	867	9	17	26	1	1	2	30	8	38	284	210	494	110	106	216	54	22	76	8	7	15

TABLE 197. — *Economic Status of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	29	11	40	103	40	143	1	1	2	4	3	7
With other forms of syphilis	10	5	15	3	1	4	7	3	10	–	1	1	–	–	–
With epidemic encephalitis	6	4	10	2	2	4	4	2	6	–	–	–	–	–	–
With other infectious diseases	10	11	21	–	1	1	7	10	17	2	–	2	1	–	1
Alcoholic psychoses	202	37	239	40	9	49	154	21	175	3	4	7	5	3	8
Due to drugs, etc.	5	7	12	1	1	2	4	4	8	–	1	1	–	1	1
Traumatic psychoses	18	2	20	4	1	5	14	1	15	–	–	–	–	–	–
With cerebral arteriosclerosis	425	379	804	147	114	261	232	209	441	19	16	35	27	40	67
With other disturbances of circulation	11	15	26	4	2	6	4	10	14	–	1	1	3	2	5
With convulsive disorders (epilepsy)	40	36	76	14	11	25	22	18	40	4	5	9	–	2	2
Senile psychoses	90	145	235	37	64	101	40	60	100	9	10	19	4	11	15
Involutional psychoses	42	108	150	5	12	17	35	82	117	1	11	12	1	3	4
Due to other metabolic diseases, etc.	28	46	74	4	7	11	21	38	59	2	1	3	1	–	1
Due to new growth	14	2	16	4	–	4	9	2	11	–	–	–	1	–	1
With organic changes of nervous system	39	20	59	8	4	12	26	12	38	4	3	7	1	1	2
Psychoneuroses	41	64	105	11	14	25	26	44	70	1	5	6	3	1	4
Manic-depressive psychoses	196	252	448	13	27	40	156	195	351	25	22	47	2	8	10
Dementia praecox	367	350	717	87	79	166	258	256	514	7	9	16	15	6	21
Paranoia and paranoid conditions	34	62	96	6	13	19	26	40	66	1	4	5	1	5	6
With psychopathic personality	29	28	57	4	10	14	23	16	39	1	–	1	1	2	3
With mental deficiency	72	56	128	32	25	57	35	28	63	2	1	3	3	2	5
Undiagnosed psychoses	12	12	24	2	1	3	10	9	19	–	–	–	–	2	2
Without psychoses	33	20	53	11	10	21	11	8	19	10	1	11	1	1	2
Primary behavior disorders	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	457	409	866	1,216	1,100	2,316	82	95	177	73	92	165
Total Without Mental Disorder	33	21	54	11	11	22	11	8	19	10	1	11	1	1	2
Grand Total	1,861	1,717	3,578	468	420	888	1,227	1,108	2,335	92	96	188	74	93	167

TABLE 198. — *Economic Status of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	3	–	3	11	5	16	–	–	–	1	1	2
With other forms of syphilis	3	1	4	3	–	3	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	1	1	2	1	–	1	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	4	–	4	23	5	28	–	–	–	–	–	–
Traumatic psychoses	3	–	3	1	–	1	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	25	24	49	12	8	20	12	13	25	–	2	2	1	1	2
With other disturbances of circulation	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	3	3	6	7	3	10	–	1	1	1	–	1
Senile psychoses	4	7	11	–	1	1	3	5	8	–	1	1	1	–	1
Involutional psychoses	3	12	15	–	–	–	3	12	15	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	3	5	1	1	2	1	1	2	–	1	1	–	–	–
With organic changes of nervous system	6	3	9	6	1	7	–	2	2	–	–	–	–	–	–
Psychoneuroses	6	8	14	2	1	3	4	6	10	–	–	–	–	1	1
Manic-depressive psychoses	100	179	279	15	21	36	68	137	205	13	16	29	4	5	9
Dementia praecox	172	144	316	41	22	63	123	116	239	7	3	10	1	3	4
Paranoia and paranoid conditions	1	9	10	–	3	3	1	4	5	–	2	2	–	–	–
With psychopathic personality	10	11	21	1	1	2	9	10	19	–	–	–	–	–	–
With mental deficiency	17	22	39	7	9	16	10	12	22	–	–	–	–	1	1
Undiagnosed psychoses	3	1	4	2	–	2	1	1	2	–	–	–	–	–	–
Without psychoses	10	6	16	2	–	2	5	5	10	2	1	3	1	–	1
Total With Mental Disorder	409	444	853	102	71	173	278	335	613	20	26	46	9	12	21
Total Without Mental Disorder	10	6	16	2	–	2	5	5	10	2	1	3	1	–	1
Grand Total	419	450	869	104	71	175	283	340	623	22	27	49	10	12	22

TABLE 199. — *Economic Status of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	28	14	42	1	–	1	25	14	39	1	–	1	1	–	1
With other forms of syphilis	5	5	10	1	1	2	4	4	8	–	–	–	–	–	–
With epidemic encephalitis	1	2	3	–	–	–	1	2	3	–	–	–	–	–	–
With other infectious diseases	15	8	23	1	–	1	13	8	21	–	–	–	1	–	1
Alcoholic psychoses	276	33	309	25	1	26	244	29	273	3	2	5	4	1	5
Due to drugs, etc.	9	8	17	1	–	1	8	7	15	–	1	1	–	–	–
Traumatic psychoses	9	1	10	2	–	2	7	1	8	–	–	–	–	–	–
With cerebral arteriosclerosis	73	42	115	27	6	33	41	32	73	2	–	2	3	4	7
With other disturbances of circulation	7	13	20	–	–	–	5	12	17	1	1	2	1	–	1
With convulsive disorders (epilepsy)	32	24	56	9	4	13	21	19	40	1	1	2	1	–	1
Senile psychoses	9	17	26	1	5	6	6	10	16	1	2	3	1	–	1
Involutional psychoses	6	23	29	–	–	–	6	22	28	–	1	1	–	–	–
Due to other metabolic diseases, etc.	14	13	27	3	1	4	11	11	22	–	–	–	–	1	1
Due to new growth	5	–	5	–	–	–	4	–	4	1	–	1	–	–	–
With organic changes of nervous system	12	20	32	–	–	–	11	17	28	–	1	1	1	2	3
Psychoneuroses	88	77	165	6	8	14	72	55	127	9	14	23	1	–	1
Manic-depressive psychoses	106	106	212	3	2	5	93	93	186	9	10	19	1	1	2
Dementia praecox	105	131	236	6	7	13	94	122	216	5	2	7	–	–	–
Paranoia and paranoid conditions	22	21	43	–	2	2	21	17	38	–	1	1	1	1	2
With psychopathic personality	22	8	30	1	–	1	21	8	29	–	–	–	–	–	–
With mental deficiency	20	15	35	3	–	3	17	15	32	–	–	–	–	–	–
Undiagnosed psychoses	93	105	198	7	3	10	85	101	186	–	1	1	1	–	1
Without psychoses	470	237	707	67	36	103	372	182	554	22	10	32	9	9	18
Primary behavior disorders	67	35	102	3	3	6	63	32	95	–	–	–	1	–	1
Total With Mental Disorder	957	686	1,643	97	40	137	810	599	1,409	33	37	70	17	10	27
Total Without Mental Disorder	537	272	809	70	39	109	435	214	649	22	10	32	10	9	19
Grand Total	1,494	958	2,452	167	79	246	1,245	813	2,058	55	47	102	27	19	46

TABLE 200. — *Economic Status of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	–	–	–	9	4	13	1	–	1	–	–	–
With other forms of syphilis	2	2	4	–	–	–	2	2	4	–	–	–	–	–	–
With epidemic encephalitis	–	2	2	–	–	–	–	2	2	–	–	–	–	–	–
With other infectious diseases	–	3	3	–	1	1	–	2	2	–	–	–	–	–	–
Alcoholic psychoses	82	11	93	5	–	5	73	10	83	1	1	2	3	–	3
Due to drugs, etc.	4	1	5	–	–	–	4	1	5	–	–	–	–	–	–
Traumatic psychoses	4	–	4	2	–	2	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	10	3	13	2	1	3	5	2	7	2	–	2	1	–	1
With other disturbances of circulation	3	1	4	–	–	–	2	1	3	1	–	1	–	–	–
With convulsive disorders (epilepsy)	13	12	25	6	1	7	5	10	15	2	1	3	–	–	–
Senile psychoses	1	1	2	–	–	–	1	1	2	–	–	–	–	–	–
Involutional psychoses	1	3	4	–	1	1	1	2	3	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Due to new growth	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With organic changes of nervous system	4	3	7	–	–	–	3	2	5	1	1	2	–	–	–
Psychoneuroses	23	24	47	6	7	13	16	11	27	1	6	7	–	–	–
Manic-depressive psychoses	57	83	140	3	1	4	46	73	119	8	9	17	–	–	–
Dementia praecox	33	50	83	2	2	4	28	46	74	2	1	3	1	1	2
Paranoia and paranoid conditions	5	8	13	–	1	1	5	6	11	–	–	–	–	1	1
With psychopathic personality	19	16	35	–	1	1	19	14	33	–	1	1	–	–	–
With mental deficiency	11	10	21	–	1	1	11	9	20	–	–	–	–	–	–
Undiagnosed psychoses	22	16	38	–	–	–	22	16	38	–	–	–	–	–	–
Without psychoses	185	107	292	34	20	54	137	78	215	12	6	18	2	3	5
Primary behavior disorders	7	9	16	–	2	2	7	6	13	–	–	–	–	1	1
Total With Mental Disorder	304	255	559	26	17	43	254	215	469	19	21	40	5	2	7
Total Without Mental Disorder	192	116	308	34	22	56	144	84	228	12	6	18	2	4	6
Grand Total	496	371	867	60	39	99	398	299	697	31	27	58	7	6	13

TABLE 201. — *Population of Place of Residence of First Court Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	55	192	4	–	4	14	3	17	19	8	27	15	6	21	11	3	14	34	15	49	32	20	52	8	–	8
With other forms of syphilis	10	5	15	2	–	2	2	1	3	1	–	1	–	–	–	2	1	3	3	3	6	–	–	–	–	–	–
With epidemic encephalitis	6	4	10	1	–	1	1	–	1	1	–	1	–	1	1	–	1	1	1	1	2	2	1	3	–	–	–
With other infectious diseases	10	11	21	–	–	–	–	1	1	2	2	4	1	–	1	–	–	–	3	6	9	1	2	3	3	–	3
Alcoholic psychoses	202	37	239	8	–	8	15	1	16	24	4	28	26	4	30	22	6	28	50	6	56	47	16	63	10	–	10
Due to drugs, etc.	5	7	12	–	–	–	–	–	–	–	2	2	–	1	1	1	1	2	–	–	–	3	3	6	1	–	1
Traumatic psychoses	18	2	20	1	–	1	2	–	2	3	1	4	1	–	1	2	–	2	3	1	4	5	–	5	1	–	1
With cerebral arteriosclerosis	425	379	804	18	18	36	42	39	81	61	51	112	32	27	59	37	32	69	96	84	180	135	127	262	4	1	5
With other disturbances of circulation	11	15	26	1	1	2	2	2	4	1	2	3	–	1	1	2	2	4	4	2	6	1	5	6	–	–	–
With convulsive disorders (epilepsy)	40	36	76	1	1	2	5	6	11	6	6	12	1	6	7	4	5	9	13	6	19	8	6	14	2	–	2
Senile psychoses	90	145	235	7	7	14	21	19	40	21	34	55	7	15	22	4	10	14	15	34	49	13	26	39	2	–	2
Involutional psychoses	42	108	150	2	2	4	9	23	32	8	17	25	4	12	16	5	12	17	9	35	44	4	6	10	1	1	2
Due to other metabolic diseases, etc.	28	46	74	2	4	6	3	13	16	5	5	10	5	6	11	3	1	4	5	8	13	5	9	14	–	–	–
Due to new growth	14	2	16	–	–	–	1	–	1	3	–	3	–	–	–	–	1	1	5	1	6	5	–	5	–	–	–
With organic changes of nervous system	39	20	59	2	1	3	4	3	7	6	4	10	4	1	5	6	3	9	9	4	13	7	4	11	1	–	1
Psychoneuroses	41	64	105	1	1	2	4	7	11	7	9	16	8	9	17	4	5	9	7	18	25	10	12	22	–	3	3
Manic-depressive psychoses	196	252	448	3	4	7	22	24	46	22	27	49	19	23	42	18	17	35	32	57	89	70	93	163	10	7	17
Dementia praecox	367	350	717	22	8	30	53	37	90	54	60	114	45	54	99	39	34	73	84	95	179	45	58	103	25	4	29
Paranoia and paranoid conditions	34	62	96	1	–	1	1	10	11	3	2	5	1	2	3	2	4	6	8	11	19	17	30	47	1	3	4
With psychopathic personality	29	28	57	1	–	1	3	–	3	7	4	11	1	4	5	4	1	5	4	7	11	8	12	20	1	–	1
With mental deficiency	72	56	128	6	2	8	12	10	22	10	4	14	8	5	13	3	9	12	12	10	22	18	14	32	3	2	5
Undiagnosed psychoses	12	12	24	2	–	2	–	1	1	1	1	2	2	1	3	2	2	4	1	1	2	3	5	8	1	1	2
Without psychoses	33	20	53	1	1	2	5	7	12	5	3	8	4	1	5	3	2	5	5	4	9	7	2	9	3	–	3
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Total With Mental Disorder	1,828	1,696	3,524	85	49	134	216	200	416	265	243	508	180	178	358	171	150	321	398	405	803	439	449	888	74	22	96
Total Without Mental Disorder	33	21	54	1	1	2	5	7	12	5	3	8	4	1	5	3	2	5	5	5	10	7	2	9	3	–	3
Grand Total	1,861	1,717	3,578	86	50	136	221	207	428	270	246	516	184	179	363	174	152	326	403	410	813	446	451	897	77	22	99

TABLE 202. — *Population of Place of Residence of Court Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999			50,000-99,999			100,000-249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	6	21	–	–	–	2	2	4	1	1	2	–	–	–	2	–	2	5	–	5	4	3	7	1	–	1
With other forms of syphilis	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	1	–	1
With epidemic encephalitis	1	1	2	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	5	32	–	–	–	1	2	3	1	–	1	3	–	3	1	1	2	13	1	14	5	1	6	3	–	3
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–
With cerebral arteriosclerosis	25	24	49	2	1	3	–	1	1	4	5	9	6	3	9	2	1	3	3	6	9	6	6	12	2	1	3
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	7	18	–	–	–	1	–	1	3	3	6	3	1	4	–	–	–	2	1	3	2	1	3	–	1	1
Senile psychoses	4	7	11	–	1	1	–	1	1	–	1	1	–	2	2	1	–	1	2	–	2	1	2	3	–	–	–
Involutional psychoses	3	12	15	–	1	1	1	1	2	–	3	3	–	3	3	–	–	–	1	3	4	1	1	2	–	–	–
Due to other metabolic diseases, etc.	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	–	2	2	–	–	–
With organic changes of nervous system	6	3	9	1	–	1	–	1	1	–	1	1	–	–	–	1	–	1	2	1	3	1	–	1	1	–	1
Psychoneuroses	6	8	14	–	–	–	1	2	3	1	1	2	–	1	1	–	–	–	3	1	4	1	2	3	–	1	1
Manic-depressive psychoses	100	179	279	6	10	16	5	22	27	20	23	43	8	19	27	10	16	26	16	42	58	26	46	72	9	1	10
Dementia praecox	172	144	316	3	4	7	16	24	40	29	26	55	24	13	37	10	13	23	33	46	79	18	16	34	39	2	41
Paranoia and paranoid conditions	1	9	10	–	–	–	–	2	2	–	1	1	1	–	1	–	–	–	–	1	1	–	4	4	–	1	1
With psychopathic personality	10	11	21	1	–	1	1	–	1	–	–	–	1	–	1	–	1	1	3	4	7	2	5	7	2	1	3
With mental deficiency	17	22	39	2	–	2	1	1	2	3	2	5	3	2	5	1	5	6	4	3	7	2	9	11	1	–	1
Undiagnosed psychoses	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	–	1
Without psychoses	10	6	16	2	–	2	2	–	2	2	2	4	–	–	–	1	–	1	2	1	3	1	2	3	–	1	1
Total With Mental Disorder	409	444	853	15	17	32	30	59	89	63	67	130	49	45	94	29	38	67	92	110	202	71	100	171	60	8	68
Total Without Mental Disorder	10	6	16	2	–	2	2	–	2	2	2	4	–	–	–	1	–	1	2	1	3	1	2	3	–	1	1
Grand Total	419	450	869	17	17	34	32	59	91	65	69	134	49	45	94	30	38	68	94	111	205	72	102	174	60	9	69

TABLE 203. — *Population of Place of Residence of All Other First Admissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	28	14	42	–	–	–	–	–	–	2	1	3	4	1	5	5	2	7	4	3	7	10	7	17	3	–	3
With other forms of syphilis	5	5	10	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	–	1	1	1	3	4	2	–	2
With epidemic encephalitis	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–
With other infectious diseases	15	8	23	–	–	–	–	–	–	4	1	5	4	2	6	1	–	1	4	4	8	2	1	3	–	–	–
Alcoholic psychoses	276	33	309	5	1	6	30	2	32	41	6	47	34	1	35	27	2	29	45	7	52	90	14	104	4	–	4
Due to drugs, etc.	9	8	17	–	2	2	1	1	2	2	1	3	2	3	5	–	–	–	–	1	1	3	–	3	1	–	1
Traumatic psychoses	9	1	10	1	–	1	1	–	1	2	–	2	–	–	–	2	1	3	2	–	2	1	–	1	–	–	–
With cerebral arteriosclerosis	73	42	115	5	3	8	2	5	7	10	5	15	11	6	17	8	3	11	11	8	19	26	12	38	–	–	–
With other disturbances of circulation	7	13	20	–	–	–	2	1	3	2	2	4	–	2	2	–	1	1	1	2	3	1	5	6	1	–	1
With convulsive disorders (epilepsy)	32	24	56	–	1	1	4	2	6	5	4	9	2	5	7	7	2	9	6	1	7	7	8	15	1	1	2
Senile psychoses	9	17	26	1	–	1	3	2	5	1	–	1	1	3	4	–	2	2	1	5	6	2	5	7	–	–	–
Involutional psychoses	6	23	29	–	1	1	1	–	1	2	2	4	1	4	5	–	3	3	2	7	9	–	6	6	–	–	–
Due to other metabolic diseases, etc.	14	13	27	1	1	2	2	1	3	3	1	4	1	–	1	2	4	6	3	4	7	1	1	2	1	1	2
Due to new growth	5	–	5	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2	1	–	1
With organic changes of nervous system	12	20	32	–	2	2	–	2	2	3	1	4	3	3	6	1	2	3	–	3	3	3	7	10	2	–	2
Psychoneuroses	88	77	165	7	7	14	10	7	17	12	11	23	12	10	22	2	3	5	16	19	35	16	16	32	13	4	17
Manic-depressive psychoses	106	106	212	2	1	3	10	7	17	12	15	27	13	13	26	8	11	19	9	16	25	44	40	84	8	3	11
Dementia praecox	105	131	236	4	1	5	4	8	12	8	14	22	15	17	32	11	14	25	16	19	35	40	55	95	7	3	10
Paranoia and paranoid conditions	22	21	43	1	–	1	–	2	2	5	1	6	1	1	2	2	3	5	3	2	5	9	12	21	1	–	1
With psychopathic personality	22	8	30	3	–	3	3	1	4	1	1	2	4	1	5	2	–	2	–	3	3	8	2	10	1	–	1
With mental deficiency	20	15	35	–	–	–	2	1	3	2	–	2	2	2	4	7	1	8	–	5	5	6	6	12	1	–	1
Undiagnosed psychoses	93	105	198	2	3	5	6	9	15	8	4	12	14	11	25	5	4	9	9	23	32	42	48	90	7	3	10
Without psychoses	470	237	707	18	6	24	45	18	63	62	23	85	51	33	84	41	16	57	99	46	145	131	89	220	23	6	29
Primary behavior disorders	67	35	102	2	1	3	3	1	4	7	5	12	7	4	11	5	3	8	13	3	16	29	18	47	1	–	1
Total With Mental Disorder	957	686	1,643	32	23	55	83	51	134	127	70	197	124	86	210	90	58	148	132	133	265	315	250	565	54	15	69
Total Without Mental Disorder	537	272	809	20	7	27	48	19	67	69	28	97	58	37	95	46	19	65	112	49	161	160	107	267	24	6	30
Grand Total	1,494	958	2,452	52	30	82	131	70	201	196	98	294	182	123	305	136	77	213	244	182	426	475	357	832	78	21	99

TABLE 204. — *Population of Place of Residence of All Other Readmissions to Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000 249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	1	–	1	1	–	1	2	1	3	–	–	–	3	–	3	1	–	1	1	3	4	1	–	1
With other forms of syphilis	2	2	4	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	1	2	–	1	1	–	–	–
With epidemic encephalitis	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–
With other infectious diseases	–	3	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–
Alcoholic psychoses	82	11	93	4	1	5	6	–	6	16	–	16	15	–	15	8	1	9	9	1	10	22	8	30	2	–	2
Due to drugs, etc.	4	1	5	–	–	–	–	–	–	1	–	1	1	–	1	2	–	2	–	–	–	–	1	1	–	–	–
Traumatic psychoses	4	–	4	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–
With cerebral arteriosclerosis	10	3	13	3	–	3	–	–	–	–	1	1	2	–	2	–	1	1	–	–	–	5	1	6	–	–	–
With other disturbances of circulation	3	1	4	–	–	–	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–
With convulsive disorders (epilepsy)	13	12	25	–	1	1	2	1	3	2	2	4	1	1	2	4	1	5	1	1	2	3	5	8	–	–	–
Senile psychoses	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	3	4	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	2	3	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	4	3	7	–	1	1	1	–	1	1	–	1	–	–	–	–	2	2	1	–	1	–	–	–	1	–	1
Psychoneuroses	23	24	47	–	2	2	1	1	2	3	2	5	3	3	6	1	2	3	5	3	8	6	10	16	4	1	5
Manic-depressive psychoses	57	83	140	2	1	3	–	8	8	8	10	18	6	5	11	4	7	11	6	12	18	18	37	55	13	3	16
Dementia praecox	33	50	83	2	1	3	2	2	4	2	6	8	5	3	8	1	4	5	4	10	14	12	22	34	5	2	7
Paranoia and paranoid conditions	5	8	13	–	–	–	–	–	–	1	–	1	–	2	2	–	3	3	1	–	1	2	2	4	1	1	2
With psychopathic personality	19	16	35	1	–	1	1	3	4	1	2	3	3	1	4	1	1	2	4	3	7	4	4	8	4	2	6
With mental deficiency	11	10	21	–	–	–	1	2	3	2	1	3	1	2	3	–	–	–	2	–	2	3	5	8	2	–	2
Undiagnosed psychoses	22	16	38	–	–	–	2	–	2	2	3	5	2	2	4	2	2	4	2	3	5	11	4	15	1	2	3
Without psychoses	185	107	292	7	4	11	11	7	18	21	12	33	29	16	45	18	9	27	31	22	53	55	35	90	13	2	15
Primary behavior disorders	7	9	16	–	–	–	–	2	2	1	–	1	–	2	2	1	1	2	–	–	–	5	4	9	–	–	–
Total With Mental Disorder	304	255	559	13	8	21	18	18	36	44	29	73	41	20	61	26	25	51	37	37	74	91	107	198	34	11	45
Total Without Mental Disorder	192	116	308	7	4	11	11	9	20	22	12	34	29	18	47	19	10	29	31	22	53	60	39	99	13	2	15
Grand Total	496	371	867	20	12	32	29	27	56	66	41	107	70	38	108	45	35	80	68	59	127	151	146	297	47	13	60

TABLE 205. — *Number of Times Admitted and Mental Disorders of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1936, by Sex*

MENTAL DISORDERS	TOTAL			ONE			TWO			THREE			FOUR			FIVE			SIX AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	152	61	213	137	55	192	7	3	10	4	2	6	–	1	1	1	–	1	3	–	3
With other forms of syphilis	13	6	19	10	5	15	3	–	3	–	–	–	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	7	5	12	6	4	10	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	10	11	21	10	11	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	229	42	271	202	37	239	9	1	10	10	2	12	5	1	6	1	–	1	2	1	3
Due to drugs, etc.	5	7	12	5	7	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	21	2	23	18	2	20	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1
With cerebral arteriosclerosis	450	403	853	425	379	804	22	10	32	1	9	10	–	3	3	–	1	1	2	1	3
With other disturbances of circulation	11	16	27	11	15	26	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	51	43	94	40	36	76	5	2	7	3	3	6	1	2	3	–	–	–	2	–	2
Senile psychoses	94	152	246	90	145	235	–	5	5	–	2	2	–	–	–	1	–	1	3	–	3
Involutional psychoses	45	120	165	42	108	150	2	7	9	1	3	4	–	2	2	–	–	–	–	–	–
Due to other metabolic diseases, etc.	30	49	79	28	46	74	2	–	2	–	2	2	–	–	–	–	1	1	–	–	–
Due to new growth	14	2	16	14	2	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	45	23	68	39	20	59	1	2	3	4	–	4	–	–	–	1	–	1	–	1	1
Psychoneuroses	47	72	119	41	64	105	3	2	5	1	4	5	1	2	3	–	–	–	1	–	1
Manic-depressive psychoses	296	431	727	196	252	448	25	49	74	26	53	79	16	33	49	12	16	28	21	28	49
Dementia praecox	539	494	1,033	367	350	717	68	56	124	52	32	84	28	32	60	9	12	21	15	12	27
Paranoia and paranoid conditions	35	71	106	34	62	96	1	4	5	–	5	5	–	–	–	–	–	–	–	–	–
With psychopathic personality	39	39	78	29	28	57	3	1	4	2	4	6	3	1	4	–	2	2	2	3	5
With mental deficiency	89	78	167	72	56	128	6	8	14	4	6	10	6	3	9	1	2	3	–	3	3
Undiagnosed psychoses	15	13	28	12	12	24	–	–	–	2	1	3	–	–	–	–	–	–	1	–	1
Without psychoses	43	26	69	33	20	53	7	3	10	3	2	5	–	1	1	–	–	–	–	–	–
Primary behavior disorders	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	2,237	2,140	4,377	1,828	1,696	3,524	159	152	311	111	128	239	60	81	141	26	34	60	53	49	102
Total Without Mental Disorder	43	27	70	33	21	54	7	3	10	3	2	5	–	1	1	–	–	–	–	–	–
Grand Total	2,280	2,167	4,447	1,861	1,717	3,578	166	155	321	114	130	244	60	82	142	26	34	60	53	49	102

Table 206. — *Mental Disorders of ALL First Admissions, Readmissions and Transfers to Hospitals for Mental Diseases, 1936, by Forms of Admission and Sex*

Mental Disorders	Total			Total						Court Commitment					
	all groups			first admissions			readmissions			first admissions			readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	228	89	317	165	69	234	25	10	35	137	55	192	15	6	21
With other forms of syphilis	25	13	38	15	10	25	5	3	8	10	5	15	3	1	4
With epidemic encephalitis	12	11	23	7	6	13	1	3	4	6	4	10	1	1	2
With other infectious diseases	25	22	47	25	19	44	–	3	3	10	11	21	–	–	–
Alcoholic psychoses	615	91	706	478	70	548	109	16	125	202	37	239	27	5	32
Due to drugs, etc.	19	16	35	14	15	29	4	1	5	5	7	12	–	–	–
Traumatic psychoses	39	3	42	27	3	30	7	–	7	18	2	20	3	–	3
With cerebral arteriosclerosis	542	458	1,000	498	421	919	35	27	62	425	379	804	25	24	49
With other disturbances of circulation	22	31	53	18	28	46	3	2	5	11	15	26	–	1	1
With convulsive disorders (epilepsy)	105	83	188	72	60	132	24	19	43	40	36	76	11	7	18
Senile psychoses	110	176	286	99	162	261	5	8	13	90	145	235	4	7	11
Involutional psychoses	55	154	209	48	131	179	4	15	19	42	108	150	3	12	15
Due to other metabolic diseases, etc.	46	68	114	42	59	101	2	4	6	28	46	74	2	3	5
Due to new growth	23	3	26	19	2	21	–	1	1	14	2	16	–	–	–
With organic changes of nervous system	69	52	121	51	40	91	10	6	16	39	20	59	6	3	9
Psychoneuroses	159	178	337	129	141	270	29	32	61	41	64	105	6	8	14
Manic-depressive psychoses	501	665	1,166	302	358	660	157	262	419	196	252	448	100	179	279
Dementia praecox	818	850	1,668	472	481	953	205	194	399	367	350	717	172	144	316
Paranoia and paranoid conditions	78	113	191	56	83	139	6	17	23	34	62	96	1	9	10
With psychopathic personality	88	70	158	51	36	87	29	27	56	29	28	57	10	11	21
With mental deficiency	146	135	281	92	71	163	28	32	60	72	56	128	17	22	39
Undiagnosed psychoses	130	135	265	105	117	222	25	17	42	12	12	24	3	1	4
Without psychoses	702	371	1,073	503	257	760	195	113	308	33	20	53	10	6	16
Primary behavior disorders	75	45	120	67	36	103	7	9	16	–	1	1	–	–	–
Total With Mental Disorder	3,855	3,416	7,271	2,785	2,382	5,167	713	699	1,412	1,828	1,696	3,524	409	444	853
Total Without Mental Disorder	777	416	1,193	570	293	863	202	122	324	33	21	54	10	6	16
Grand Total	4,632	3,832	8,464	3,355	2,675	6,030	915	821	1,736	1,861	1,717	3,578	419	450	869

TABLE 206. — *Mental Disorders of ALL First Admissions, Readmissions and Transfers to Hospitals for Mental Diseases, 1936, by Forms of Admission and Sex* — Concluded

MENTAL DISORDERS	TEMPORARY CARE						OBSERVATION						VOLUNTARY						TRANSFERS (READMISSIONS)		
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	13	11	24	4	4	8	4	3	7	1	–	1	11	–	11	5	–	5	38	10	48
With other forms of syphilis	1	3	4	–	–	–	–	1	1	–	2	2	4	1	5	2	–	2	5	–	5
With epidemic encephalitis	–	1	1	–	2	2	1	1	2	–	–	–	–	–	–	–	–	–	4	2	6
With other infectious diseases	8	6	14	–	1	1	5	2	7	–	1	1	2	–	2	–	1	1	–	–	–
Alcoholic psychoses	205	23	228	62	9	71	66	10	76	19	2	21	5	–	5	1	–	1	28	5	33
Due to drugs, etc.	7	6	13	3	1	4	1	1	2	–	–	–	1	1	2	1	–	1	1	–	1
Traumatic psychoses	7	–	7	3	–	3	2	1	3	–	–	–	–	–	–	1	–	1	5	–	5
With cerebral arteriosclerosis	53	32	85	6	2	8	20	10	30	2	1	3	–	–	–	2	–	2	9	10	19
With other disturbances of circulation	3	11	14	2	1	3	4	2	6	–	–	–	–	–	–	1	–	1	1	1	2
With convulsive disorders (epilepsy)	17	11	28	3	5	8	2	1	3	3	3	6	13	12	25	7	4	11	9	4	13
Senile psychoses	3	13	16	1	1	2	6	4	10	–	–	–	–	–	–	–	–	–	6	6	12
Involutional psychoses	5	20	25	1	3	4	1	–	1	–	–	–	–	3	3	–	–	–	3	8	11
Due to other metabolic diseases, etc.	8	7	15	–	–	–	6	6	12	–	1	1	–	–	–	–	–	–	2	5	7
Due to new growth	5	–	5	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	4	–	4
With organic changes of nervous system	9	15	24	2	2	4	2	3	5	1	1	2	1	2	3	1	–	1	8	6	14
Psychoneuroses	46	37	83	4	9	13	18	18	36	10	6	16	24	22	46	9	9	18	1	5	6
Manic-depressive psychoses	88	90	178	38	63	101	11	6	17	7	10	17	7	10	17	12	10	22	42	45	87
Dementia praecox	93	125	218	22	41	63	8	4	12	4	7	11	4	2	6	7	2	9	141	175	316
Paranoia and paranoid conditions	18	16	34	3	8	11	4	4	8	2	–	2	–	1	1	–	–	–	16	13	29
With psychopathic personality	9	6	15	10	14	24	12	1	13	5	2	7	1	1	2	4	–	4	8	7	15
With mental deficiency	11	14	25	6	7	13	7	1	8	2	3	5	2	–	2	3	–	3	26	32	58
Undiagnosed psychoses	85	100	185	21	16	37	6	4	10	1	–	1	2	1	3	–	–	–	–	1	1
Without psychoses	179	116	295	66	37	103	205	72	277	85	47	132	86	49	135	34	23	57	4	1	5
Primary behavior disorders	34	27	61	3	3	6	30	8	38	3	6	9	3	–	3	1	–	1	1	–	1
Total With Mental Disorder	694	547	1,241	191	189	380	186	83	269	57	40	97	77	56	133	56	26	82	357	335	692
Total Without Mental Disorder	213	143	356	69	40	109	235	80	315	88	53	141	89	49	138	35	23	58	5	1	6
Grand Total	907	690	1,597	260	229	489	421	163	584	145	93	238	166	105	271	91	49	140	362	336	698

TABLE 207. — *Mental Disorders of ALL Cases Discharged from Hospitals for Mental Diseases, 1936, by Form of Admission and Sex*

MENTAL DISORDERS	TOTAL			TOTAL									COURT COMMITMENT								
				ALL FIRST ADMISSIONS			ALL READMISSIONS			TRANSFERS			TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	145	35	180	74	20	94	30	6	36	41	9	50	67	8	75	49	6	55	18	2	20
With other forms of syphilis	16	7	23	10	6	16	5	–	5	1	1	2	9	2	11	6	2	8	3	–	3
With epidemic encephalitis	10	7	17	5	2	7	1	2	3	4	3	7	4	–	4	3	–	3	1	–	1
With other infectious diseases	16	13	29	15	10	25	–	1	1	1	2	3	7	4	11	7	4	11	–	–	–
Alcoholic psychoses	537	67	604	398	47	445	112	15	127	27	5	32	166	21	187	131	16	147	35	5	40
Due to drugs, etc.	16	15	31	9	14	23	6	1	7	1	–	1	5	8	13	3	7	10	2	1	3
Traumatic psychoses	31	2	33	16	2	18	9	–	9	6	–	6	13	1	14	9	1	10	4	–	4
With cerebral arteriosclerosis	119	84	203	102	63	165	9	14	23	8	7	15	71	50	121	68	39	107	3	11	14
With other disturbances of circulation	8	21	29	6	18	24	2	1	3	–	2	2	1	8	9	1	8	9	–	–	–
With convulsive disorders (epil.)	80	52	132	49	32	81	20	15	35	11	5	16	27	17	44	19	13	32	8	4	12
Senile psychoses	24	41	65	17	29	46	3	5	8	4	7	11	15	20	35	13	16	29	2	4	6
Involutional psychoses	38	105	143	28	84	112	8	14	22	2	7	9	29	71	100	22	60	82	7	11	18
Due to other metabolic diseases, etc.	15	25	40	13	21	34	–	1	1	2	3	5	4	14	18	4	13	17	–	1	1
Due to new growth	12	1	13	8	1	9	2	–	2	2	–	2	5	1	6	3	1	4	2	–	2
With organic changes of nervous system	31	35	66	18	26	44	6	7	13	7	2	9	10	12	22	7	7	14	3	5	8
Psychoneuroses	134	144	278	102	108	210	29	33	62	3	3	6	22	42	64	15	33	48	7	9	16
Manic-depressive psychoses	422	494	916	232	243	475	142	211	353	48	40	88	213	259	472	125	136	261	88	123	211
Dementia praecox	567	631	1,198	273	335	608	147	130	277	147	166	313	289	283	572	172	203	375	117	80	197
Paranoia and paranoid conditions	51	78	129	34	50	84	11	16	27	6	12	18	17	34	51	12	28	40	5	6	11
With psychopathic personality	84	51	135	48	21	69	27	24	51	9	6	15	32	18	50	23	11	34	9	7	16
With mental deficiency	89	97	186	45	43	88	21	23	44	23	31	54	33	40	73	24	27	51	9	13	22
Undiagnosed psychoses	122	125	247	91	105	196	23	16	39	8	4	12	2	3	5	2	2	4	–	1	1
Without psychoses	655	343	998	463	239	702	190	104	294	2	–	2	35	19	54	24	16	40	11	3	14
Primary behavior disorders	73	45	118	67	36	103	6	9	15	–	–	–	1	–	1	1	–	1	–	–	–
Total With Mental Disorder	2,567	2,130	4,697	1,593	1,280	2,873	613	535	1,148	361	315	676	1,041	916	1,957	718	633	1,351	323	283	606
Total Without Mental Disorder	728	388	1,116	530	275	805	196	113	309	2	–	2	36	19	55	25	16	41	11	3	14
Grand Total	3,295	2,518	5,813	2,123	1,555	3,678	809	648	1,457	363	315	678	1,077	935	2,012	743	649	1,392	334	286	620

TABLE 207. — *Mental Disorders of ALL Cases Discharged from Hospitals for Mental Diseases, 1936, by Form of Admission and Sex* — Concluded

MENTAL DISORDERS	TEMPORARY CARE									OBSERVATION									VOLUNTARY									TRANSFERS		
	TOTAL			FIRST ADMISSIONS			READ-MISSIONS			TOTAL			FIRST ADMISSIONS			READ-MISSIONS			TOTAL			FIRST ADMISSIONS			READ-MISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	15	32	13	11	24	4	4	8	4	3	7	3	3	6	1	–	1	16	–	16	9	–	9	7	–	7	41	9	50
With other forms of syphilis	1	3	4	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	5	1	6	3	1	4	2	–	2	1	1	2
With epidemic encephalitis	1	3	4	1	1	2	–	2	2	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7
With other infectious diseases	5	5	10	5	5	10	–	–	–	1	2	3	1	1	2	–	1	1	2	–	2	2	–	2	–	–	–	1	2	3
Alcoholic psychoses	260	32	292	201	23	224	59	9	68	79	9	88	62	8	70	17	1	18	5	–	5	4	–	4	1	–	1	27	5	32
Due to drugs, etc.	8	6	14	5	6	11	3	–	3	1	1	2	1	1	2	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1
Traumatic psychoses	7	–	7	4	–	4	3	–	3	3	1	4	3	1	4	–	–	–	2	–	2	–	–	–	2	–	2	6	–	6
With cerebral arteriosclerosis	35	24	59	30	22	52	5	2	7	5	3	8	4	2	6	1	1	2	–	–	–	–	–	–	–	–	–	8	7	15
With other disturbances of circulation	3	9	12	2	8	10	1	1	2	3	2	5	3	2	5	–	–	–	1	–	1	–	–	–	1	–	1	–	2	2
With convulsive disorders (epilepsy)	20	14	34	16	9	25	4	5	9	5	5	10	2	2	4	3	3	6	17	11	28	12	8	20	5	3	8	11	5	16
Senile psychoses	2	13	15	1	12	13	1	1	2	3	1	4	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	4	7	11
Involutional psychoses	6	23	29	5	20	25	1	3	4	1	1	2	1	1	2	–	–	–	–	3	3	–	3	3	–	–	–	2	7	9
Due to other metabolic diseases, etc.	6	5	11	6	5	11	–	–	–	3	2	5	3	2	5	–	–	–	–	1	1	–	1	1	–	–	–	2	3	5
Due to new growth	5	–	5	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
With organic changes of nervous system	11	16	27	9	14	23	2	2	4	2	3	5	2	3	5	–	–	–	1	2	3	–	2	2	1	–	1	7	2	9
Psychoneuroses	49	44	93	45	35	80	4	9	13	27	27	54	17	20	37	10	7	17	33	28	61	25	20	45	8	8	16	3	3	6
Manic-depressive psychoses	121	156	277	84	92	176	37	64	101	19	19	38	12	7	19	7	12	19	21	20	41	11	8	19	10	12	22	48	40	88
Dementia praecox	113	168	281	93	125	218	20	43	63	9	9	18	5	4	9	4	5	9	9	5	14	3	3	6	6	2	8	147	166	313
Paranoia and paranoid conditions	21	25	46	18	16	34	3	9	12	6	4	10	4	4	8	2	–	2	1	3	4	–	2	2	1	1	2	6	12	18
With psychopathic personality	19	21	40	9	6	15	10	15	25	15	3	18	11	1	12	4	2	6	9	3	12	5	3	8	4	–	4	9	6	15
With mental deficiency	17	21	38	11	14	25	6	7	13	10	5	15	7	2	9	3	3	6	6	–	6	3	–	3	3	–	3	23	31	54
Undiagnosed psychoses	103	113	216	81	98	179	22	15	37	7	4	11	6	4	10	1	–	1	2	1	3	2	1	3	–	–	–	8	4	12
Without psychoses	242	157	399	176	119	295	66	38	104	284	120	404	202	75	277	82	45	127	92	47	139	61	29	90	31	18	49	2	–	2
Primary behavior disorders	35	30	65	32	27	59	3	3	6	34	15	49	31	9	40	3	6	9	3	–	3	3	–	3	–	–	–	–	–	–
Total With Mental Disorder	830	716	1,546	645	525	1,170	185	191	376	204	105	309	151	70	221	53	35	88	131	78	209	79	52	131	52	26	78	361	315	676
Total Without Mental Disorder	277	187	464	208	146	354	69	41	110	318	135	453	233	84	317	85	51	136	95	47	142	64	29	93	31	18	49	2	–	2
Grand Total	1,107	903	2,010	853	671	1,524	254	232	486	522	240	762	384	154	538	138	86	224	226	125	351	143	81	224	83	44	127	363	315	678

Table 208. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	49	6	55	–	–	–	–	–	–	–	1	1	3	–	3	4	1	5	16	1	17	13	–	13	5	–	5
With other forms of syphilis . .	6	2	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	1	1	2
With epidemic encephalitis . .	3	–	3	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
With other infectious diseases . .	7	4	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	2	5	1	1	2
Alcoholic psychoses	131	16	147	–	–	–	–	–	–	1	–	1	5	–	5	13	–	13	14	3	17	25	3	28	20	2	22
Due to drugs, etc.	3	7	10	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	2	1	3	–	3	3
Traumatic psychoses	9	1	10	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	3	1	4	–	–	–	–	–	–
With cerebral arteriosclerosis . .	68	39	107	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	2
With other disturbances of circulation	1	8	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	2	2	1	1	2
With convulsive disorders (epilepsy)	19	13	32	1	–	1	2	1	3	1	1	2	4	3	7	2	2	4	2	2	4	2	1	3	2	2	4
Senile psychoses	13	16	29	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	22	60	82	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	9	9	4	13	17
Due to other metabolic diseases, etc. .	4	13	17	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	3	3	–	3	3	–	1	1
Due to new growth	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–
With organic changes of nervous system	7	7	14	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	1	2	3	–	1	1	1	–	1
Psychoneuroses	15	33	48	–	–	–	2	–	2	1	3	4	4	3	7	3	8	11	2	7	9	–	8	8	1	1	2
Manic-depressive psychoses . .	125	136	261	–	–	–	6	6	12	17	18	35	17	18	35	14	11	25	13	16	29	10	25	35	15	16	31
Dementia praecox	172	203	375	–	1	1	14	15	29	47	36	83	31	26	57	26	31	57	24	28	52	11	29	40	10	7	17
Paranoia and paranoid conditions .	12	28	40	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	–	2	2	3	6	9	–	3	3
With psychopathic personality . .	23	11	34	–	–	–	3	1	4	4	–	4	5	1	6	2	2	4	1	4	5	3	2	5	3	–	3
With mental deficiency . . .	24	27	51	–	–	–	6	3	9	3	3	6	4	3	7	3	5	8	4	1	5	3	4	7	–	3	3
Undiagnosed psychoses . . .	2	2	4	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–
Without psychoses	24	16	40	1	–	1	3	3	6	3	3	6	4	3	7	3	2	5	5	1	6	2	1	3	–	1	1
Primary behavior disorders . .	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder .	718	633	1,351	1	1	2	34	26	60	76	62	138	74	57	131	70	62	132	84	73	157	76	98	174	66	54	120
Total Without Mental Disorder.	25	16	41	1	–	1	4	3	7	3	3	6	4	3	7	3	2	5	5	1	6	2	1	3	–	1	1
Grand Total	743	649	1,392	2	1	3	38	29	67	79	65	144	78	60	138	73	64	137	89	74	163	78	99	177	66	55	121

TABLE 208. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65 69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	–	4	3	2	5	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	18	5	23	12	2	14	10	–	10	8	1	9	3	–	3	2	–	2	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	1	–	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	2	1	3	7	8	15	17	10	27	18	5	23	12	8	20	6	3	9	4	2	6	–	1	1
With other disturbances of circulation	–	3	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	2	–	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	1	–	1	2	2	4	2	7	9	4	2	6	2	4	6	1	1	2	1	–	1
Involutional psychoses	7	15	22	4	11	15	4	7	11	3	3	6	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	2	3	1	1	2	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	–	2	–	4	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	1	3	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	10	10	20	9	9	18	8	1	9	5	4	9	1	2	3	–	–	–	–	–	–	–	–	–
Dementia praecox	5	13	18	3	9	12	–	5	5	1	2	3	–	–	–	–	–	–	–	1	1	–	–	–
Paranoia and paranoid conditions	6	8	14	–	4	4	–	4	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	2	2	–	–	–	1	1	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	1	1	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	62	63	125	49	52	101	49	32	81	39	28	67	21	13	34	11	7	18	5	4	9	1	1	2
Total Without Mental Disorder	–	1	1	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	62	64	126	50	53	103	51	32	83	39	28	67	21	13	34	11	7	18	5	4	9	1	1	2

TABLE 209. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	18	2	20	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	3	–	3	4	–	4
With other forms of syphilis	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	35	5	40	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	4	–	4	11	1	12
Due to drugs, etc.	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Traumatic psychoses	4	–	4	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2
With cerebral arteriosclerosis	3	11	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	4	12	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	1	3	–	1	1
Senile psychoses	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	7	11	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	2	–	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	5	8	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	1	–	1
Psychoneuroses	7	9	16	–	–	–	–	2	2	–	2	2	–	–	–	1	2	3	2	1	3	1	–	1
Manic-depressive psychoses	88	123	211	–	–	–	1	2	3	8	4	12	5	12	17	10	12	22	10	14	24	13	17	30
Dementia praecox	117	80	197	–	–	–	1	1	2	11	6	17	16	13	29	14	11	25	18	12	30	26	11	37
Paranoia and paranoid conditions	5	6	11	–	–	–	–	–		–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With psychopathic personality	9	7	16	–	–	–	–	–	–	1	1	2	–	4	4	2	–	2	2	–	2	2	1	3
With mental deficiency	9	13	22	–	–	–	–	–	–	–	1	1	1	2	3	1	2	3	1	3	4	3	1	4
Undiagnosed psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Without psychoses	11	3	14	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	2	–	2
Total With Mental Disorder	323	283	606	–	1	1	3	5	8	23	14	37	24	33	57	33	27	60	43	33	76	64	33	97
Total Without Mental Disorder	11	3	14	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	2	–	2
Grand Total	334	286	620	–	1	1	3	5	8	26	14	40	24	33	57	33	27	60	43	33	76	66	33	99

TABLE 209. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS	45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	1	5	4	–	4	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	6	1	7	4	2	6	4	–	4	3	–	3	–	–	–	–	1	1	–	–	–
Due to drugs, etc.	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	1	1	–	1	1	–	1	1	–	2	2	1	4	5	2	2	4	–	–	–
With convulsive disorders (epilepsy)	3	–	3	–	–	–	–	–	–	–	1	1	1	–	1	–	1	1	–	–	–
Senile psychoses	–	–	–	–	–	–	–	1	1	1	–	1	–	2	2	–	1	1	1	–	1
Involutional psychoses	–	3	3	1	–	1	2	4	6	2	2	4	1	–	1	1	–	1	–	1	1
Due to other metabolic diseases, etc.	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	1	–	1	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	2	2	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	11	18	29	15	14	29	3	14	17	5	8	13	2	3	5	4	2	6	1	3	4
Dementia praecox	20	5	25	7	12	19	2	4	6	1	–	1	1	3	4	–	–	–	–	2	2
Paranoia and paranoid conditions	1	1	2	1	3	4	–	–	–	–	1	1	2	–	2	1	–	1	–	–	–
With psychopathic personality	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	2	4	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	2	1	3	1	1	2	1	–	1	–	–	–	1	1	2	–	–	–	1	–	1
Total With Mental Disorder	51	35	86	38	34	72	11	27	38	15	15	30	8	13	21	8	7	15	2	6	8
Total Without Mental Disorder	2	1	3	1	1	2	1	–	1	–	–	–	1	1	2	–	–	–	1	–	1
Grand Total	53	36	89	39	35	74	12	27	39	15	15	30	9	14	23	8	7	15	3	6	9

Table 210—*Mental Disorders of ALL FIRST ADMISSIONS, Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	74	20	94	–	–	–	–	–	–	–	2	2	4	1	5	5	1	6	21	4	25	16	1	17
With other forms of syphilis	10	6	16	–	–	–	–	1	1	–	–	–	–	–	–	2	1	3	1	2	3	1	–	1
With epidemic encephalitis	5	2	7	–	–	–	1	–	1	–	–	–	1	–	1	1	1	2	1	–	1	–	–	–
With other infectious diseases	15	10	25	–	–	–	–	1	1	–	4	4	1	–	1	1	–	1	1	–	1	6	3	9
Alcoholic psychoses	398	47	445	–	–	–	–	–	–	7	1	8	29	4	33	57	4	61	68	7	75	74	5	79
Due to drugs, etc.	9	14	23	–	–	–	–	–	–	1	1	2	–	–	–	1	2	3	1	1	2	4	3	7
Traumatic psychoses	16	2	18	–	–	–	2	–	2	1	–	1	–	–	–	1	–	1	4	1	5	1	1	2
With cerebral arteriosclerosis	102	63	165	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
With other disturbances of circulation	6	18	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	3	3
With convulsive disorders (epil.)	49	32	81	3	–	3	8	6	14	7	7	14	8	3	11	6	4	10	3	4	7	5	4	9
Senile psychoses	17	29	46	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	28	84	112	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	13	13
Due to other metabolic diseases, etc.	13	21	34	–	–	–	1	–	1	–	1	1	–	4	4	–	2	2	2	3	5	3	4	7
Due to new growth	8	1	9	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	–	1	1
With organic changes of nervous system	18	26	44	–	–	–	–	3	3	2	1	3	–	1	1	–	–	–	1	5	6	1	4	5
Psychoneuroses	102	108	210	–	–	–	9	9	18	10	12	22	12	13	25	11	20	31	16	18	34	16	14	30
Manic-depressive psychoses	232	243	475	1	–	1	21	17	38	30	33	63	29	33	62	28	33	61	28	25	53	14	35	49
Dementia praecox	273	335	608	2	1	3	28	19	47	75	49	124	55	57	112	31	49	80	34	53	87	18	44	62
Paranoia and paranoid conditions	34	50	84	–	–	–	–	–	–	2	–	2	1	2	3	3	1	4	4	6	10	8	10	18
With psychopathic personality	48	21	69	–	–	–	6	4	10	11	1	12	6	2	8	5	2	7	6	6	12	7	5	12
With mental deficiency	45	43	88	1	–	1	11	6	17	5	4	9	8	6	14	3	8	11	6	2	8	7	8	15
Undiagnosed psychoses	91	105	196	1	1	2	9	6	15	11	5	16	13	13	26	7	14	21	13	17	30	12	13	25
Without psychoses	463	239	702	26	16	42	42	49	91	43	27	70	40	21	61	56	25	81	66	22	88	50	22	72
Primary behavior disorders	67	36	103	19	8	27	23	16	39	6	3	9	4	2	6	4	2	6	1	–	1	2	2	4
Total With Mental Disorder	1,593	1,280	2,873	9	2	11	96	72	168	162	121	283	167	139	306	163	142	305	212	156	368	194	172	366
Total Without Mental Disorder	530	275	805	45	24	69	65	65	130	49	30	79	44	23	67	60	27	87	67	22	89	52	24	76
Grand Total	2,123	1,555	3,678	54	26	80	161	137	298	211	151	362	211	162	373	223	169	392	279	178	457	246	196	442

TABLE 210. — *Mental Disorders of ALL FIRST ADMISSIONS Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS	45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	8	3	11	10	4	14	6	3	9	2	1	3	2	–	2	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	1	2	2	1	3	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	1	3	2	–	2	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	54	7	61	46	9	55	27	6	33	18	1	19	11	2	13	5	1	6	2	–	2	–	–	–
Due to drugs, etc.	–	4	4	1	–	1	1	1	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	3	–	3	1	–	1	–	–	–	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	2	2	4	3	3	6	14	11	25	25	16	41	25	9	34	15	12	27	8	4	12	9	5	14
With other disturbances of circulation	2	3	5	2	6	8	1	2	3	–	1	1	1	2	3	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	3	3	6	4	–	4	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Senile psychoses	–	1	1	–	1	1	1	2	3	3	5	8	3	8	11	6	4	10	2	5	7	2	3	5
Involutional psychoses	4	18	22	9	22	31	6	17	23	6	9	15	3	3	6	–	1	1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	1	3	2	3	5	1	1	2	1	–	1	–	1	1	–	1	1	1	–	1	–	–	–
Due to new growth	–	–	–	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	2	3	5	–	5	4	9	13	4	–	4	–	–	–	–	1	1	–	–	–	–	–	–
Psychoneuroses	11	8	19	9	6	15	5	3	8	2	3	5	–	2	2	1	–	1	–	–	–	–	–	–
Manic-depressive psychoses	30	25	55	17	22	39	16	11	27	11	3	14	5	4	9	1	2	3	1	–	1	–	–	–
Dementia praecox	18	17	35	8	24	32	3	14	17	–	5	5	1	2	3	–	–	–	–	–	–	–	1	1
Paranoia and paranoid conditions	5	6	11	9	11	20	–	7	7	–	6	6	2	–	2	–	1	1	–	–	–	–	–	–
With psychopathic personality	5	–	5	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	4	6	1	2	3	–	–	–	1	1	2	–	2	2	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	11	14	25	7	11	18	5	8	13	–	3	3	1	–	1	–	–	–	1	–	1	–	–	–
Without psychoses	42	23	65	40	10	50	20	7	27	17	8	25	12	5	17	5	1	6	3	1	4	1	2	3
Primary behavior disorders	3	1	4	1	1	2	1	1	2	2	–	2	–	–	–	–	–	–	1	–	1	–	–	–
Total With Mental Disorder	163	120	283	138	126	264	99	97	196	79	55	134	55	37	92	30	23	53	15	9	24	11	9	20
Total Without Mental Disorder	45	24	69	41	11	52	21	8	29	19	8	27	12	5	17	5	1	6	4	1	5	1	2	3
Grand Total	208	144	352	179	137	316	120	105	225	98	63	161	67	42	109	35	24	59	19	10	29	12	11	23

TABLE 211. — *Mental Disorders of ALL READMISSIONS Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T	M.	F.	T.	M.	F.	T	M.	F	T.
With syphilitic meningo-encephalitis	30	6	36	–	–	–	1	–	1	1	–	1	–	–	–	2	–	2	5	–	5	6	1	7
With other forms of syphilis	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	1	2	3	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
With other infectious diseases	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Alcoholic psychoses	112	15	127	–	–	–	–	–	–	–	–	–	4	–	4	12	1	13	18	1	19	26	1	27
Due to drugs, etc.	6	1	7	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	–	2	1	–	1
Traumatic psychoses	9	–	9	–	–	–	2	–	2	1	–	1	1	–	1	–	–	–	2	–	2	3	–	3
With cerebral arteriosclerosis	9	14	23	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	20	15	35	–	–	–	–	–	–	–	1	1	5	1	6	4	3	7	3	4	7	1	1	2
Senile psychoses	3	5	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	8	14	22	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	2	–	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	6	7	13	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	1	1	1	2	3
Psychoneuroses	29	33	62	–	–	–	–	5	5	1	5	6	1	2	3	5	5	10	5	6	11	5	4	9
Manic-depressive psychoses	142	211	353	–	–	–	4	4	8	19	13	32	13	19	32	12	25	37	18	27	45	17	29	46
Dementia praecox	147	130	277	–	1	1	1	2	3	16	13	29	19	15	34	18	21	39	22	20	42	32	17	49
Paranoia and paranoid conditions	11	16	27	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	3	2	5
With psychopathic personality	27	24	51	–	–	–	3	3	6	2	3	5	2	7	9	2	2	4	5	1	6	8	4	12
With mental deficiency	21	23	44	1	–	1	3	3	6	1	1	2	3	4	7	1	3	4	3	4	7	5	4	9
Undiagnosed psychoses	23	16	39	1	–	1	3	–	3	2	1	3	4	4	8	4	2	6	3	1	4	3	1	4
Without psychoses	190	104	294	1	–	1	11	15	26	24	13	37	16	10	26	20	17	37	32	7	39	37	9	46
Primary behavior disorders	6	9	15	2	1	3	1	1	2	1	2	3	–	–	–	–	–	–	–	2	2	–	1	1
Total With Mental Disorder	613	535	1,148	2	2	4	17	18	35	44	37	81	55	53	108	61	63	124	87	68	155	112	66	178
Total Without Mental Disorder	196	113	309	3	1	4	12	16	28	25	15	40	16	10	26	20	17	37	32	9	41	37	10	47
Grand Total	809	648	1,457	5	3	8	29	34	63	69	52	121	71	63	134	81	80	161	119	77	196	149	76	225

Table 211. — *Mental Disorders of ALL READMISSIONS Discharged from Hospitals for Mental Diseases, 1936, by Age at Discharge and Sex* — Concluded

Mental Disorders	45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	2	8	5	1	6	3	2	5	1	–	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	2	–	2	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	19	2	21	14	4	18	11	4	15	8	1	9	–	–	–	–	1	1	–	–	–
Due to drugs, etc.	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	1	1	1	2	3	2	2	4	3	3	6	1	4	5	2	2	4	–	–	–
With other disturbances of circulation	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With convulsive disorders (epilepsy)	5	–	5	1	2	3	–	–	–	–	2	2	1	–	1	–	1	1	–	–	–
Senile psychoses	–	–	–	–	–	–	–	2	2	2	–	2	–	2	2	–	1	1	1	–	1
Involutional psychoses	–	4	4	1	–	1	2	6	8	3	2	5	1	–	1	1	–	1	–	1	1
Due to other metabolic diseases, etc.	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	2	–	2	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	6	2	8	4	1	5	2	1	3	–	1	1	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	20	32	52	17	25	42	6	17	23	7	10	17	2	4	6	6	3	9	1	3	4
Dementia praecox	25	12	37	8	17	25	4	7	11	1	–	1	1	3	4	–	–	–	–	2	2
Paranoia and paranoid conditions	2	2	4	1	5	6	–	5	5	–	1	1	3	–	3	1	–	1	–	–	–
With psychopathic personality	3	3	6	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	2	4	2	1	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	2	2	4	1	2	3	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	16	11	27	11	7	18	11	6	17	–	5	5	7	4	11	2	–	2	2	–	2
Primary behavior disorders	1	–	1	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	93	66	159	62	61	123	31	51	82	27	21	48	9	15	24	11	8	19	2	6	8
Total Without Mental Disorder	17	11	28	12	8	20	11	7	18	–	5	5	7	4	11	2	–	2	2	–	2
Grand Total	110	77	187	74	69	143	42	58	100	27	26	53	16	19	35	13	8	21	4	6	10

TABLE 212. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	49	6	55	–	–	–	–	–	–	1	1	2	2	1	3	14	–	14	6	1	7	14	–	14
With other forms of syphilis	6	2	8	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	–	1
With epidemic encephalitis	3	–	3	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1	–	–	–
With other infectious diseases	7	4	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	3	6
Alcoholic psychoses	131	16	147	–	–	–	–	–	–	4	–	4	5	–	5	13	–	13	15	4	19	26	2	28
Due to drugs, etc.	3	7	10	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	2	2	4
Traumatic psychoses	9	1	10	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	2	1	3	–	–	–
With cerebral arteriosclerosis	68	39	107	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With other disturbances of circulation	1	8	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	2	2
With convulsive disorders (epilepsy)	19	13	32	1	–	1	2	2	4	1	1	2	6	3	9	2	1	3	1	3	4	3	–	3
Senile psychoses	13	16	29	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	22	60	82	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	4	3	7	10
Due to other metabolic diseases, etc.	4	13	17	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	4	4	–	2	2
Due to new growth	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
With organic changes of nervous system	7	7	14	–	–	–	1	–	1	1	–	1	–	–	–	–	1	1	1	2	3	–	–	–
Psychoneuroses	15	33	48	–	–	–	2	1	3	2	2	4	4	7	11	2	6	8	2	8	10	1	6	7
Manic-depressive psychoses	125	136	261	–	1	1	13	12	25	17	17	34	12	17	29	15	14	29	14	20	34	10	20	30
Dementia praecox	172	203	375	2	2	4	27	25	52	47	33	80	24	31	55	31	27	58	18	32	50	11	23	34
Paranoia and paranoid conditions	12	28	40	–	–	–	–	–	–	–	–	–	–	1	1	2	–	2	1	4	5	2	6	8
With psychopathic personality	23	11	34	–	–	–	4	1	5	4	–	4	5	2	7	2	3	5	1	2	3	3	2	5
With mental deficiency	24	27	51	–	1	1	8	4	12	4	3	7	2	2	4	3	6	9	3	–	3	3	5	8
Undiagnosed psychoses	2	2	4	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
Without psychoses	24	16	40	2	2	4	3	4	7	4	–	4	3	6	9	3	1	4	4	1	5	2	1	3
Primary behavior disorders	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	718	633	1,351	3	4	7	58	45	103	82	58	140	60	66	126	86	60	146	68	86	154	83	82	165
Total Without Mental Disorder	25	16	41	3	2	5	3	4	7	4	–	4	3	6	9	3	1	4	4	1	5	2	1	3
Grand Total	743	649	1,392	6	6	12	61	49	110	86	58	144	63	72	135	89	61	150	72	87	159	85	83	168

TABLE 212. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M	F.	T.
With syphilitic meningo-encephalitis	4	–	4	4	–	4	3	2	5	1	1	2	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	1	2	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	–	1	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	22	4	26	16	4	20	13	1	14	8	–	8	6	1	7	3	–	3	–	–	–
Due to drugs, etc.	–	2	2	–	–	–	1	–	1	–	–	–	–	2	2	–	–	–	–	–	–
Traumatic psychoses	–	–	–	2	–	2	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–
With cerebral arteriosclerosis	2	1	3	3	–	3	9	11	20	17	10	27	17	2	19	13	8	21	7	6	13
With other disturbances of circulation	1	1	2	–	3	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	2	3	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	1	2	3	3	3	6	3	4	7	2	3	5	4	4	8
Involutional psychoses	4	16	20	7	19	26	3	8	11	5	6	11	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	1	3	4	1	–	1	1	1	2	–	–	–	–	–	–	1	–	1
Due to new growth	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	–	2	1	1	2	–	3	3	1	–	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	2	2	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	16	11	27	9	14	23	10	5	15	6	3	9	2	1	3	1	1	2	–	–	–
Dementia praecox	5	9	14	5	9	14	1	10	11	1	1	2	–	1	1	–	–	–	–	–	–
Paranoia and paranoid conditions	–	6	6	6	8	14	–	2	2	–	1	1	1	–	1	–	–	–	–	–	–
With psychopathic personality	2	–	2	–	–	–	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
With mental deficiency	–	3	3	–	–	–	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	61	60	121	59	62	121	51	46	97	46	30	76	29	12	41	20	12	32	12	10	22
Total Without Mental Disorder	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–
Grand Total	61	60	121	59	62	121	52	47	99	48	30	78	29	12	41	20	12	32	12	10	22

TABLE 213. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	18	2	20	–	–	–	–	–	–	1	–	1	–	–	–	2	–	2	3	–	3
With other forms of syphilis	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	35	5	40	–	–	–	–	–	–	–	–	–	–	–	–	5	1	6	8	–	8
Due to drugs, etc.	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	4	–	4	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1
With cerebral arteriosclerosis	3	11	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	4	12	–	–	–	–	–	–	–	–	–	2	–	2	1	1	2	1	1	2
Senile psychoses	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	7	11	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	2	–	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	5	8	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
Psychoneuroses	7	9	16	–	1	1	–	2	2	–	1	1	–	–	–	2	2	4	3	1	4
Manic-depressive psychoses	88	123	211	–	–	–	5	2	7	8	8	16	6	8	14	7	16	23	13	16	29
Dementia praecox	117	80	197	–	–	–	3	2	5	13	8	21	20	17	37	20	10	30	21	12	33
Paranoia and paranoid conditions	5	6	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With psychopathic personality	9	7	16	–	–	–	1	–	1	–	2	2	2	3	5	1	–	1	3	1	4
With mental deficiency	9	13	22	–	–	–	–	–	–	1	2	3	2	1	3	2	4	6	3	1	4
Undiagnosed psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Without psychoses	11	3	14	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	323	283	606	–	2	2	11	6	17	25	21	46	32	31	63	40	34	74	58	35	93
Total Without Mental Disorder	11	3	14	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–
Grand Total	334	286	620	–	2	2	13	6	19	26	21	47	32	31	63	40	34	74	58	35	93

TABLE 213. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	40–44 YEARS			45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	–	6	1	1	2	4	–	4	1	1	2	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	10	–	10	2	2	4	4	1	5	3	–	3	3	1	4	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	–	1	1	–	1	1	–	1	1	–	4	4	1	3	4	2	1	3
With convulsive disorders (epilepsy)	2	–	2	1	–	1	–	–	–	–	–	–	–	2	2	1	–	1	–	–	–
Senile psychoses	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–	–	1	1	1	1	2
Involutional psychoses	–	–	–	–	3	3	3	3	6	3	3	6	–	–	–	–	–	–	1	1	2
Due to other metabolic diseases, etc.	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	–	1	–	1	1	1	–	1	–	1	1	1	–	1	–	–	–	–	–	–
Psychoneuroses	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	13	16	29	13	21	34	9	12	21	5	13	18	5	4	9	3	5	8	1	2	3
Dementia praecox	25	12	37	11	7	18	3	8	11	1	1	2	–	1	1	–	1	1	–	1	1
Paranoia and paranoid conditions	1	–	1	1	1	2	1	3	4	1	–	1	1	1	2	–	–	–	–	–	–
With psychopathic personality	2	–	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With mental deficiency	–	2	2	–	2	2	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	4	4	–	2	2	1	–	1	1	–	1	–	–	–	1	1	2	1	–	1
Total With Mental Disorder	63	31	94	31	40	71	27	29	56	15	24	39	11	14	25	5	10	15	5	6	11
Total Without Mental Disorder	4	–	4	–	2	2	1	–	1	1	–	1	–	–	–	1	1	2	1	–	1
Grand Total	67	31	98	31	42	73	28	29	57	16	24	40	11	14	25	6	11	17	6	6	12

Table 214. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Condition on Discharge and Sex*

Mental Disorders	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	49	6	55	–	1	1	44	4	48	5	1	6	–	–	–
With other forms of syphilis	6	2	8	–	–	–	5	2	7	1	–	1	–	–	–
With epidemic encephalitis	3	–	3	–	–	–	3	–	3	–	–	–	–	–	–
With other infectious diseases	7	4	11	3	2	5	3	2	5	1	–	1	–	–	–
Alcoholic psychoses	131	16	147	55	5	60	63	11	74	13	–	13	–	–	–
Due to drugs, etc.	3	7	10	2	5	7	1	2	3	–	–	–	–	–	–
Traumatic psychoses	9	1	10	2	–	2	7	1	8	–	–	–	–	–	–
With cerebral arteriosclerosis	68	39	107	6	3	9	48	27	75	14	9	23	–	–	–
With other disturbances of circulation	1	8	9	–	3	3	1	5	6	–	–	–	–	–	–
With convulsive disorders (epilepsy)	19	13	32	2	1	3	9	8	17	8	4	12	–	–	–
Senile psychoses	13	16	29	1	1	2	9	11	20	3	4	7	–	–	–
Involutional psychoses	22	60	82	6	10	16	13	44	57	3	6	9	–	–	–
Due to other metabolic diseases, etc.	4	13	17	1	1	2	3	11	14	–	1	1	–	–	–
Due to new growth	3	1	4	–	–	–	1	–	1	2	1	3	–	–	–
With organic changes of nervous system	7	7	14	1	1	2	5	6	11	1	–	1	–	–	–
Psychoneuroses	15	33	48	4	5	9	7	27	34	4	1	5	–	–	–
Manic-depressive psychoses	125	136	261	61	46	107	60	84	144	4	6	10	–	–	–
Dementia praecox	172	203	375	18	15	33	130	168	298	24	20	44	–	–	–
Paranoia and paranoid conditions	12	28	40	1	2	3	8	21	29	3	5	8	–	–	–
With psychopathic personality	23	11	34	9	4	13	13	7	20	1	–	1	–	–	–
With mental deficiency	24	27	51	6	1	7	15	24	39	3	2	5	–	–	–
Undiagnosed psychoses	2	2	4	–	–	–	–	1	1	2	1	3	–	–	–
Without psychoses	24	16	40	–	–	–	–	1	1	7	5	12	17	10	27
Primary behavior disorders	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Total With Mental Disorder	718	633	1,351	178	106	284	448	466	914	92	61	153	–	–	–
Total Without Mental Disorder	25	16	41	–	–	–	1	1	2	7	5	12	17	10	27
Grand Total	743	649	1,392	178	106	284	449	467	916	99	66	165	17	10	27

Table 215. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Condition on Discharge and Sex*

Mental Disorders	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	18	2	20	–	–	–	17	1	18	1	1	2	–	–	–
With other forms of syphilis	3	–	3	–	–	–	3	–	3	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	35	5	40	13	3	16	20	2	22	2	–	2	–	–	–
Due to drugs, etc.	2	1	3	2	–	2	–	–	–	–	1	1	–	–	–
Traumatic psychoses	4	–	4	1	–	1	3	–	3	–	–	–	–	–	–
With cerebral arteriosclerosis	3	11	14	–	–	–	3	11	14	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	4	12	–	–	–	4	1	5	4	3	7	–	–	–
Senile psychoses	2	4	6	–	–	–	2	4	6	–	–	–	–	–	–
Involutional psychoses	7	11	18	3	1	4	3	8	11	1	2	3	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Due to new growth	2	–	2	–	–	–	–	–	–	2	–	2	–	–	–
With organic changes of nervous system	3	5	8	–	–	–	3	5	8	–	–	–	–	–	–
Psychoneuroses	7	9	16	–	1	1	7	6	13	–	2	2	–	–	–
Manic-depressive psychoses	88	123	211	33	42	75	51	75	126	4	6	10	–	–	–
Dementia praecox	117	80	197	8	5	13	85	61	146	24	14	38	–	–	–
Paranoia and paranoid conditions	5	6	11	–	–	–	4	6	10	1	–	1	–	–	–
With psychopathic personality	9	7	16	1	2	3	7	5	12	1	–	1	–	–	–
With mental deficiency	9	13	22	3	2	5	4	10	14	2	1	3	–	–	–
Undiagnosed psychoses	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Without psychoses	11	3	14	–	–	–	1	–	1	2	–	2	8	3	11
Total With Mental Disorder	323	283	606	64	56	120	217	195	412	42	32	74	–	–	–
Total Without Mental Disorder	11	3	14	–	–	–	1	–	1	2	–	2	8	3	11
Grand Total	334	286	620	64	56	120	218	195	413	44	32	76	8	3	11

TABLE 216. — *Age at Discharge of Court First Admissions Discharged from Hospitals for Mental Diseases, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	90	80	170	–	–	–	4	3	7	13	6	19	8	5	13	10	3	13	10	8	18	6	14	20
Boston Psychopathic	31	15	46	–	–	–	2	–	2	2	2	4	1	4	5	2	1	3	7	1	8	7	1	8
Danvers	106	116	222	–	–	–	3	5	8	11	11	22	12	14	26	16	13	29	12	7	19	11	21	32
Foxborough	36	31	67	–	–	–	2	1	3	4	4	8	4	5	9	3	3	6	4	4	8	2	6	8
Gardner	19	15	34	–	–	–	1	–	1	1	3	4	3	–	3	–	–	–	2	3	5	1	2	3
Grafton	7	7	14	–	–	–	1	–	1	1	1	2	–	–	–	1	3	4	–	–	–	1	1	2
Medfield	30	42	72	–	–	–	1	3	4	4	6	10	3	4	7	6	8	14	1	10	11	1	3	4
Northampton	99	102	201	–	–	–	3	5	8	9	9	18	13	10	23	13	9	22	9	11	20	9	14	23
Taunton	53	58	111	1	1	2	4	2	6	5	4	9	6	4	10	2	3	5	6	5	11	6	12	18
Westborough	55	66	121	–	–	–	1	3	4	8	10	18	6	3	9	6	7	13	2	9	11	6	8	14
Worcester	118	90	208	–	–	–	9	3	12	16	6	22	12	9	21	10	8	18	13	13	26	9	14	23
Monson	13	8	21	1	–	1	3	2	5	3	1	4	4	–	4	1	3	4	–	–	–	–	1	1
McLean	27	19	46	–	–	–	2	2	4	1	2	3	5	2	7	2	3	5	3	3	6	2	2	4
Bridgewater	9	–	9	–	–	–	2	–	2	1	–	1	1	–	1	1	–	1	–	–	–	1	–	1
Veterans' Adm. Facility No. 107	22	–	22	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	–	9	6	–	6
Veterans' Adm. Facility No. 95	28	–	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11	–	11	10	–	10
Total	743	649	1,392	2	1	3	38	29	67	79	65	144	78	60	138	73	64	137	89	74	163	78	99	177

HOSPITALS	45–49 YEARS			50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	5	14	19	4	8	12	5	8	13	11	3	14	7	4	11	2	2	4	3	1	4	2	1	3
Boston Psychopathic	3	2	5	5	1	6	2	2	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	10	8	18	4	17	21	12	8	20	8	4	12	4	3	7	2	3	5	1	2	3	–	–	–
Foxborough	5	–	5	6	3	9	1	3	4	2	–	2	2	1	3	1	1	2	–	–	–	–	–	–
Gardner	1	–	1	2	1	3	1	1	2	–	2	2	4	3	7	2	–	2	1	–	1	–	–	–
Grafton	2	–	2	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Medfield	1	2	3	5	2	7	2	2	4	2	–	2	1	–	1	1	1	2	2	1	3	–	–	–
Northampton	8	6	14	11	10	21	11	9	20	4	9	13	5	7	12	4	2	6	–	–	–	–	1	1
Taunton	4	8	12	4	7	11	2	4	6	5	3	8	4	3	7	3	–	3	1	1	2	–	1	1
Westborough	4	5	9	3	6	9	5	6	11	6	5	11	4	3	7	1	–	1	1	–	1	2	1	3
Worcester	8	6	14	13	8	21	5	8	13	8	6	14	6	3	9	5	4	9	2	2	4	2	–	2
Monson	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
McLean	3	3	6	4	–	4	2	1	3	1	–	1	2	–	2	–	–	–	–	–	–	–	1	1
Bridgewater	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	6	–	6	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	5	–	5	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Total	66	55	121	62	64	126	50	53	103	51	32	83	39	28	67	21	13	34	11	7	18	6	5	11

Table 217. — *Age at Discharge of Court Readmissions Discharged from Hospitals for Mental Diseases, 1936, by Hospital and Sex*

Hospitals	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	22	28	50	–	–	–	1	2	3	2	1	3	1	1	2	2	1	3	3	5	8	4	3	7
Boston Psychopathic	5	3	8	–	–	–	–	–	–	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	45	38	83	–	–	–	1	–	1	3	1	4	4	6	10	10	4	14	1	6	7	4	2	6
Foxborough	6	5	11	–	–	–	–	–	–	1	–	1	–	2	2	2	1	3	–	–	–	–	–	–
Gardner	9	8	17	–	–	–	–	–	–	–	1	1	1	3	4	–	1	1	1	1	2	1	1	2
Grafton	3	8	11	–	–	–	1	1	2	1	–	1	–	1	1	–	–	–	1	2	3	–	–	–
Medfield	15	29	44	–	–	–	–	2	2	3	3	6	2	2	4	1	4	5	–	–	–	3	4	7
Metropolitan	12	14	26	–	–	–	–	–	–	1	1	2	1	–	1	2	2	4	1	1	2	1	3	4
Northampton	20	43	63	–	–	–	–	–	–	3	1	4	–	5	5	2	2	4	4	7	11	5	3	8
Taunton	20	25	45	–	–	–	–	–	–	3	1	4	3	3	6	2	3	5	2	–	2	1	3	4
Westborough	25	34	59	–	–	–	–	–	–	–	2	2	5	4	9	4	2	6	5	3	8	2	7	9
Worcester	37	36	73	–	–	–	–	–	–	–	2	2	5	5	10	5	4	9	7	5	12	5	4	9
Monson	4	1	5	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1
McLean	9	14	23	–	1	1	–	–	–	4	1	5	1	–	1	1	3	4	–	3	3	–	2	2
Bridgewater	7	–	7	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	2	–	2
Tewksbury	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	54	–	54	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11	–	11	23	–	23
Veterans' Adm. Facility No. 95	40	–	40	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	7	–	7	15	–	15
Total	334	286	620	–	1	1	3	5	8	26	14	40	24	33	57	33	27	60	43	33	76	66	33	99

Hospitals	45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2	2	4	1	4	5	1	3	4	5	2	7	–	4	4	–	–	–	–	–	–
Boston Psychopathic	1	1	2	1	–	1	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	6	5	11	9	4	13	–	5	5	4	2	6	2	1	3	1	1	2	–	1	1
Foxborough	–	1	1	3	–	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Gardner	3	–	3	1	–	1	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–
Grafton	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2	–	1	1
Medfield	1	2	3	2	3	5	–	7	7	–	–	–	1	1	2	1	–	1	1	1	2
Metropolitan	–	3	3	3	3	6	1	–	1	–	1	1	1	–	1	1	–	1	–	–	–
Northampton	2	9	11	2	9	11	2	2	4	–	2	2	–	1	1	–	–	–	–	2	2
Taunton	2	3	5	3	5	8	–	1	1	1	2	3	–	3	3	3	1	4	–	–	–
Westborough	3	5	8	2	3	5	2	3	5	1	3	4	1	1	2	–	1	1	–	–	–
Worcester	4	4	8	4	3	7	4	3	7	1	1	2	1	3	4	–	2	2	1	–	1
Monson	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
McLean	–	1	1	–	1	1	–	–	–	1	1	2	–	–	–	1	–	1	1	1	2
Bridgewater	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	17	–	17	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	9	–	9	4	–	4	1	–	1	–	–	–	2	–	2	–	–	–	–	–	–
Total	53	36	89	39	35	74	12	27	39	15	15	30	9	14	23	8	7	15	3	6	9

TABLE 218. — *Length of Hospital Stay during THIS Admission of Court First Admissions Discharged, 1936, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			UNDER 1 MO.			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	6	6	12	–	–	–	–	1	1	2	–	2	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1
15–19 years	61	49	110	5	1	6	3	1	4	4	5	9	6	6	12	11	4	15	5	6	11	3	4	7	1	5	6	1	–	1
20–24 years	86	58	144	1	–	1	3	6	9	6	6	12	12	5	17	9	9	18	6	6	12	7	4	11	7	2	9	2	4	6
25–29 years	63	72	135	3	3	6	7	5	12	5	8	13	10	9	19	3	4	7	4	9	13	6	2	8	1	4	5	2	2	4
30–34 years	89	61	150	5	1	6	9	6	15	12	7	19	10	10	20	8	6	14	2	5	7	8	5	13	3	–	3	1	–	1
35–39 years	72	87	159	8	5	13	5	8	13	9	13	22	7	11	18	5	5	10	7	5	12	6	2	8	4	2	6	3	3	6
40–44 years	85	83	168	4	4	8	7	4	11	7	17	24	14	12	26	7	6	13	8	9	17	3	3	6	4	2	6	3	2	5
45–49 years	61	60	121	4	2	6	2	6	8	15	13	28	9	6	15	6	4	10	4	4	8	1	3	4	2	3	5	–	1	1
50–54 years	59	62	121	5	4	9	6	6	12	11	9	20	4	8	12	7	7	14	4	3	7	3	1	4	2	2	4	2	1	3
55–59 years	52	47	99	5	–	5	5	6	11	14	10	24	3	5	8	2	2	4	4	2	6	3	2	5	2	2	4	1	3	4
60–64 years	48	30	78	6	2	8	1	5	6	2	3	5	6	4	10	7	1	8	5	1	6	5	1	6	2	1	3	1	2	3
65–69 years	29	12	41	2	2	4	6	1	7	5	1	6	3	2	5	4	1	5	1	1	2	1	–	1	1	–	1	–	–	–
70–74 years	20	12	32	5	2	7	3	2	5	1	6	7	3	–	3	1	1	2	2	–	2	–	–	–	1	–	1	2	–	2
75–79 years	7	6	13	1	1	2	1	–	1	3	2	5	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
80–84 years	4	4	8	–	1	1	2	1	3	–	1	1	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
85–89 years	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	743	649	1,392	55	28	83	60	58	118	96	101	197	89	78	167	71	50	121	53	53	106	46	28	74	30	23	53	18	19	37

AGE AT ADMISSION	9 MONTHS			10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	–	–	–	–	–	–	–	–	–	1	1	2	1	2	3	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
15–19 years	–	–	–	1	–	1	2	–	2	13	7	20	3	6	9	1	2	3	2	1	3	–	1	1	–	–	–	–	–	–	–	–	–
20–24 years	4	4	8	1	3	4	3	3	6	12	3	15	7	2	9	4	1	5	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
25–29 years	2	4	6	–	1	1	–	4	4	11	8	19	1	1	2	3	5	8	1	1	2	3	1	4	–	–	–	1	–	1	–	1	1
30–34 years	3	1	4	2	2	4	1	–	1	13	11	24	5	2	7	3	–	3	1	1	2	1	2	3	2	1	3	–	1	1	–	–	–
35–39 years	1	1	2	–	3	3	–	–	–	7	18	25	1	–	1	3	6	9	2	2	4	4	3	7	–	–	–	–	–	–	–	–	–
40–44 years	3	1	4	–	1	1	1	1	2	12	9	21	2	3	5	4	1	5	1	2	3	3	4	7	1	1	2	–	1	1	1	–	1
45–49 years	1	1	2	–	–	–	1	3	4	10	5	15	5	4	9	–	2	2	1	–	1	–	2	2	–	1	1	–	–	–	–	–	–
50–54 years	–	1	1	2	1	3	1	1	2	3	11	14	3	1	4	1	2	3	–	1	1	4	1	5	1	1	2	–	1	1	–	–	–
55–59 years	1	–	1	–	2	2	–	–	–	5	2	7	4	2	6	2	3	5	–	2	2	1	4	5	–	–	–	–	–	–	–	–	–
60–64 years	–	1	1	3	1	4	–	–	–	5	4	9	1	1	2	2	2	4	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
65–69 years	–	1	1	–	–	–	1	–	1	3	1	4	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
70–74 years	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
75–79 years	–	1	1	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
80–84 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
85–89 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	15	16	31	10	14	24	10	12	22	95	81	176	36	25	61	24	24	48	12	10	22	17	19	36	4	6	10	1	3	4	1	1	2

TABLE 219 — *Length of Hospital Stay during THIS Admission of Court Readmissions Discharged, 1936, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			UNDER 1 MO.			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS			9 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 years	13	6	19	–	–	–	1	–	1	1	–	1	3	2	5	–	1	1	1	1	2	1	–	1	–	–	–	1	–	1	–	–	–
20–24 years	26	21	47	1	–	1	–	–	–	4	3	7	3	2	5	3	2	5	4	3	7	3	4	7	–	1	1	2	–	2	1	–	1
25–29 years	32	31	63	–	–	–	1	1	2	3	3	6	1	3	4	1	3	4	–	4	4	4	3	7	–	4	4	2	–	2	–	3	3
30–34 years	40	34	74	–	1	1	3	1	4	5	6	11	3	1	4	2	3	5	1	2	3	1	3	4	1	2	3	1	1	2	–	2	2
35–39 years	58	35	93	2	1	3	2	1	3	6	7	13	2	3	5	6	5	11	–	1	1	2	1	3	–	1	1	–	3	3	2	1	3
40–44 years	67	31	98	2	–	2	3	1	4	4	3	7	7	2	9	3	3	6	5	3	8	–	4	4	2	1	3	2	2	4	1	1	2
45–49 years	31	42	73	2	–	2	2	–	2	4	4	8	1	5	6	5	3	8	1	2	3	1	5	6	–	2	2	3	2	5	2	1	3
50–54 years	28	29	57	3	–	3	2	3	5	1	1	2	3	4	7	5	2	7	–	2	2	1	2	3	–	1	1	2	1	3	1	1	2
55–59 years	16	24	40	1	1	2	1	1	2	2	1	3	1	5	6	1	3	4	2	1	3	2	1	3	–	1	1	–	–	–	–	2	2
60–64 years	11	14	25	–	–	–	–	–	–	1	1	2	1	1	2	1	2	3	–	2	2	2	–	2	–	1	1	2	–	2	–	–	–
65–69 years	6	11	17	1	1	2	–	–	–	–	1	1	–	–	–	–	1	1	–	1	1	1	2	3	1	1	2	1	–	1	–	1	1
70–74 years	4	5	9	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	1	1	–	1	1	1	–	1
75–79 years	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total	334	286	620	12	4	16	16	8	24	31	31	62	26	28	54	27	29	56	15	23	38	18	25	43	4	16	20	16	10	26	8	13	21

AGE AT ADMISSION	10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 years	1	1	2	–	–	–	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
20–24 years	1	4	5	1	–	1	–	1	1	–	–	–	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	1	–	1
25–29 years	3	1	4	1	1	2	10	2	12	2	1	3	1	1	2	–	–	–	1	1	2	1	–	1	1	–	1	–	–	–
30–34 years	–	–	–	–	1	1	5	1	6	3	5	8	3	1	4	1	–	1	9	3	12	2	1	3	–	–	–	–	–	–
35–39 years	3	–	3	1	–	1	12	5	17	3	3	6	4	3	7	6	–	6	7	–	7	–	–	–	–	–	–	–	–	–
40–44 years	4	–	4	–	–	–	8	3	11	10	4	14	7	1	8	1	–	1	6	3	9	1	–	1	–	–	–	1	–	1
45–49 years	–	2	2	–	–	–	7	7	14	1	3	4	–	2	2	2	2	4	–	–	–	–	–	–	–	2	2	–	–	–
50–54 years	1	1	2	1	1	2	4	3	7	1	1	2	–	1	1	1	1	2	1	3	4	–	1	1	1	–	1	–	–	–
55–59 years	–	1	1	–	–	–	1	3	4	1	2	3	–	1	1	1	–	1	2	–	2	–	1	1	1	–	1	–	–	–
60–64 years	1	–	1	1	–	1	–	4	4	1	–	1	–	1	1	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–
65–69 years	–	–	–	–	–	–	1	–	1	1	1	2	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
70–74 years	–	–	–	–	1	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
75–79 years	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	14	10	24	5	4	9	51	31	82	23	20	43	17	12	29	14	4	18	27	13	40	4	3	7	4	2	6	2	–	2

Table 220. — *Mental Disorders and Form of Admission of All Patients Dying in Hospitals for Mental Diseases, 1936, by Sex*

Mental Disorders	First Admissions															Readmissions														
	Total			Regular Commitment			Temporary Care			Observation			Voluntary			Total			Regular Commitment			Temporary Care			Observation			Voluntary		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	63	22	85	61	21	82	–	1	1	2	–	2	–	–	–	16	4	20	16	4	20	–	–	–	–	–	–	–	–	–
With other forms of syphilis	7	2	9	7	1	8	–	–	–	–	1	1	–	–	–	3	2	5	3	1	4	–	–	–	–	1	1	–	–	–
With epidemic encephalitis	3	1	4	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	9	5	14	2	3	5	3	1	4	4	1	5	–	–	–	–	2	2	–	–	–	–	1	1	–	–	–	–	1	1
Alcoholic psychoses	47	4	51	41	4	45	5	–	5	1	–	1	–	–	–	28	6	34	27	6	33	1	–	1	–	–	–	–	–	–
Due to drugs, etc.	3	–	3	1	–	1	2	–	2	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	5	–	5	2	–	2	3	–	3	–	–	–	–	–	–	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	331	272	603	292	253	545	23	10	33	16	9	25	–	–	–	24	22	46	22	21	43	1	–	1	1	1	2	–	–	–
With other disturbances of circulation	11	6	17	9	4	13	1	2	3	1	–	1	–	–	–	2	1	3	1	1	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	23	19	42	19	11	30	1	–	1	–	–	–	3	8	11	9	3	12	7	3	10	–	–	–	–	–	–	2	–	2
Senile psychoses	94	122	216	89	119	208	2	1	3	3	2	5	–	–	–	8	16	24	8	16	24	–	–	–	–	–	–	–	–	–
Involutional psychoses	10	24	34	10	24	34	–	–	–	–	–	–	–	–	–	1	7	8	1	7	8	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	20	27	47	16	21	37	2	2	4	2	4	6	–	–	–	1	3	4	1	2	3	–	–	–	–	1	1	–	–	–
Due to new growth	8	2	10	8	1	9	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	17	7	24	16	6	22	1	1	2	–	–	–	–	–	–	7	5	12	6	4	10	–	–	–	1	1	2	–	–	–
Psychoneuroses	2	2	4	–	2	2	–	–	–	2	–	2	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	20	29	49	19	29	48	1	–	1	–	–	–	–	–	–	23	39	62	21	38	59	2	1	3	–	–	–	–	–	–
Dementia praecox	65	63	128	62	61	123	1	2	3	2	–	2	–	–	–	82	131	213	81	131	212	1	–	1	–	–	–	–	–	–
Paranoia and paranoid conditions	5	9	14	5	9	14	–	–	–	–	–	–	–	–	–	6	4	10	6	4	10	–	–	–	–	–	–	–	–	–
With psychopathic personality	4	2	6	4	2	6	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
With mental deficiency	6	15	21	6	15	21	–	–	–	–	–	–	–	–	–	12	8	20	12	8	20	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	4	2	6	–	–	–	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	26	19	45	10	6	16	1	–	1	1	–	1	14	13	27	4	5	9	2	2	4	–	–	–	–	–	–	2	3	5
Total With Mental Disorder	757	635	1,392	672	587	1,259	49	22	71	33	18	51	3	8	11	226	256	482	216	247	463	6	3	9	2	5	7	2	1	3
Total Without Mental Disorder	26	19	45	10	6	16	1	–	1	1	–	1	14	13	27	4	5	9	2	2	4	–	–	–	–	–	–	2	3	5
Grand Total	783	654	1,437	682	593	1,275	50	22	72	34	18	52	17	21	38	230	261	491	218	249	467	6	3	9	2	5	7	4	4	8

Table 221. — *Mental Disorders of First Court Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	61	21	82	–	–	–	–	1	1	–	–	–	1	–	1	3	–	3	2	5	7	12	4	16	10	3	13
With other forms of syphilis	7	1	8	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	3	1	4	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	1	–	1
With other infectious diseases	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–
Alcoholic psychoses	41	4	45	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	3	–	3	2	1	3
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With cerebral arteriosclerosis	292	253	545	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2
With other disturbances of circulation	9	4	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2
With convulsive disorders (epilepsy)	19	11	30	–	–	–	1	–	1	–	1	1	2	1	3	1	1	2	1	–	1	2	3	5	–	2	2
Senile psychoses	89	119	208	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	10	24	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	–	1	1
Due to other metabolic diseases, etc.	16	21	37	–	–	–	–	–	–	1	1	2	–	2	2	–	1	1	–	–	–	–	1	1	3	5	8
Due to new growth	8	1	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With organic changes of nervous system	16	6	22	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	3	–	3
Psychoneuroses	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	19	29	48	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	1	2	3	2	3	5	1	4	5
Dementia praecox	62	61	123	–	–	–	–	2	2	5	–	5	10	3	13	3	3	6	3	4	7	6	5	11	6	7	13
Paranoia and paranoid conditions	5	9	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
With psychopathic personality	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	6	15	21	–	–	–	–	–	–	1	1	2	–	2	2	–	–	–	1	2	3	–	1	1	2	2	4
Without psychoses	10	6	16	1	–	1	1	–	1	2	2	4	2	1	3	1	–	1	–	1	1	1	1	2	1	–	1
Total With Mental Disorder	672	587	1,259	–	1	1	1	3	4	8	5	13	15	8	23	8	6	14	10	15	25	30	22	52	33	29	62
Total Without Mental Disorder	10	6	16	1	–	1	1	–	1	2	2	4	2	1	3	1	–	1	–	1	1	1	1	2	1	–	1
Grand Total	682	593	1,275	1	1	2	2	3	5	10	7	17	17	9	26	9	6	15	10	16	26	31	23	54	34	29	63

TABLE 221. — *Mental Disorders of First Court Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	2	12	3	4	7	9	–	9	4	–	4	5	1	6	1	–	1	–	1	1	1	–	1	–	–	–
With other forms of syphilis	–	–	–	–	–	–	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	2	–	2	5	–	5	8	–	8	8	2	10	7	1	8	2	–	2	2	–	2	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	4	4	8	12	14	26	33	22	55	55	39	94	68	50	118	68	61	129	36	39	75	11	16	27	5	5	10
With other disturbances of circulation	–	1	1	–	–	–	3	1	4	2	–	2	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	2	–	2	3	2	5	3	–	3	2	1	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	1	3	4	2	4	6	9	9	18	15	27	42	27	27	54	24	27	51	10	18	28	1	4	5
Involutional psychoses	5	7	12	3	7	10	–	–	–	–	2	2	1	2	3	–	–	–	1	2	3	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	5	7	1	–	1	6	2	8	2	2	4	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
Due to new growth	2	–	2	2	–	2	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	2	3	5	2	–	2	3	–	3	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	2	7	9	1	3	4	4	3	7	4	3	7	–	–	–	1	2	3	2	1	3	–	–	–	–	–	–
Dementia praecox	7	5	12	7	9	16	3	5	8	5	7	12	4	9	13	1	2	3	–	–	–	2	–	2	–	–	–
Paranoia and paranoid conditions	1	–	1	1	1	2	–	2	2	2	3	5	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
With psychopathic personality	–	–	–	1	–	1	1	–	1	2	–	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With mental deficiency	–	1	1	–	2	2	–	3	3	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–
Without psychoses	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	37	33	70	42	49	91	78	44	122	101	69	170	107	93	200	104	94	198	68	73	141	24	34	58	6	9	15
Total Without Mental Disorder	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Grand Total	37	33	70	42	49	91	78	44	122	101	69	170	108	93	201	104	95	199	68	73	141	24	34	58	6	9	15

Table 222. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	16	4	20	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	2	–	2	–	–	–	5	1	6
With other forms of syphilis	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	6	33	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	1	3
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With cerebral arteriosclerosis	22	21	43	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	7	3	10	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Senile psychoses	8	16	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	7	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1
With organic changes of nervous system	6	4	10	1	–	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	1	1	2	2	–	2
Psychoneuroses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	21	38	59	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	1	4	5	–	3	3
Dementia praecox	81	131	212	–	–	–	–	–	–	–	1	1	1	3	4	3	4	7	4	4	8	8	9	17	12	10	22
Paranoia and paranoid conditions	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	12	8	20	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2	1	3	–	–	–	–	1	1
Without psychoses	2	2	4	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total With Mental Disorder	216	247	463	1	–	1	2	–	2	2	1	3	3	4	7	3	6	9	8	5	13	12	15	27	24	16	40
Total Without Mental Disorder	2	2	4	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Grand Total	218	249	467	1	–	1	2	–	2	2	2	4	3	4	7	3	6	9	8	5	13	12	15	27	24	17	41

TABLE 222. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	1	4	4	–	4	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	1	–	1	1	–	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	3	–	3	4	2	6	5	1	6	6	1	7	3	–	3	2	1	3	1	–	1	–	–	–
Traumatic psychoses	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	–	3	3	5	2	7	2	3	5	4	8	12	9	1	10	2	4	6	–	–	–
With other disturbances of circulation	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	–	–	–	2	–	2	1	1	2	–	1	1	1	1	2	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	1	2	3	–	–	–	4	4	8	1	6	7	2	2	4	–	2	2
Involutional psychoses	–	–	–	–	4	4	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	4	3	7	3	6	9	4	6	10	3	4	7	3	8	11	2	3	5	–	–	–	–	–	–
Dementia praecox	8	11	19	9	12	21	8	19	27	11	16	27	10	21	31	5	8	13	2	6	8	–	7	7
Paranoia and paranoid conditions	–	–	–	–	–	–	2	1	3	1	2	3	–	–	–	2	–	2	1	1	2	–	–	–
With psychopathic personality	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	–	1	2	–	2	2	2	4	2	–	2	1	1	2	1	1	2	–	1	1	–	1	1
Without psychoses	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	21	15	36	24	29	53	33	36	69	26	28	54	26	46	72	23	22	45	8	14	22	–	10	10
Total Without Mental Disorder	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	22	15	37	24	29	53	33	36	69	27	28	55	26	46	72	23	22	45	8	14	22	–	10	10

TABLE 223. — *Mental Disorders of All First Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	63	22	85	–	–	–	–	1	1	–	–	–	1	–	1	3	–	3	2	5	7	13	4	17	10	3	13
With other forms of syphilis	7	2	9	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	3	1	4	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	1	–	1
With other infectious diseases	9	5	14	–	–	–	–	–	–	–	2	2	1	–	1	–	–	–	1	1	2	2	1	3	–	–	–
Alcoholic psychoses	47	4	51	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	4	–	4	3	1	4
Due to drugs, etc.	3	–	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1
With cerebral arteriosclerosis	331	272	603	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	2	3
With other disturbances of circulation	11	6	17	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	1	2	3
With convulsive disorders (epilepsy)	23	19	42	–	2	2	1	–	1	–	1	1	3	1	4	2	1	3	1	–	1	3	3	6	–	4	4
Senile psychoses	94	122	216	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	10	24	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	–	1	1
Due to other metabolic diseases, etc.	20	27	47	–	–	–	–	1	1	1	1	2	–	2	2	–	2	2	–	1	1	1	2	3	3	5	8
Due to new growth	8	2	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With organic changes of nervous system	17	7	24	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	3	–	3
Psychoneuroses	2	2	4	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Manic-depressive psychoses	20	29	49	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	2	2	4	2	3	5	1	4	5
Dementia praecox	65	63	128	–	–	–	–	2	2	5	–	5	12	3	15	4	4	8	3	4	7	6	5	11	6	7	13
Paranoia and paranoid conditions	5	9	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
With psychopathic personality	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	6	15	21	–	–	–	–	–	–	1	1	2	–	2	2	–	–	–	1	2	3	–	1	1	2	2	4
Undiagnosed psychoses	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	2	–	2
Without psychoses	26	19	45	10	9	19	2	3	5	4	3	7	2	1	3	1	–	1	1	1	2	1	1	2	2	–	2
Total With Mental Disorder	757	635	1,392	–	3	3	1	4	5	9	7	16	20	8	28	11	10	21	12	16	28	38	23	61	37	32	69
Total Without Mental Disorder	26	19	45	10	9	19	2	3	5	4	3	7	2	1	3	1	–	1	1	1	2	1	1	2	2	–	2
Grand Total	783	654	1,437	10	12	22	3	7	10	13	10	23	22	9	31	12	10	22	13	17	30	39	24	63	39	32	71

TABLE 223. — *Mental Disorders of All First Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	2	12	3	5	8	10	–	10	4	–	4	5	1	6	1	–	1	–	1	1	1	–	1	–	–	–
With other forms of syphilis	–	–	–	–	1	1	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	–	1	1	–	1	–	1	1	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	3	–	3	6	–	6	8	–	8	9	2	11	7	1	8	2	–	2	2	–	2	–	–	–	–	–	–
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	5	5	10	13	16	29	36	25	61	62	40	102	76	57	133	82	64	146	37	39	76	12	17	29	7	6	13
With other disturbances of circulation	–	1	1	1	–	1	3	1	4	3	–	3	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	2	3	5	3	2	5	4	–	4	2	2	4	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	1	3	4	2	4	6	11	9	20	16	27	43	27	30	57	24	27	51	12	18	30	1	4	5
Involutional psychoses	5	7	12	3	7	10	–	–	–	–	2	2	1	2	3	–	–	–	1	2	3	–	–	–	–	–	–
Due to other metabolic diseases, etc.	3	6	9	1	–	1	7	2	9	3	3	6	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
Due to new growth	2	–	2	2	1	3	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	2	3	2	3	5	2	–	2	3	–	3	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	2	7	9	1	3	4	4	3	7	4	3	7	–	–	–	1	2	3	2	1	3	–	–	–	–	–	–
Dementia praecox	7	6	13	7	9	16	3	5	8	5	7	12	4	9	13	1	2	3	–	–	–	2	–	2	–	–	–
Paranoia and paranoid conditions	1	–	1	1	1	2	–	2	2	2	3	5	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
With psychopathic personality	–	–	–	1	–	1	1	–	1	2	–	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With mental deficiency	–	1	1	–	2	2	–	3	3	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–
Undiagnosed psychoses	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	–	–	2	–	2	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	43	41	84	48	54	102	84	47	131	114	72	186	117	100	217	119	100	219	69	73	142	27	35	62	8	10	18
Total Without Mental Disorder	–	–	–	2	–	2	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Grand Total	43	41	84	50	54	104	84	47	131	114	72	186	118	100	218	119	101	220	69	73	142	27	35	62	8	10	18

TABLE 224. — *Mental Disorders of All Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	16	4	20	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	2	–	2	–	–	–	5	1	6
With other forms of syphilis	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	2	2	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	28	6	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	1	4
Due to drugs, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With cerebral arteriosclerosis	24	22	46	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	9	3	12	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Senile psychoses	8	16	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	7	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	7	5	12	1	–	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	1	1	2	2	–	2
Psychoneuroses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	23	39	62	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	1	4	5	1	4	5
Dementia praecox	82	131	213	–	–	–	–	–	–	–	1	1	1	3	4	3	4	7	4	4	8	8	9	17	12	10	22
Paranoia and paranoid conditions	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	12	8	20	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2	1	3	–	–	–	–	1	1
Without psychoses	4	5	9	–	3	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total With Mental Disorder	226	256	482	1	–	1	2	–	2	2	1	3	3	5	8	3	8	11	8	5	13	12	15	27	26	17	43
Total Without Mental Disorder	4	5	9	–	3	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Grand Total	230	261	491	1	3	4	2	–	2	2	2	4	3	5	8	3	8	11	8	5	13	12	15	27	26	18	44

TABLE 224. — *Mental Disorders of All Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	1	4	4	–	4	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	1	1	2	1	–	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	3	–	3	4	2	6	5	1	6	6	1	7	3	–	3	2	1	3	1	–	1	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	–	–	1	4	5	5	2	7	2	3	5	4	8	12	10	1	11	2	4	6	–	–	–
With other disturbances of circulation	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	2	–	2	–	–	–	3	–	3	1	1	2	–	1	1	1	1	2	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	1	2	3	–	–	–	4	4	8	1	6	7	2	2	4	–	2	2
Involutional psychoses	–	–	–	–	4	4	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	1	1	2	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	4	3	7	3	6	9	4	6	10	3	4	7	4	8	12	2	3	5	–	–	–	–	–	–
Dementia praecox	8	11	19	9	12	21	8	19	27	11	16	27	11	21	32	5	8	13	2	6	8	–	7	7
Paranoia and paranoid conditions	–	–	–	–	–	–	2	1	3	1	2	3	–	–	–	2	–	2	1	1	2	–	–	–
With psychopathic personality	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	–	1	2	–	2	2	2	4	2	–	2	1	1	2	1	1	2	–	1	1	–	1	1
Without psychoses	1	–	1	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	22	15	37	25	31	56	36	36	72	26	29	55	28	48	76	24	22	46	8	14	22	–	10	10
Total Without Mental Disorder	1	–	1	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	23	15	38	26	31	57	37	36	73	27	29	56	28	48	76	24	22	46	8	14	22	–	10	10

TABLE 225. — *Age at Death of Court First Admissions who Died in Hospitals for Mental Diseases, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	149	131	280	–	–	–	–	–	–	1	–	1	–	1	1	–	1	1	2	2	4	5	2	7	6	5	11
Boston Psychopathic	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	2	2
Danvers	109	87	196	–	–	–	–	2	2	3	1	4	4	2	6	1	2	3	4	3	7	5	2	7	3	4	7
Foxborough	33	35	68	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	3	3	1	1	2	1	4	5
Gardner	13	7	20	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	1	1	1	–	1
Grafton	14	6	20	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	1	1	2	2	–	2
Medfield	25	22	47	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	2	2	3	2	5
Northampton	61	62	123	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	2	3	5	3	3	6
Taunton	89	67	156	–	–	–	1	–	1	2	1	3	6	2	8	2	2	4	–	2	2	2	2	4	3	2	5
Westborough	50	74	124	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	1	1	2	–	1	1	2	4	6
Worcester	72	82	154	–	1	1	–	–	–	1	–	1	1	2	3	1	–	1	1	4	5	4	6	10	4	2	6
Monson	15	9	24	1	–	1	1	–	1	2	3	5	2	2	4	1	–	1	–	1	1	2	1	3	1	1	2
McLean	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bridgewater	33	–	33	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	2	–	2	2	–	2
Tewksbury	5	4	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1
Veterans' Adm. Fac. No. 95	8	–	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	5	–	5	2	–	2
Total	682	593	1,275	1	1	2	2	3	5	10	7	17	17	9	26	9	6	15	10	16	26	31	23	54	34	29	63

HOSPITALS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	9	4	13	10	19	29	19	12	31	28	17	45	29	21	50	26	25	51	12	17	29	–	4	4	2	1	3
Boston Psychopathic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	4	4	8	3	5	8	9	7	16	20	12	32	13	14	27	22	10	32	12	9	21	5	7	12	1	3	4
Foxborough	2	5	7	5	–	5	3	1	4	–	1	1	4	6	10	8	5	13	4	5	9	2	4	6	1	–	1
Gardner	1	–	1	2	–	2	–	–	–	2	1	3	1	–	1	2	–	2	–	3	3	2	2	4	–	–	–
Grafton	1	–	1	3	–	3	–	2	2	2	1	3	–	1	1	2	–	2	–	1	1	1	–	1	–	–	–
Medfield	2	1	3	1	1	2	3	3	6	2	1	3	4	2	6	3	4	7	6	3	9	1	1	2	–	1	1
Northampton	2	4	6	3	5	8	12	3	15	8	7	15	11	11	22	9	11	20	5	6	11	4	8	12	1	–	1
Taunton	8	5	13	5	4	9	12	4	16	12	11	23	14	11	25	6	12	18	9	6	15	6	1	7	1	2	3
Westborough	1	2	3	–	5	5	7	2	9	8	8	16	12	15	27	8	17	25	9	11	20	2	4	6	–	2	2
Worcester	3	7	10	5	8	13	9	10	19	9	9	18	11	10	21	15	10	25	7	10	17	1	3	4	–	–	–
Monson	1	–	1	–	1	1	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
McLean	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	1	2	3	–	–	–	–	–	–
Bridgewater	3	–	3	5	–	5	2	–	2	7	–	7	8	–	8	1	–	1	1	–	1	–	–	–	–	–	–
Tewksbury	–	–	–	–	1	1	–	–	–	1	–	1	–	2	2	2	1	3	2	–	2	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	37	33	70	42	49	91	78	44	122	101	69	170	108	93	201	104	95	199	68	73	141	24	34	58	6	9	15

TABLE 226. — *Age at Death of Court Readmissions who Died in Hospitals for Mental Diseases, 1936, by Hospital and Sex*

Hospitals	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	23	29	52	–	–	–	1	–	1	1	–	1	–	–	–	–	1	1	2	–	2	1	1	2	1	1	2
Boston Psychopathic	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Danvers	16	17	33	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	3	4	–	1	1
Foxborough	5	12	17	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Gardner	16	15	31	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	1	1
Grafton	26	31	57	–	–	–	–	–	–	1	–	1	–	2	2	–	–	–	–	–	–	1	2	3	2	1	3
Medfield	30	31	61	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	2	–	2	1	1	2	2	2	4
Metropolitan	17	15	32	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	–	2	–	2	2	2	1	3
Northampton	12	12	24	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2
Taunton	13	14	27	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	1	1
Westborough	7	24	31	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	1	1	–	1	1	–	1	1
Worcester	18	23	41	–	–	–	–	–	–	–	–	–	1	1	2	–	3	3	–	–	–	2	1	3	3	4	7
Monson	2	3	5	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
McLean	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Bridgewater	10	–	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Tewksbury	2	18	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	3
Veterans' Adm. Fac. No. 107	8	–	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	6	–	6
Veterans' Adm. Fac. No. 95	10	–	10	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	–	2	4	–	4
Total	218	249	467	1	–	1	2	–	2	2	2	4	3	4	7	3	6	9	8	5	13	12	15	27	24	17	41

Hospitals	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2	–	2	6	3	9	–	4	4	–	5	5	4	8	12	5	3	8	–	2	2	–	1	1
Boston Psychopathic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	1	1	2	1	2	3	5	1	6	4	4	8	1	2	3	1	–	1	1	–	1	–	1	1
Foxborough	1	–	1	1	3	4	–	2	2	–	1	1	2	1	3	1	4	5	–	–	–	–	–	–
Gardner	2	1	3	3	7	10	2	1	3	4	2	6	2	1	3	1	1	2	–	1	1	–	–	–
Grafton	4	3	7	–	4	4	1	3	4	7	4	11	4	5	9	4	4	8	2	–	2	–	3	3
Medfield	3	1	4	4	1	5	5	4	9	5	4	9	4	10	14	2	3	5	1	3	4	–	1	1
Metropolitan	1	2	3	4	2	6	5	6	11	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–
Northampton	–	2	2	3	1	4	3	3	6	–	–	–	2	3	5	2	–	2	1	–	1	–	–	–
Taunton	–	1	1	1	3	4	3	–	3	1	1	2	2	3	5	4	1	5	–	3	3	–	–	–
Westborough	2	2	4	–	3	3	2	3	5	2	2	4	–	6	6	–	2	2	–	1	1	–	1	1
Worcester	3	2	5	–	–	–	3	5	8	1	1	2	2	1	3	2	3	5	1	–	1	–	2	2
Monson	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
McLean	–	–	–	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	–	2	2	–	–	–
Bridgewater	2	–	2	1	–	1	–	–	–	3	–	3	2	–	2	–	–	–	1	–	1	–	–	–
Tewksbury	–	–	–	–	–	–	–	4	4	–	3	3	–	4	4	–	1	1	1	2	3	–	1	1
Veterans' Adm. Fac. No. 107	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	22	15	37	24	29	53	33	36	69	27	28	55	26	46	72	23	22	45	8	14	22	–	10	10

TABLE 227. — *Mental Disorders of Court First Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	61	21	82	–	–	–	–	1	1	1	–	1	1	–	1	6	2	8	3	6	9	11	2	13	7	3	10
With other forms of syphilis	7	1	8	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
With epidemic encephalitis	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
With other infectious diseases	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	1	1	–	–	–
Alcoholic psychoses	41	4	45	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	6	–	6	7	1	8	6	1	7
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
With cerebral arteriosclerosis	292	253	545	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	2	3
With other disturbances of circulation	9	4	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2
With convulsive disorders (epilepsy)	19	11	30	–	–	–	2	–	2	–	1	1	3	1	4	–	3	3	2	1	3	3	2	5	3	1	4
Senile psychoses	89	119	208	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	10	24	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	4	–	3	3
Due to other metabolic diseases, etc.	16	21	37	–	–	–	–	–	–	1	1	2	–	2	2	–	1	1	–	–	–	–	1	1	4	6	10
Due to new growth	8	1	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With organic changes of nervous system	16	6	22	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	4	–	4	1	–	1
Psychoneuroses	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	19	29	48	–	–	–	–	1	1	1	–	1	–	–	–	–	1	1	2	1	3	1	4	5	3	5	8
Dementia praecox	62	61	123	1	–	1	1	2	3	10	2	12	11	5	16	9	6	15	8	9	17	6	10	16	7	7	14
Paranoia and paranoid conditions	5	9	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	–	1
With psychopathic personality	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
With mental deficiency	6	15	21	–	–	–	–	–	–	1	3	4	–	–	–	–	3	3	2	2	4	1	1	2	–	3	3
Without psychoses	10	6	16	4	2	6	2	–	2	1	4	5	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	672	587	1,259	1	1	2	4	4	8	14	8	22	17	8	25	17	19	36	25	21	46	35	27	62	41	32	73
Total Without Mental Disorder	10	6	16	4	2	6	2	–	2	1	4	5	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	682	593	1,275	5	3	8	6	4	10	15	12	27	19	8	27	17	19	36	25	21	46	35	27	62	41	32	73

TABLE 227. — *Mental Disorders of Court First Admissions who Died in Hospitals for Mental Diseases, 1936, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	2	12	5	3	8	8	–	8	6	–	6	1	1	2	1	–	1	–	1	1	1	–	1
With other forms of syphilis	–	–	–	–	–	–	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	5	1	6	7	–	7	5	1	6	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	6	7	13	15	14	29	35	24	59	56	48	104	79	48	127	55	57	112	31	38	69	14	14	28
With other disturbances of circulation	–	1	1	1	–	1	2	1	3	2	–	2	1	–	1	1	–	1	1	–	1	–	–	–
With convulsive disorders (epilepsy)	4	1	5	–	–	–	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	1	–	1	2	5	7	4	8	12	10	12	22	19	30	49	26	29	55	21	22	43	6	13	19
Involutional psychoses	5	10	15	2	6	8	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	3	4	7	1	1	2	4	2	6	2	1	3	1	1	2	–	1	1	–	–	–	–	–	–
Due to new growth	2	–	2	2	–	2	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	4	2	6	–	–	–	3	–	3	1	–	1	1	1	2	1	–	1	–	–	–
Psychoneuroses	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	1	8	9	4	3	7	4	3	7	2	2	4	–	1	1	–	–	–	1	–	1	–	–	–
Dementia praecox	5	12	17	1	3	4	1	4	5	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	1	1	2	1	3	4	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	–	–	–	1	–	1	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
With mental deficiency	–	1	1	–	1	1	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Without psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	43	49	92	46	42	88	69	49	118	91	69	160	108	82	190	85	88	173	55	61	116	21	27	48
Total Without Mental Disorder	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	44	49	93	46	42	88	69	49	118	91	69	160	108	82	190	85	88	173	55	61	116	21	27	48

TABLE 228. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	16	4	20	–	–	–	1	–	1	–	–	–	1	1	2	–	1	1	3	–	3	2	–	2
With other forms of syphilis	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	27	6	33	–	–	–	–	–	–	–	–	–	–	1	1	2	1	3	2	–	2	2	1	3
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	22	21	43	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	7	3	10	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	1	1	1	–	1
Senile psychoses	8	16	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	1	7	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With organic changes of nervous system	6	4	10	1	–	1	–	–	–	1	1	2	–	–	–	–	–	–	1	–	1	2	2	4
Psychoneuroses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	21	38	59	–	–	–	–	–	–	1	–	1	–	1	1	–	1	1	1	1	2	2	5	7
Dementia praecox	81	131	212	–	–	–	1	–	1	4	4	8	11	9	20	15	14	29	14	19	33	13	24	37
Paranoia and paranoid conditions	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With mental deficiency	12	8	20	–	–	–	–	–	–	1	–	1	–	–	–	2	–	2	1	1	2	1	–	1
Without psychoses	2	2	4	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Total With Mental Disorder	216	247	463	1	–	1	3	–	3	7	5	12	13	12	25	20	18	38	23	22	45	23	33	56
Total Without Mental Disorder	2	2	4	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Grand Total	218	249	467	1	–	1	3	1	4	7	5	12	13	12	25	21	19	40	23	22	45	23	33	56

Table 228. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1936, by Age at Admission and Sex* — Concluded

Mental Disorders	45–49 Years			50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	–	4	3	1	4	2	–	2	–	–	–	–	–	–	–	1	1	–	–	–
With other forms of syphilis	–	–	–	1	–	1	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	4	1	5	1	1	2	5	1	6	5	–	5	2	–	2	4	–	4	–	–	–
Traumatic psychoses	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	1	1	–	–	–	–	3	3	7	2	9	1	5	6	8	5	13	6	5	11
With other disturbances of circulation	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	–	–	–	–	–	1	1	2	2	–	2	1	1	2	–	–	–	–	–	–
Senile psychoses	–	–	–	–	1	1	–	–	–	1	3	4	1	4	5	3	3	6	3	5	8
Involutional psychoses	–	2	2	–	1	1	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	–	–	–	1	1	2	1	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	1	2	3	3	8	11	7	4	11	2	9	11	3	4	7	1	1	2	–	2	2
Dementia praecox	7	18	25	6	12	18	4	13	17	3	10	13	3	4	7	–	1	1	–	3	3
Paranoia and paranoid conditions	2	1	3	2	2	4	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–
With psychopathic personality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	1	1	2	1	3	1	4	5	1	–	1	3	1	4	–	–	–	–	–	–
Without psychoses	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	20	26	46	19	28	47	24	31	55	23	25	48	15	21	36	16	11	27	9	15	24
Total Without Mental Disorder	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Grand Total	20	26	46	19	28	47	24	31	55	24	25	49	15	21	36	16	11	27	9	15	24

Table 229. — *Length of Hospital Stay During THIS Admission of Court First Admissions who Died, 1936, by Age at Admission and Sex*

Age at Admission Years	Total			Under 1 Mo.			1 Month			2 Months			3 Months			4 Months			5 Months			6 Months			7 Months			8 Months			9 Months			10 Months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 .	5	3	8	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 .	6	4	10	–	2	2	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–24 .	15	12	27	2	1	3	1	–	1	–	2	2	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
25–29 .	19	8	27	3	1	4	1	–	1	1	1	2	–	–	–	–	2	2	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
30–34 .	17	19	36	–	3	3	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
35–39 .	25	21	46	3	2	5	–	1	1	–	1	1	2	–	2	–	–	–	–	1	1	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–
40–44 .	35	27	62	5	6	11	3	1	4	3	1	4	–	–	–	1	–	1	–	–	–	–	2	2	1	–	1	–	–	–	–	–	–	–	–	–
45–49 .	41	32	73	10	7	17	1	4	5	3	2	5	–	1	1	1	1	2	1	1	2	–	1	1	–	2	2	1	–	1	–	–	–	–	–	–
50–54 .	44	49	93	5	6	11	1	1	2	3	3	6	2	1	3	2	2	4	2	3	5	1	–	1	–	–	–	1	–	1	1	1	2	2	–	2
55–59 .	46	42	88	6	8	14	4	5	9	2	3	5	–	1	1	2	1	3	2	1	3	–	–	–	–	–	–	–	1	1	2	–	2	1	1	2
60–64 .	69	49	118	13	11	24	5	2	7	7	2	9	5	3	8	4	4	8	1	–	1	1	2	3	–	–	–	–	1	1	1	1	2	2	2	4
65–69 .	91	69	160	20	12	32	11	5	16	6	5	11	6	4	10	7	3	10	3	1	4	2	2	4	1	–	1	3	2	5	3	4	7	1	1	2
70–74 .	108	82	190	28	17	45	5	6	11	6	7	13	10	7	17	2	1	3	2	2	4	2	2	4	1	1	2	1	1	2	1	1	2	2	1	3
75–79 .	85	88	173	27	22	49	9	6	15	8	7	15	6	4	10	5	2	7	1	3	4	2	2	4	2	4	6	1	2	3	2	–	2	1	1	2
80–84 .	55	61	116	20	12	32	4	4	8	1	11	12	5	4	9	4	1	5	1	1	2	2	–	2	1	1	2	–	1	1	1	1	2	1	–	1
85–89 .	15	22	37	8	5	13	1	3	4	–	3	3	2	1	3	1	1	2	–	1	1	1	–	1	–	3	3	1	–	1	–	–	–	–	1	1
90 and over	6	5	11	6	2	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Total	682	593	1,275	156	118	274	47	39	86	41	48	89	38	27	65	31	18	49	14	15	29	15	12	27	7	14	21	8	9	17	11	8	19	10	7	17

Age at Admission Years	11 Months			1 Year			2 Years			3 Years			4 Years			5–9 Years			10–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35 Years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 . .	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 . .	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	1	–	1	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–24 . .	–	–	–	1	–	1	–	–	–	–	1	1	1	–	1	2	3	5	2	–	2	–	2	2	1	–	1	1	–	1	–	–	–	1	2	3
25–29 . .	–	–	–	1	–	1	–	2	2	1	–	1	–	–	–	3	–	3	4	–	4	1	1	2	1	–	1	–	1	1	1	–	1	–	–	–
30–34 . .	–	–	–	1	–	1	2	1	3	–	2	2	–	–	–	4	3	7	2	1	3	–	–	–	1	1	2	1	2	3	2	3	5	1	1	2
35–39 . .	–	–	–	2	2	4	2	3	5	–	–	–	–	–	–	6	6	12	1	–	1	3	1	4	–	1	1	1	1	2	3	–	3	1	–	1
40–44 . .	1	1	2	2	3	5	2	1	3	–	1	1	2	1	3	4	3	7	4	2	6	1	2	3	1	–	1	2	1	3	2	1	3	1	1	2
45–49 . .	1	–	1	4	6	10	3	2	5	2	1	3	–	–	–	3	1	4	4	–	4	3	–	3	1	2	3	2	1	3	–	–	–	1	–	1
50–54 . .	–	1	1	4	5	9	1	5	6	1	1	2	1	2	3	6	4	10	3	3	6	5	5	10	3	3	6	–	2	2	–	1	1	–	–	–
55–59 . .	–	–	–	8	3	11	4	3	7	1	5	6	2	1	3	7	4	11	2	4	6	–	1	1	3	–	3	–	–	–	–	–	–	–	–	–
60–64 . .	1	–	1	8	1	9	3	7	10	6	1	7	2	–	2	6	5	11	–	4	4	2	3	5	2	–	2	–	–	–	–	–	–	–	–	–
65–69 . .	–	1	1	7	13	20	8	4	12	3	3	6	–	3	3	8	3	11	–	1	1	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–
70–74 . .	1	1	2	19	11	30	8	5	13	6	5	11	3	6	9	9	4	13	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
75–79 . .	2	1	3	9	11	20	3	9	12	2	4	6	1	3	4	4	6	10	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
80–84 . .	1	2	3	7	9	16	6	5	11	–	5	5	–	1	1	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
85–89 . .	1	1	2	–	–	–	–	1	1	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
90 yrs. and over	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total. .	8	8	16	74	65	139	43	49	92	22	29	51	12	18	30	65	47	112	30	21	51	16	17	33	14	7	21	7	8	15	8	5	13	5	4	9

Table 230. — *Length of Hospital Stay during THIS Admission of Court Readmissions who Died, 1936, by Age at Admission and Sex*

Age at Admission	Total			Under 1 Mo.			1 Month			2 Months			3 Months			4 Months			5 Months			6 Months			7 Months			8 Months			9 Months			10 Months			11 Months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 years	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–24 years	7	5	12	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
25–29 years	13	12	25	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
30–34 years	21	19	40	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
35–39 years	23	22	45	1	–	1	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
40–44 years	23	33	56	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
45–49 years	20	26	46	–	–	–	1	–	1	–	1	1	–	–	–	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
50–54 years	19	28	47	1	1	2	–	–	–	2	–	2	–	1	1	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–
55–59 years	24	31	55	2	2	4	–	–	–	–	1	1	–	1	1	1	1	2	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
60–64 years	24	25	49	2	1	3	1	2	3	1	1	2	–	1	1	1	–	1	2	–	2	–	–	–	–	–	–	1	–	1	–	2	2	–	1	1	–	–	–
65–69 years	15	21	36	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
70–74 years	16	11	27	3	1	4	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
75–79 years	8	12	20	2	–	2	–	1	1	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
80 years and over	1	3	4	–	1	1	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total	218	249	467	11	11	22	3	5	8	8	6	14	2	4	6	2	4	6	6	–	6	7	1	8	2	1	3	3	2	5	1	3	4	2	2	4	–	–	–

Age at Admission	1 Year			2 Years			3 Years			4 Years			5–9 Years			10–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15–19 years	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
20–24 years	–	1	1	1	–	1	1	–	1	–	1	1	–	1	1	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	1	–	1
25–29 years	–	–	–	–	–	–	–	1	1	–	2	2	2	1	3	3	–	3	2	5	7	2	–	2	–	1	1	1	1	2	–	1	1	2	–	2
30–34 years	–	1	1	1	1	2	–	–	–	1	–	1	–	2	2	4	3	7	4	1	5	4	3	7	–	1	1	1	1	2	4	–	4	1	3	4
35–39 years	1	1	2	–	–	–	–	1	1	2	1	3	4	3	7	3	6	9	–	1	1	–	3	3	3	1	4	3	1	4	1	2	3	4	–	4
40–44 years	2	1	3	–	2	2	3	–	3	1	2	3	6	–	6	4	3	7	1	4	5	1	3	4	3	6	9	1	6	7	–	2	2	–	1	1
45–49 years	–	2	2	–	1	1	1	1	2	1	1	2	5	2	7	2	6	8	2	2	4	2	1	3	2	5	7	1	2	3	–	1	1	–	–	–
50–54 years	–	1	1	2	1	3	–	–	–	3	2	5	5	4	9	1	6	7	1	6	7	2	3	5	–	1	1	–	1	1	–	–	–	–	–	–
55–59 years	2	3	5	–	1	1	2	2	4	5	2	7	6	5	11	3	5	8	–	5	5	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
60–64 years	3	4	7	4	1	5	3	2	5	4	2	6	1	4	5	–	2	2	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
65–69 years	1	3	4	–	1	1	–	3	3	2	1	3	5	6	11	4	2	6	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
70–74 years	1	2	3	3	1	4	5	3	8	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
75–79 years	–	3	3	1	1	2	–	2	2	1	–	1	1	3	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	11	22	33	12	10	22	15	15	30	20	14	34	36	33	69	25	34	59	11	28	39	12	14	26	8	18	26	7	12	19	6	6	12	8	4	12

TABLE 231. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of All Court Cases who Died during 1936, by Sex*

NUMBER OF ADMISSIONS	TOTAL			UNDER 1 MO.			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	682	593	1,275	156	118	274	47	39	86	41	48	89	38	27	65	31	18	49	14	15	29	15	12	27
Two	101	118	219	6	5	11	1	3	4	7	4	11	2	1	3	1	1	2	1	–	1	5	1	6
Three	64	68	132	3	3	6	1	1	2	–	1	1	–	2	2	–	1	1	4	–	4	–	–	–
Four	28	32	60	–	1	1	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Five	12	13	25	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Six	3	10	13	–	1	1	–	–	–	–	–	–	–	1	1	1	2	3	–	–	–	–	–	–
Seven	6	5	11	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
Eight	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	900	842	1,742	167	129	296	50	44	94	49	54	103	40	31	71	33	22	55	20	15	35	22	13	35

NUMBER OF ADMISSIONS	7 MONTHS			8 MONTHS			9 MONTHS			10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	7	14	21	8	9	17	11	8	19	10	7	17	8	8	16	74	65	139	43	49	92	22	29	51
Two	2	1	3	1	2	3	1	1	2	1	1	2	–	–	–	7	11	18	5	5	10	6	5	11
Three	–	–	–	1	–	1	–	1	1	1	–	1	–	–	–	1	6	7	7	3	10	3	4	7
Four	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	2	3	–	2	2	4	3	7
Five	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	2	3
Six	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	1	1	2
Seven	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2	–	–	–	–	–	–
Eight	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	9	15	24	11	11	22	12	11	23	12	9	21	8	8	16	85	87	172	55	59	114	37	44	81

Table 231. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of All Court Cases who Died during 1936, by Sex* — Concluded

Number of Admissions	4 Years			5–9 Years			10–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	12	18	30	65	47	112	30	21	51	16	17	33	14	7	21	7	8	15	8	5	13	5	2	7	–	2	2
Two	6	3	9	14	13	27	11	12	23	6	13	19	4	8	12	4	11	15	4	10	14	–	4	4	6	3	9
Three	8	5	13	11	13	24	4	13	17	4	7	11	3	2	5	3	3	6	4	2	6	4	1	5	2	–	2
Four	2	3	5	8	4	12	8	3	11	–	5	5	3	3	6	–	1	1	1	–	1	–	1	1	–	1	1
Five	3	2	5	–	–	–	–	3	3	1	3	4	2	1	3	1	2	3	–	–	–	–	–	–	–	–	–
Six	1	–	1	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Seven	–	–	–	1	–	1	1	2	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Eight	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	32	32	64	101	80	181	55	55	110	27	45	72	26	21	47	15	26	41	17	17	34	9	8	17	8	6	14

Table 232. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Court Case who Died during 1936, by Sex*

Number of Admissions	Total			Under 1 Mo.			1 Month			2 Months			3 Months			4 Months			5 Months			6 Months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	682	593	1,275	156	118	274	47	39	86	41	48	89	38	27	65	31	18	49	14	15	29	15	12	27
Two	101	118	219	–	–	–	–	–	–	1	2	3	4	2	6	5	1	6	–	2	2	1	–	1
Three	64	68	132	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	1	1
Four	28	32	60	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Five	12	13	25	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Six	3	10	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Seven	6	5	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Eight	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Ten or more	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	900	842	1,742	156	118	274	47	39	86	42	50	92	43	29	72	36	20	56	17	17	34	16	13	29

TABLE 232. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Court Cases who Died during 1936, by Sex* — Continued

NUMBER OF ADMISSIONS	7 MONTHS			8 MONTHS			9 MONTHS			10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	7	14	21	8	9	17	11	8	19	10	7	17	8	8	16	74	65	139	43	49	92	22	29	51
Two	2	1	3	1	1	2	1	2	3	1	1	2	1	1	2	8	11	19	4	4	8	4	4	8
Three	1	1	2	1	–	1	–	–	–	2	1	3	–	–	–	1	4	5	3	5	8	6	2	8
Four	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1	–	2	2
Five	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Six	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1
Seven	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	1	2
Eight	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Nine	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	10	17	27	11	11	22	12	10	22	13	9	22	9	10	19	85	82	167	53	59	112	33	39	72

NUMBER OF ADMISSIONS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	12	18	30	65	47	112	30	21	51	16	17	33	14	7	21	7	8	15	8	5	13	5	2	7	–	2	2
Two	4	5	9	19	11	30	9	9	18	8	15	23	7	6	13	6	10	16	4	12	16	5	9	14	6	9	15
Three	2	2	4	8	8	16	10	10	20	4	11	15	5	10	15	2	5	7	5	3	8	6	3	9	6	2	8
Four	–	2	2	5	5	10	6	2	8	6	4	10	3	5	8	3	–	3	3	2	5	1	–	1	–	5	5
Five	–	1	1	2	3	5	2	–	2	1	4	5	–	1	1	3	3	6	1	–	1	–	1	1	–	–	–
Six	–	–	–	–	3	3	–	2	2	1	1	2	–	1	1	1	–	1	–	1	1	–	–	–	–	–	–
Seven	–	–	–	2	1	3	–	1	1	1	–	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Eight	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Nine	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	18	28	46	101	78	179	59	46	105	37	52	89	30	31	61	22	26	48	21	24	45	17	15	32	12	19	31

Table 233. — *Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex*

Causes of Death	Grand Total			Total With Mental Disorder			Total Without Mental Disorder			With Syphilitic Meningo-Encephalitis			Alcoholic Psychoses			With Cerebral Arterio-sclerosis			With Convulsive Disorders (Epilepsy)			Senile Psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:																								
Influenza	–	3	3	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Erysipelas	2	8	10	2	8	10	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	2	2
Lethargic encephalitis (epidemic)	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epidemic cerebro-spinal meningitis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tuberculosis of the respiratory system	62	59	121	62	56	118	–	3	3	1	–	1	7	–	7	2	2	4	1	2	3	1	3	4
Tuberculosis of other organs	3	1	4	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis (non-nervous forms)	9	6	15	9	6	15	–	–	–	3	1	4	1	–	1	2	–	2	–	–	–	1	1	2
Purulent infection, septicaemia (non-puerperal)	7	4	11	6	4	10	1	–	1	1	–	1	–	–	–	1	3	4	–	–	–	–	1	1
Other infectious diseases	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cancer and Other Tumors:																								
Cancer and other malignant tumors	28	40	68	27	40	67	1	–	1	–	1	1	3	2	5	7	3	10	1	1	2	1	7	8
Tumor (non-cancerous)	6	2	8	6	2	8	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	1	1
Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:																								
Pellagra	1	2	3	1	2	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Diabetes	6	8	14	5	8	13	1	–	1	–	–	–	–	1	1	2	2	4	1	–	1	–	–	–
Diseases of the thyroid and parathyroid glands	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Blood and Blood-making Organs:																								
Pernicious anemia	–	5	5	–	5	5	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Other anemias	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases of the blood and blood-making organs	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Chronic Poisonings and Intoxications:																								
Alcoholism (acute or chronic)	4	–	4	4	–	4	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–	–	–	–
Diseases of the Nervous System and Organs of Special Sense:																								
Encephalitis (non-epidemic)	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningitis	2	1	3	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–

Progressive locomotor ataxia (tabes dorsalis)	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Other diseases of the spinal cord	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral hemorrhage	37	36	73	37	36	73	–	–	–	1	1	2	4	3	7	15	19	34	–	1	1	2	3	5
Cerebral embolism and thrombosis	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
General paralysis of the insane	54	18	72	54	18	72	–	–	–	50	18	68	–	–	–	–	–	–	–	–	–	–	–	–
Dementia praecox and other psychoses	2	3	5	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	22	20	42	11	9	20	11	11	22	–	–	–	–	–	–	–	–	–	11	8	19	–	–	–
Other diseases of the nervous system	7	1	8	7	1	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the organs of special sense (eye, ear and mastoid)	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Circulatory System:																								
Pericarditis	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Acute endocarditis	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic endocarditis (valvular disease)	10	27	37	10	27	37	–	–	–	–	–	–	1	–	1	3	12	15	–	–	–	–	4	4
Diseases of the myocardium	258	211	469	257	211	468	1	–	1	8	2	10	14	1	15	146	91	237	1	2	3	32	50	82
Diseases of the coronary arteries and angina pectoris	16	5	21	15	5	20	1	–	1	1	–	1	5	–	5	2	–	2	–	–	–	1	2	3
Other diseases of the heart	27	29	56	26	29	55	1	–	1	–	–	–	1	1	2	10	7	17	–	–	–	3	3	6
Arteriosclerosis	100	128	228	99	128	227	1	–	1	1	2	3	12	–	12	44	70	114	1	2	3	18	23	41
Gangrene	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Other diseases of the arteries	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the veins	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases	4	2	6	4	2	6	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Diseases of the Respiratory System:																								
Bronchitis	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Bronchopneumonia (including capillary bronchitis)	170	123	293	162	118	280	8	5	13	8	–	8	7	1	8	81	47	128	3	1	4	29	26	55
Lobar pneumonia	40	25	65	38	25	63	2	–	2	–	–	–	1	1	2	7	7	14	6	–	6	3	–	3
Pleurisy	1	7	8	1	7	8	–	–	–	–	–	–	–	–	–	1	3	4	–	–	–	–	–	–
Other diseases (tuberculosis excepted)	12	9	21	12	9	21	–	–	–	–	1	1	1	–	1	1	–	1	1	1	2	3	1	4
Diseases of the Digestive System:																								
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ulcer of the stomach and duodenum	3	2	5	3	1	4	–	1	1	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
Diarrhea and enteritis	2	7	9	2	6	8	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Appendicitis	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hernia, intestinal obstruction	7	8	15	7	7	14	–	1	1	–	–	–	–	–	–	3	1	4	1	–	1	–	–	–
Other diseases of the intestines	2	1	3	2	1	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Cirrhosis of the liver	7	7	14	7	7	14	–	–	–	1	–	1	2	–	2	1	1	2	–	–	–	–	1	1
Biliary calculi and other diseases of the gall bladder and biliary passages	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Peritonitis	4	–	4	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Other diseases (cancer excepted)	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–

TABLE 233. — *Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Continued

CAUSES OF DEATH	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			ALCOHOLIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diseases of the Genito-Urinary System:																								
Nephritis (acute, chronic and unspecified)	32	36	68	32	35	67	–	1	1	–	–	–	3	–	3	13	11	24	–	1	1	1	3	4
Other diseases of the kidneys and ureters (puerperal diseases excepted)	1	4	5	1	4	5	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Calculi of the urinary passages	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Diseases of the bladder (tumors excepted)	3	2	5	3	2	5	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Diseases of the prostate	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of Pregnancy, Child-birth and the Puerperal State	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Skin and Cellular Tissue	–	4	4	–	4	4	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	2	2
Diseases of the Bones and Organs of Locomotion:																								
Osteomyelitis	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Congenital Malformations	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senility	2	2	4	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3
Violent and Accidental Deaths:																								
Suicide	4	5	9	4	5	9	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Accidental poisoning	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Conflagration and accidental burns	1	3	4	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Accidental traumatism	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Other external causes	18	19	37	16	19	35	2	–	2	1	–	1	3	–	3	3	5	8	1	2	3	4	4	8
Ill-Defined Causes of Death	13	6	19	13	6	19	–	–	–	2	–	2	2	–	2	–	1	1	–	–	–	1	–	1
Total	1,013	915	1,928	983	891	1,874	30	24	54	79	26	105	75	10	85	355	294	649	32	22	54	102	138	240

TABLE 233. — *Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Continued

CAUSES OF DEATH	INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			WITH MENTAL DEFICIENCY			WITHOUT PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:																					
Influenza	–	1	1	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Erysipelas	–	1	1	–	–	–	–	1	1	1	2	3	–	–	–	–	–	–	–	1	1
Lethargic encephalitis (epidemic)	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
Epidemic cerebro-spinal meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Tuberculosis of the respiratory system	1	1	2	5	2	7	3	6	9	35	36	71	2	2	4	–	3	3	4	2	6
Tuberculosis of other organs	–	–	–	1	1	2	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Syphilis (non-nervous forms)	–	1	1	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	2	1	3
Purulent infection, septicaemia (non-puerperal)	–	–	–	1	–	1	1	–	1	2	–	2	–	–	–	1	–	1	–	–	–
Other infectious diseases	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Cancer and Other Tumors:																					
Cancer and other malignant tumors	–	1	1	1	4	5	3	3	6	7	13	20	1	1	2	1	–	1	3	4	7
Tumor (non-cancerous)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5
Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:																					
Pellagra	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Diabetes	–	–	–	1	1	2	1	1	2	–	2	2	–	1	1	1	–	1	–	–	–
Diseases of the thyroid and parathyroid glands	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Other diseases	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Diseases of the Blood and Blood-Making Organs:																					
Pernicious anemia	–	–	–	–	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Other anemias	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases of the blood and blood-making organs	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic Poisonings and Intoxications:																					
Alcoholism (acute or chronic)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Nervous System and Organs of Special Sense:																					
Encephalitis (non-epidemic)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
Meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
Progressive locomotor ataxia (tabes dorsalis)	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Other diseases of the spinal cord	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral hemorrhage	–	1	1	–	–	–	3	1	4	6	4	10	2	–	2	–	–	–	4	3	7
Cerebral embolism and thrombosis	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
General paralysis of the insane	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	4

TABLE 233. — *Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1936, by Mental Disorders and Sex* — Concluded

CAUSES OF DEATH	INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			WITH MENTAL DEFICIENCY			WITHOUT PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox and other psychoses	–	–	–	–	–	–	–	3	3	2	–	2	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	11	11	22	–	–	–
Other diseases of the nervous system	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	6	1	7
Diseases of the organs of special sense (eye, ear and mastoid)	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Diseases of the Circulatory System:																					
Pericarditis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute endocarditis	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2
Chronic endocarditis (valvular disease)	1	3	4	–	1	1	–	3	3	3	4	7	–	–	–	–	–	–	2	–	2
Diseases of the myocardium	2	7	9	3	4	7	6	12	18	21	32	53	4	3	7	1	–	1	20	7	27
Diseases of the coronary arteries and angina pectoris	–	–	–	–	–	–	–	1	1	6	–	6	–	1	1	1	–	1	–	1	1
Other diseases of the heart	–	–	–	4	1	5	1	3	4	4	7	11	2	1	3	1	–	1	1	6	7
Arteriosclerosis	–	1	1	–	2	2	6	5	11	13	21	34	–	1	1	1	–	1	4	1	5
Gangrene	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Other diseases of the arteries	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the veins	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Other diseases	1	–	1	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	1	1
Diseases of the Respiratory System:																					
Bronchitis	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Bronchopneumonia (including capillary bronchitis)	2	4	6	–	1	1	8	8	16	6	19	25	1	4	5	8	5	13	17	7	24
Lobar pneumonia	1	1	2	1	–	1	5	4	9	8	10	18	1	1	2	2	–	2	5	1	6
Pleurisy	–	–	–	–	–	–	–	1	1	–	2	2	–	–	–	–	–	–	–	1	1
Other diseases (tuberculosis excepted)	1	1	2	–	–	–	1	–	1	3	4	7	–	–	–	–	–	–	1	1	2
Diseases of the Digestive System:																					
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Ulcer of the stomach and duodenum	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1	–	1	1
Diarrhea and enteritis	–	1	1	–	–	–	–	1	1	–	3	3	–	–	–	–	1	1	1	–	1
Appendicitis	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Hernia, intestinal obstruction	–	1	1	–	–	–	–	1	1	1	4	5	1	–	1	–	1	1	1	–	1
Other diseases of the intestines	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Cirrhosis of the liver	–	–	–	2	2	4	–	–	–	1	2	3	–	–	–	–	–	–	–	1	1
Biliary calculi and other diseases of the gall bladder and biliary passages	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Peritonitis	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–
Other diseases (cancer excepted)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Diseases of the Genito-Urinary System:																					
Nephritis (acute, chronic and unspecified)	–	2	2	–	2	2	1	3	4	5	10	15	1	1	2	–	1	1	8	2	10
Other diseases of the kidneys and ureters (puerperal diseases excepted)	–	–	–	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Calculi of the urinary passages	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the bladder (tumors excepted)	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	1	1
Diseases of the prostate	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–
Diseases of Pregnancy, Child-birth and the Puerperal State	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Diseases of the Skin and Cellular Tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Diseases of the Bones and Organs of Locomotion:																					
Osteomyelitis	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Congenital Malformations	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Senility	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Violent and Accidental Deaths																					
Suicide	–	–	–	–	–	–	2	2	4	–	1	1	–	–	–	–	–	–	1	1	2
Accidental poisoning	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Conflagration and accidental burns	–	1	1	–	–	–	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–
Accidental traumatism	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
Other external causes	–	–	–	–	–	–	–	3	3	–	2	2	1	1	2	2	–	2	3	2	5
Ill-Defined Causes of Death	–	1	1	–	–	–	–	1	1	6	2	8	–	–	–	–	–	–	2	1	3
Total	11	31	42	21	30	51	43	68	111	147	194	341	18	23	41	30	24	54	100	55	155

Table 234. — *Country of Birth of Court Admissions, Discharges, Deaths, 1936, and All Resident Population and Cases Out of Institutions on September 30, 1936, First and Readmissions, by Sex*

Country of Birth	Admissions						Discharges						Deaths					
	First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Australia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Austria	9	2	11	3	1	4	5	–	5	1	1	2	2	1	3	2	1	3
Belgium	–	–	–	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–
Canada [1]	170	181	351	22	27	49	43	48	91	19	22	41	83	85	168	17	32	49
Central America	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
China	4	2	6	–	–	–	1	–	1	1	1	2	1	–	1	–	–	–
Czecho-Slovakia	2	1	3	–	–	–	–	2	2	–	–	–	2	–	2	–	–	–
Cuba	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Denmark	1	1	2	–	2	2	–	1	1	–	1	1	2	1	3	–	1	1
England	37	42	79	9	9	18	14	11	25	2	8	10	37	24	61	3	7	10
Finland	6	12	18	1	6	7	4	2	6	–	1	1	1	2	3	2	2	4
France	3	4	7	–	1	1	2	4	6	–	–	–	1	1	2	–	–	–
Germany	11	10	21	1	2	3	3	3	6	1	2	3	13	5	18	2	3	5
Greece	10	4	14	3	–	3	2	3	5	2	–	2	7	1	8	2	–	2
Holland	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Hungary	–	5	5	–	–	–	–	–	–	1	–	1	–	1	1	1	–	1
India	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	91	152	243	14	36	50	33	32	65	10	19	29	54	78	132	22	31	53
Italy	85	50	135	13	6	19	28	32	60	17	3	20	28	9	37	5	3	8
Japan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jugo-Slavia	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Mexico	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Norway	7	2	9	–	1	1	1	2	3	1	–	1	4	1	5	–	1	1
Philippine Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poland	39	27	66	13	13	26	17	15	32	4	4	8	12	7	19	3	2	5
Portugal	28	15	43	2	4	6	8	8	16	6	2	8	10	3	13	1	3	4
Rumania	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Russia	36	23	59	12	18	30	15	10	25	11	15	26	15	11	26	8	2	10
Scotland	13	22	35	2	2	4	4	9	13	–	2	2	2	8	10	4	–	4
South America	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Sweden	26	20	46	–	5	5	7	6	13	2	1	3	10	10	20	7	3	10

Switzerland	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Turkey in Asia	5	–	5	–	–	–	1	1	2	1	–	1	2	3	5	–	–	–
Turkey in Europe	–	2	2	–	–	–	1	–	1	–	–	–	1	1	2	–	–	–
United States [2]	1,229	1,102	2,331	316	312	628	538	444	982	250	201	451	379	333	712	136	154	290
Wales	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
West Indies [3]	3	7	10	–	2	2	–	1	1	–	–	–	1	2	3	–	1	1
Other countries [4]	38	20	58	7	3	10	11	11	22	5	2	7	11	3	14	2	2	4
Unknown	5	6	11	–	–	–	1	–	1	–	–	–	2	3	5	1	1	2
Total	1,861	1,717	3,578	419	450	869	743	649	1,392	334	286	620	682	593	1,275	218	249	467

---

[1] Includes Newfoundland.

[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

[3] Except Cuba, Porto Rico and the Virgin Islands.

[4] Includes Europe and Asia not specified; also, born at sea.

Table 234. — *Country of Birth of Court Admissions, Discharges, Deaths, 1936, and All Resident Population and Cases Out of Institutions on September 30, 1936, First and Readmissions, by Sex* — Concluded

Country of Birth	Resident Population						Cases Out					
	First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	–	1	1	–	1	1	–	–	–	–	1	1
Australia	1	2	3	3	2	5	1	–	1	–	–	–
Austria	53	32	85	53	41	94	6	3	9	1	1	2
Belgium	2	6	8	6	1	7	–	1	1	–	–	–
Canada[1]	470	529	999	314	475	789	58	59	117	12	47	59
Central America	–	–	–	2	–	2	–	1	1	–	–	–
China	15	1	16	8	–	8	1	1	2	–	–	–
Czecho-Slovakia	2	6	8	–	3	3	1	–	1	–	1	1
Cuba	1	3	4	–	3	3	–	–	–	–	–	–
Denmark	6	3	9	5	6	11	1	–	1	–	–	–
England	112	145	257	95	131	226	12	21	33	7	9	16
Finland	50	35	85	27	37	64	3	12	15	4	5	9
France	13	11	24	6	18	24	–	–	–	–	2	2
Germany	43	47	90	43	48	91	3	3	6	1	2	3
Greece	51	14	65	50	15	65	6	2	8	1	–	1
Holland	–	–	–	2	–	2	–	–	–	–	–	–
Hungary	3	8	11	7	5	12	–	–	–	–	–	–
India	2	1	3	1	–	1	–	–	–	–	–	–
Ireland	361	573	934	323	610	933	25	59	84	17	50	67
Italy	303	151	454	221	144	365	38	27	65	13	10	23
Japan	2	–	2	–	–	–	–	–	–	–	–	–
Jugo-Slavia	3	1	4	1	–	1	–	–	–	–	–	–
Mexico	1	2	3	–	–	–	–	–	–	–	–	–
Norway	16	7	23	12	10	22	3	–	3	–	1	1
Philippine Islands	3	–	3	2	2	4	–	–	–	–	–	–
Poland	192	141	333	163	122	285	23	19	42	7	7	14
Portugal	75	52	127	70	30	100	7	12	19	2	5	7
Rumania	4	3	7	6	1	7	–	–	–	–	–	–
Russia	175	113	288	271	219	490	14	16	30	22	18	40
Scotland	35	54	89	33	38	71	3	10	13	2	2	4
South America	3	3	6	4	3	7	–	–	–	–	–	–
Spain	4	1	5	4	2	6	–	1	1	–	–	–
Sweden	70	65	135	50	81	131	12	11	23	5	6	11
Switzerland	4	3	7	2	2	4	–	1	1	–	–	–

Turkey in Asia	10	4	14	17	7	24	2	–	2	–	–	–
Turkey in Europe	8	4	12	18	4	22	1	2	3	–	–	–
United States[2]	4,264	3,836	8,100	4,000	3,680	7,680	637	611	1,248	299	382	681
Wales	5	3	8	2	1	3	–	–	–	–	–	–
West Indies[3]	4	14	18	22	11	33	2	5	7	1	1	2
Other countries[4]	138	70	208	93	55	148	18	9	27	5	4	9
Unknown	22	19	41	12	11	23	1	1	2	1	2	3
Total	6,526	5,963	12,489	5,948	5,819	11,767	878	887	1,765	400	556	956

---

[1] Includes Newfoundland.
[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.
[3] Except Cuba, Porto Rico and the Virgin Islands.
[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 235. — *Country of Birth of Patients in Residence in Hospitals for Mental Diseases, on September 30, 1936, by Citizenship and Sex*

Country of Birth	Total			Alien			Naturalized			Citizens by Birth			Others			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
Australia	4	4	8	1	2	3	2	2	4	–	–	–	–	–	–	1	–	1
Austria	106	73	179	76	49	125	17	10	27	–	–	–	–	–	–	13	14	27
Belgium	8	7	15	3	5	8	4	2	6	–	–	–	–	–	–	1	–	1
Canada[1]	784	1,004	1,788	356	463	819	275	298	573	–	–	–	1	14	15	152	229	381
Central America	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
China	23	1	24	20	1	21	–	–	–	–	–	–	1	–	1	2	–	2
Czecho-Slovakia	2	9	11	2	3	5	–	3	3	–	–	–	–	2	2	–	1	1
Cuba	1	6	7	1	4	5	–	1	1	–	–	–	–	1	1	–	–	–
Denmark	11	9	20	6	5	11	3	4	7	–	–	–	–	–	–	2	–	2
England	207	276	483	80	115	195	86	110	196	–	–	–	2	2	4	39	49	88
Finland	77	72	149	55	46	101	13	19	32	–	–	–	–	2	2	9	5	14
France	19	29	48	9	15	24	6	10	16	–	–	–	–	2	2	4	2	6
Germany	86	95	181	28	39	67	38	33	71	–	–	–	1	2	3	19	21	40
Greece	101	29	130	60	22	82	23	2	25	–	–	–	–	–	–	18	5	23
Holland	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Hungary	10	13	23	6	6	12	1	3	4	–	–	–	–	–	–	3	4	7
India	3	1	4	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–
Ireland	684	1,183	1,867	263	591	854	289	335	624	–	–	–	3	11	14	129	246	375
Italy	524	295	819	326	191	517	122	57	179	–	–	–	2	1	3	74	46	120
Japan	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Jugo-Slavia	4	1	5	3	1	4	1	–	1	–	–	–	–	–	–	–	–	–
Mexico	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
Norway	28	17	45	13	6	19	10	8	18	–	–	–	–	–	–	5	3	8
Philippine Islands	5	2	7	3	2	5	2	–	2	–	–	–	–	–	–	–	–	–
Poland	355	263	618	253	184	437	60	39	99	–	–	–	–	2	2	42	38	80
Portugal	145	82	227	114	63	177	17	8	25	–	–	–	–	–	–	14	11	25
Rumania	10	4	14	6	2	8	4	2	6	–	–	–	–	–	–	–	–	–
Russia	446	332	778	284	204	488	104	63	167	–	–	–	1	1	2	57	64	121
Scotland	68	92	160	23	42	65	32	25	57	–	–	–	–	2	2	13	23	36
South America	7	6	13	5	6	11	1	–	1	–	–	–	–	–	–	1	–	1
Spain	8	3	11	6	2	8	–	1	1	–	–	–	–	–	–	2	–	2
Sweden	120	146	266	55	72	127	48	52	100	–	–	–	–	2	2	17	20	37
Switzerland	6	5	11	5	3	8	–	1	1	–	–	–	–	–	–	1	1	2
Turkey in Asia	27	11	38	16	5	21	6	2	8	–	–	–	–	–	–	5	4	9
Turkey in Europe	26	8	34	17	7	24	7	1	8	–	–	–	–	–	–	2	–	2
United States[2]	8,264	7,516	15,780	–	–	–	–	–	–	8,264	7,516	15,780	–	–	–	–	–	–
Wales	7	4	11	4	2	6	3	1	4	–	–	–	–	–	–	–	1	1
West Indies[3]	26	25	51	19	10	29	5	7	12	–	–	–	1	–	1	1	8	9
Other countries[4]	231	125	356	145	93	238	44	17	61	–	–	–	3	1	4	39	14	53
Unknown	34	30	64	5	2	7	1	1	2	–	–	–	–	2	2	28	25	53
Total	12,474	11,782	24,256	2,274	2,265	4,539	1,228	1,119	2,347	8,264	7,516	15,780	15	47	62	693	835	1,528

[1] Includes Newfoundland
[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded here.
[3] Except Cuba, Porto Rico and the Virgin Islands.
[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 236. — *Admission Age and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	361	118	479	3	1	4	1	1	2	16	12	28	9	7	16
With other forms of syphilis	60	21	81	1	–	1	–	–	–	1	2	3	1	2	3
With epidemic encephalitis	38	25	63	10	11	21	4	8	12	10	3	13	11	5	16
With other infectious diseases	8	8	16	–	–	–	–	–	–	–	1	1	–	1	1
Alcoholic psychoses	679	97	776	–	–	–	–	–	–	26	4	30	9	1	10
Due to drugs, etc.	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	38	10	48	–	2	2	–	2	2	6	–	6	4	–	4
With cerebral arteriosclerosis	539	533	1,072	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	18	22	40	–	–	–	–	–	–	–	1	1	–	1	1
With convulsive disorders (epilepsy)	283	311	594	55	55	110	20	19	39	73	89	162	60	53	113
Senile psychoses	191	326	517	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	114	262	376	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	31	42	73	1	1	2	–	–	–	3	9	12	2	7	9
Due to new growth	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	93	45	138	12	7	19	8	4	12	16	4	20	12	6	18
Psychoneuroses	50	70	120	2	–	2	2	–	2	5	16	21	3	13	16
Manic-depressive psychoses	356	534	890	16	15	31	7	7	14	56	82	138	45	58	103
Dementia praecox	2,526	2,350	4,876	178	119	297	49	28	77	1,043	616	1,659	400	272	672
Paranoia and paranoid conditions	118	271	389	–	–	–	–	–	–	7	3	10	4	1	5
With psychopathic personality	57	65	122	6	7	13	2	5	7	15	16	31	11	14	25
With mental deficiency	482	427	909	68	67	135	19	16	35	163	104	267	90	66	156
Undiagnosed psychoses	5	8	13	1	1	2	1	1	2	2	2	4	2	1	3
Without psychoses	470	412	882	331	266	597	219	161	380	65	73	138	101	80	181
Primary behavior disorders	3	–	3	3	–	3	3	–	3	–	–	–	–	–	–
Total With Mental Disorder	6,053	5,551	11,604	353	286	639	113	91	204	1,442	965	2,407	663	508	1,171
Total Without Mental Disorder	473	412	885	334	266	600	222	161	383	65	73	138	101	80	181
Grand Total	6,526	5,963	12,489	687	552	1,239	335	252	587	1,507	1,038	2,545	764	588	1,352

Table 236. — *Admission Age and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex* — Continued

Mental Disorders	30–39 Years						40–49 Years						50–59 Years					
	admission age			present age			admission age			present age			admission age			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	112	34	146	72	23	95	127	36	163	128	39	167	79	27	106	107	26	133
With other forms of syphilis	15	6	21	6	2	8	20	7	27	24	6	30	17	6	23	15	5	20
With epidemic encephalitis	8	8	16	8	7	15	10	2	12	10	4	14	–	1	1	4	1	5
With other infectious diseases	3	2	5	1	1	2	3	3	6	4	4	8	1	2	3	1	2	3
Alcoholic psychoses	150	14	164	66	8	74	230	30	260	126	12	138	180	31	211	213	31	244
Due to drugs, etc.	–	–	–	–	–	–	4	1	5	3	–	3	2	1	3	3	1	4
Traumatic psychoses	5	1	6	2	–	2	14	3	17	9	4	13	8	–	8	13	–	13
With cerebral arteriosclerosis	1	–	1	–	–	–	7	11	18	6	3	9	91	92	183	57	47	104
With other disturbances of circulation	–	2	2	–	–	–	4	9	13	2	9	11	7	5	12	6	4	10
With convulsive disorders (epilepsy)	71	55	126	56	54	110	42	63	105	60	73	133	30	31	61	53	61	114
Senile psychoses	–	–	–	–	–	–	1	4	5	1	1	2	11	22	33	2	6	8
Involutional psychoses	1	6	7	–	3	3	22	93	115	12	51	63	65	135	200	54	130	184
Due to other metabolic diseases, etc.	8	3	11	6	5	11	5	12	17	9	7	16	8	8	16	7	12	19
Due to new growth	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	1	1
With organic changes of nervous system	12	6	18	8	3	11	25	6	31	26	5	31	15	17	32	23	16	39
Psychoneuroses	17	21	38	12	20	32	14	14	28	20	12	32	9	13	22	6	14	20
Manic-depressive psychoses	64	145	209	49	106	155	95	135	230	84	147	231	84	103	187	91	109	200
Dementia praecox	781	706	1,487	644	464	1,108	383	549	932	645	613	1,258	113	286	399	484	486	970
Paranoia and paranoid conditions	22	28	50	11	13	24	47	103	150	35	60	95	26	97	123	40	90	130
With psychopathic personality	15	21	36	15	10	25	8	13	21	11	17	28	7	7	14	5	6	11
With mental deficiency	109	123	232	102	96	198	80	84	164	113	126	239	48	36	84	103	72	175
Undiagnosed psychoses	1	–	1	1	1	2	1	4	5	1	4	5	–	1	1	–	1	1
Without psychoses	26	43	69	72	78	150	28	21	49	37	49	86	17	3	20	30	32	62
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,395	1,181	2,576	1,059	816	1,875	1,142	1,182	2,324	1,329	1,198	2,527	801	922	1,723	1,287	1,121	2,408
Total Without Mental Disorder	26	43	69	72	78	150	28	21	49	37	49	86	17	3	20	30	32	62
Grand Total	1,421	1,224	2,645	1,131	894	2,025	1,170	1,203	2,373	1,366	1,247	2,613	818	925	1,743	1,317	1,153	2,470

TABLE 236. — *Admission Age and Present Age of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	60–69 YEARS						70–79 YEARS						80–89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	19	8	27	33	17	50	4	–	4	10	5	15	1	–	1	1	–	1	–	–	–	–	–	–
With other forms of syphilis	5	–	5	10	4	14	1	–	1	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	82	15	97	174	31	205	11	3	14	81	12	93	–	–	–	10	2	12	–	–	–	–	–	–
Due to drugs, etc.	–	2	2	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	4	2	6	6	2	8	–	2	2	3	2	5	1	–	1	1	–	1	–	–	–	–	–	–
With cerebral arteriosclerosis	219	195	414	200	185	385	185	188	373	217	226	443	36	45	81	56	68	124	–	2	2	3	4	7
With other disturbances of circulation	6	3	9	8	4	12	1	2	3	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	14	22	24	35	59	4	4	8	10	14	24	–	–	–	–	2	2	–	–	–	–	–	–
Senile psychoses	74	99	173	47	59	106	65	141	206	84	163	247	36	57	93	48	89	137	4	3	7	9	8	17
Involutional psychoses	26	28	54	38	66	104	–	–	–	10	11	21	–	–	–	–	1	1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	5	9	14	6	11	17	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	10	5	15	10	8	18	3	–	3	6	3	9	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	3	6	9	6	10	16	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	36	47	83	53	75	128	5	7	12	26	29	55	–	–	–	1	3	4	–	–	–	–	–	–
Dementia praecox	27	68	95	235	340	575	1	6	7	63	124	187	–	–	–	5	23	28	–	–	–	1	–	1
Paranoia and paranoid conditions	13	29	42	18	68	86	3	10	13	9	32	41	–	1	1	1	7	8	–	–	–	–	–	–
With psychopathic personality	5	1	6	10	10	20	1	–	1	2	3	5	–	–	–	1	–	1	–	–	–	–	–	–
With mental deficiency	14	13	27	45	42	87	–	–	–	8	8	16	–	–	–	2	–	2	–	–	–	–	1	1
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	3	5	8	9	8	17	–	1	1	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	557	544	1,101	926	970	1,896	285	363	648	536	639	1,175	74	103	177	127	195	322	4	5	9	13	13	26
Total Without Mental Disorder	3	5	8	9	8	17	–	1	1	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	560	549	1,109	935	978	1,913	285	364	649	538	643	1,181	74	103	177	127	195	322	4	5	9	13	13	26

TABLE 237. — *Admission Age and Present Age of All First Admissions Out of Hospitals for Mental Diseases (Visits, etc.) on September 30, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS						30–39 YEARS						40–49 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	50	28	78	–	1	1	–	1	1	3	–	3	3	–	3	20	7	27	19	6	25	19	12	31	18	11	29
With other forms of syphilis	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	–	1	1	–	1	1
With epidemic encephalitis	4	2	6	3	–	3	2	–	2	–	2	2	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–
With other infectious diseases	2	6	8	–	1	1	–	1	1	–	–	–	–	–	–	1	1	2	1	1	2	–	2	2	–	2	2
Alcoholic psychoses	135	23	158	–	–	–	–	–	–	8	2	10	7	2	9	31	5	36	25	5	30	45	9	54	46	8	54
Due to drugs, etc.	2	5	7	–	–	–	–	–	–	–	1	1	–	1	1	–	1	1	–	1	1	2	2	4	2	2	4
Traumatic psychoses	9	2	11	–	1	1	–	–	–	2	–	2	–	1	1	–	–	–	2	–	2	4	–	4	4	–	4
With cerebral arteriosclerosis	62	73	135	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–
With other disturbances of circulation	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	2	2
With convulsive disorders (epilepsy)	43	32	75	11	7	18	9	7	16	11	9	20	10	8	18	11	10	21	10	9	19	5	4	9	8	5	13
Senile psychoses	9	26	35	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	27	51	78	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	5	21	26	6	12	18
Due to other metabolic diseases, etc.	10	19	29	2	–	2	2	–	2	–	4	4	–	4	4	1	7	8	1	7	8	3	2	5	3	2	5
Due to new growth	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
With organic changes of nervous system	15	12	27	1	–	1	1	–	1	5	2	7	3	2	5	2	1	3	4	1	5	1	3	4	1	3	4
Psychoneuroses	25	56	81	2	2	4	2	1	3	7	15	22	6	16	22	3	15	18	4	13	17	5	16	21	5	17	22
Manic-depressive psychoses	125	175	300	13	17	30	7	12	19	36	50	86	42	46	88	30	38	68	27	43	70	16	34	50	15	28	43
Dementia praecox	238	257	495	39	24	63	25	14	39	114	71	185	103	69	172	48	81	129	51	74	125	31	47	78	42	48	90
Paranoia and paranoid conditions	13	22	35	–	–	–	–	–	–	1	–	1	1	–	1	1	2	3	1	2	3	3	6	9	3	4	7
With psychopathic personality	15	18	33	2	3	5	1	3	4	5	4	9	4	2	6	4	3	7	4	4	8	2	4	6	3	5	8
With mental deficiency	37	35	72	6	5	11	2	2	4	10	13	23	14	11	25	12	8	20	10	10	20	6	6	12	8	7	15
Undiagnosed psychoses	5	7	12	1	–	1	1	–	1	–	2	2	–	2	2	2	3	5	1	3	4	2	–	2	3	–	3
Without psychoses	47	31	78	29	17	46	24	14	38	10	5	15	13	7	20	4	6	10	6	4	10	3	1	4	3	2	5
Primary behavior disorders	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	831	855	1,686	80	61	141	52	41	93	202	175	377	194	165	359	168	183	351	161	181	342	150	173	323	168	157	325
Total Without Mental Disorder	47	32	79	29	17	46	24	14	38	10	5	15	13	7	20	4	6	10	6	4	10	3	1	4	3	2	5
Grand Total	878	887	1,765	109	78	187	76	55	131	212	180	392	207	172	379	172	189	361	167	185	352	153	174	327	171	159	330

TABLE 237. — *Admission Age and Present Age of All First Admissions Out of Hospitals for Mental Diseases (Visits, etc.) on September 30, 1936 by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–59 YEARS						60–69 YEARS						70–79 YEARS						80–89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	7	6	13	8	7	15	1	1	2	2	2	4	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	2	3	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	29	6	35	33	6	39	21	1	22	21	2	23	1	–	1	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	1	4	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	11	19	30	7	17	24	34	28	62	35	27	62	15	21	36	18	25	43	2	3	5	2	4	6	–	–	–	–	–	–
With other disturbances of circulation	1	1	2	1	1	2	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	1	2	2	2	4	4	1	5	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	3	3	–	2	2	–	7	7	–	8	8	6	11	17	6	11	17	3	3	6	3	3	6	–	2	2	–	2	2
Involutional psychoses	13	25	38	11	30	41	7	5	12	7	9	16	1	–	1	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	2	4	2	2	4	1	3	4	1	3	4	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	4	4	8	3	3	6	2	2	4	3	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	6	6	12	6	7	13	2	2	4	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	21	26	47	24	31	55	9	7	16	9	12	21	–	3	3	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–
Dementia praecox	4	31	35	14	36	50	2	2	4	2	9	11	–	1	1	1	6	7	–	–	–	–	1	1	–	–	–	–	–	–
Paranoia and paranoid conditions	5	7	12	4	4	8	3	6	9	3	9	12	–	1	1	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–
With psychopathic personality	2	3	5	2	2	4	–	1	1	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	3	5	1	3	4	1	–	1	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	1	2	3	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	115	149	264	124	158	282	87	67	154	92	93	185	24	39	63	35	49	84	5	6	11	5	9	14	–	2	2	–	2	2
Total Without Mental Disorder	1	2	3	1	4	5	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	116	151	267	125	162	287	87	68	155	92	93	185	24	39	63	35	50	85	5	6	11	5	9	14	–	2	2	–	2	2

TABLE 238. — *Admission Age and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	232	47	279	4	2	6	1	1	2	7	5	12	4	6	10
With other forms of syphilis	29	13	42	–	–	–	–	–	–	2	–	2	1	–	1
With epidemic encephalitis	26	12	38	4	3	7	2	2	4	8	3	11	6	4	10
With other infectious diseases	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	450	104	554	–	–	–	–	–	–	16	2	18	2	–	2
Due to drugs, etc.	4	3	7	–	–	–	–	–	–	–	1	1	–	–	–
Traumatic psychoses	17	2	19	–	–	–	–	–	–	3	–	3	2	–	2
With cerebral arteriosclerosis	100	84	184	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	184	167	351	9	16	25	3	4	7	45	43	88	12	15	27
Senile psychoses	27	47	74	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	52	106	158	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	9	20	29	–	–	–	–	–	–	3	3	6	2	2	4
Due to new growth	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	38	28	66	2	1	3	–	1	1	2	8	10	2	5	7
Psychoneuroses	21	33	54	2	–	2	–	–	–	2	3	5	4	1	5
Manic-depressive psychoses	410	668	1,078	4	10	14	–	5	5	44	64	108	27	32	59
Dementia praecox	3,640	3,696	7,336	62	45	107	9	9	18	950	602	1,552	186	134	320
Paranoia and paranoid conditions	78	162	240	–	–	–	–	–	–	–	1	1	–	–	–
With psychopathic personality	48	43	91	–	3	3	–	–	–	6	13	19	3	15	18
With mental deficiency	445	459	904	27	23	50	4	4	8	130	120	250	35	45	80
Undiagnosed psychoses	3	2	5	–	–	–	–	–	–	1	–	1	–	–	–
Without psychoses	124	115	239	47	44	91	19	24	43	35	25	60	22	23	45
Primary behavior disorders	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–
Total With Mental Disorder	5,822	5,704	11,526	114	103	217	19	26	45	1,219	868	2,087	286	259	545
Total Without Mental Disorder	126	115	241	48	44	92	20	24	44	35	25	60	22	23	45
Grand Total	5,948	5,819	11,767	162	147	309	39	50	89	1,254	893	2,147	308	282	590

TABLE 238. — *Admission Age and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex* — Continued

MENTAL DISORDERS	30–39 YEARS						40–49 YEARS						50–59 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	70	14	84	36	6	42	104	13	117	104	16	120	37	12	49	63	11	74
With other forms of syphilis	8	3	11	4	–	4	10	5	15	11	5	16	6	5	11	5	6	11
With epidemic encephalitis	9	3	12	8	1	9	3	2	5	3	2	5	1	1	2	6	3	9
With other infectious diseases	3	1	4	1	–	1	1	–	1	2	–	2	–	1	1	1	2	3
Alcoholic psychoses	84	18	102	17	3	20	134	33	167	75	17	92	159	43	202	161	35	196
Due to drugs, etc.	2	–	2	–	–	–	2	–	2	1	1	2	–	2	2	1	1	2
Traumatic psychoses	3	–	3	3	–	3	5	1	6	2	–	2	3	1	4	2	–	2
With cerebral arteriosclerosis	1	1	2	–	–	–	1	6	7	1	4	5	16	15	31	8	9	17
With other disturbances of circulation	–	–	–	–	–	–	–	3	3	–	2	2	1	1	2	1	–	1
With convulsive disorders (epil.)	58	47	105	42	33	75	46	42	88	54	33	87	20	14	34	40	41	81
Senile psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1
Involutional psychoses	1	1	2	1	–	1	9	33	42	5	17	22	28	54	82	21	38	59
Due to other metabolic diseases, etc.	–	2	2	1	1	2	3	7	10	1	5	6	2	5	7	1	6	7
Due to new growth	–	1	1	–	1	1	2	–	2	1	–	1	1	1	2	2	–	2
With organic changes of nervous system	9	7	16	6	5	11	13	8	21	13	11	24	10	2	12	8	2	10
Psychoneuroses	9	11	20	6	6	12	6	7	13	5	11	16	2	6	8	5	6	11
Manic-depressive psychoses	82	141	223	46	89	135	110	188	298	96	137	233	98	171	269	98	180	278
Dementia praecox	1,494	1,213	2,707	791	500	1,291	803	1,089	1,892	1,304	941	2,245	282	574	856	772	1,026	1,798
Paranoia and paranoid conditions	16	16	32	5	10	15	19	54	73	18	30	48	32	63	95	19	38	57
With psychopathic personality	18	11	29	10	6	16	14	9	23	17	10	27	7	5	12	9	6	15
With mental deficiency	124	127	251	94	85	179	110	127	237	129	144	273	40	52	92	111	98	209
Undiagnosed psychoses	1	1	2	1	1	2	1	1	2	2	1	3	–	–	–	–	–	–
Without psychoses	26	29	55	36	24	60	13	9	22	25	19	44	1	4	5	14	15	29
Primary behavior disorders	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,992	1,619	3,611	1,072	747	1,819	1,396	1,628	3,024	1,844	1,387	3,231	745	1,030	1,775	1,334	1,509	2,843
Total Without Mental Disorder	27	29	56	37	24	61	13	9	22	25	19	44	1	4	5	14	15	29
Grand Total	2,019	1,648	3,667	1,109	771	1,880	1,409	1,637	3,046	1,869	1,406	3,275	746	1,034	1,780	1,348	1,524	2,872

TABLE 238. — *Admission Age and Present Age of All Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	60-69 YEARS						70-79 YEARS						80-89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	1	11	22	5	27	–	–	–	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	3	–	3	6	1	7	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	52	6	58	119	33	152	5	2	7	68	16	84	–	–	–	8	–	8	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	7	1	8	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	55	39	94	41	30	71	24	18	42	43	32	75	3	5	8	6	8	14	–	–	–	1	1	2
With other disturbances of circulation	–	–	–	–	2	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	5	5	10	23	32	55	1	–	1	10	8	18	–	–	–	–	1	1	–	–	–	–	–	–
Senile psychoses	16	26	42	10	13	23	10	13	23	16	24	40	1	4	5	1	8	9	–	1	1	–	1	1
Involutional psychoses	14	16	30	24	32	56	–	2	2	1	14	15	–	–	–	–	4	4	–	–	–	–	1	1
Due to other metabolic diseases, etc.	1	2	3	3	4	7	–	1	1	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	2	4	8	3	11	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	5	5	–	7	7	–	1	1	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	62	74	136	86	139	225	9	17	26	47	66	113	1	3	4	10	20	30	–	–	–	–	–	–
Dementia praecox	46	159	205	422	739	1,161	3	14	17	135	292	427	–	–	–	21	53	74	–	–	–	–	2	2
Paranoia and paranoid conditions	9	25	34	21	53	74	2	3	5	14	26	40	–	–	–	1	5	6	–	–	–	–	–	–
With psychopathic personality	3	2	5	7	3	10	–	–	–	2	2	4	–	–	–	–	1	1	–	–	–	–	–	–
With mental deficiency	11	10	21	50	61	111	3	–	3	16	19	35	–	–	–	6	3	9	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	1	2	3	5	8	13	1	2	3	3	1	4	–	–	–	–	–	–	–	–	–	–	1	1
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	293	372	665	852	1,159	2,011	58	71	129	361	508	869	5	12	17	53	104	157	–	1	1	1	5	6
Total Without Mental Disorder	1	2	3	5	8	13	1	2	3	3	1	4	–	–	–	–	–	–	–	–	–	–	1	1
Grand Total	294	374	668	857	1,167	2,024	59	73	132	364	509	873	5	12	17	53	104	157	–	1	1	1	6	7

TABLE 239. — *Admission Age and Present Age of All Readmitted Cases Out of Hospitals for Mental Diseases (Visits, etc.,) on September 30, 1936, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS						30–39 YEARS						40–49 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	21	1	22	–	–	–	–	–	–	–	–	–	–	–	–	11	–	11	8	–	8	6	–	6	7	–	7
With other forms of syphilis	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	1	1	2	1	1	2
With epidemic encephalitis	1	3	4	–	–	–	–	–	–	–	1	1	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	40	4	44	–	–	–	–	–	–	–	–	–	–	–	–	9	1	10	6	–	6	13	1	14	13	–	13
Traumatic psychoses	5	–	5	–	–	–	–	–	–	2	–	2	2	–	2	2	–	2	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	3	13	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1
With convulsive disorders (epil.)	12	11	23	1	2	3	–	–	–	7	3	10	7	3	10	1	5	6	2	4	6	3	–	3	3	2	5
Senile psychoses	2	7	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	3	8	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	4	5	1	2	3
Due to other metabolic diseases, etc.	1	5	6	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	2	2	–	2	2	–	2	2
With organic changes of nervous system	6	5	11	2	–	2	1	–	1	1	–	1	1	–	1	2	1	3	3	1	4	–	1	1	–	–	–
Psychoneuroses	4	15	19	–	1	1	–	1	1	1	4	5	1	4	5	1	3	4	1	2	3	2	5	7	2	4	6
Manic-depressive psychoses	100	178	278	1	3	4	–	2	2	17	33	50	15	29	44	20	35	55	17	32	49	24	37	61	27	35	62
Dementia praecox	159	212	371	4	4	8	4	3	7	48	42	90	26	31	57	61	60	121	53	31	84	32	54	86	51	46	97
Paranoia and paranoid conditions	7	19	26	–	–	–	–	–	–	1	–	1	1	–	1	1	1	2	1	1	2	2	6	8	2	4	6
With psychopathic personality	9	8	17	1	–	1	1	–	1	4	4	8	4	3	7	2	1	3	2	2	4	2	–	2	2	–	2
With mental deficiency	14	36	50	1	2	3	–	1	1	3	6	9	3	1	4	5	11	16	5	7	12	4	7	11	3	9	12
Undiagnosed psychoses	–	8	8	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	10	16	26	3	1	4	3	1	4	1	6	7	–	4	4	5	4	9	3	2	5	1	1	2	4	3	7
Primary behavior disorders	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	389	540	929	10	13	23	6	8	14	84	93	177	60	72	132	117	121	238	102	83	185	90	119	209	112	106	218
Total Without Mental Disorder	11	16	27	4	1	5	3	1	4	1	6	7	1	4	5	5	4	9	3	2	5	1	1	2	4	3	7
Grand Total	400	556	956	14	14	28	9	9	18	85	99	184	61	76	137	122	125	247	105	85	190	91	120	211	116	109	225

TABLE 239. — *Admission Age and Present Age of All Readmitted Cases Out of Hospitals for Mental Diseases (Visits, etc.,) on September 30, 1936, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–59 YEARS						60–69 YEARS						70–79 YEARS						80–89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	1	4	5	1	6	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	1	1	–	–	–	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	2	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	12	1	13	13	–	13	6	1	7	8	4	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	5	5	–	4	4	3	3	6	3	2	5	–	5	5	–	7	7	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	–	–	–	–	2	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	5	5	–	3	3	1	2	3	1	4	5	1	–	1	1	–	1	–	–	–	–	–	–
Involutional psychoses	1	3	4	1	1	2	1	1	2	1	4	5	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	3	3	–	4	4	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	2	2	–	2	2	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	24	46	70	23	43	66	11	21	32	13	27	40	2	3	5	4	10	14	1	–	1	1	–	1	–	–	–	–	–	–
Dementia praecox	12	36	48	17	40	57	1	14	15	5	47	52	1	1	2	3	10	13	–	1	1	–	4	4	–	–	–	–	–	–
Paranoia and paranoid conditions	1	8	9	1	8	9	1	4	5	–	4	4	1	–	1	1	2	3	–	–	–	1	–	1	–	–	–	–	–	–
With psychopathic personality	–	3	3	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	8	8	1	12	13	1	2	3	2	5	7	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	2	2	–	2	2	–	3	3	–	2	2	–	1	1	–	2	2	–	–	–	–	–	–	–	1	1	–	1	1
Without psychoses	–	2	2	–	1	1	–	2	2	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	54	123	177	62	121	183	26	57	83	33	106	139	6	12	18	11	39	50	2	1	3	3	4	7	–	1	1	–	1	1
Total Without Mental Disorder	–	2	2	–	1	1	–	2	2	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	54	125	179	62	122	184	26	59	85	33	111	144	6	12	18	11	39	50	2	1	3	3	4	7	–	1	1	–	1	1

TABLE 240. — *Age at Admission of All First Admissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	635	873	1,508	44	27	71	153	128	281	112	151	263	99	196	295
Boston Psychopathic	30	20	50	6	3	9	3	6	9	8	2	10	3	4	7
Danvers	764	826	1,590	52	44	96	191	141	332	149	186	335	131	165	296
Foxborough	389	426	815	17	38	55	85	90	175	89	102	191	78	67	145
Gardner	128	120	248	3	4	7	29	18	47	23	30	53	30	29	59
Grafton	101	60	161	3	4	7	21	10	31	23	11	34	24	13	37
Medfield	223	233	456	7	6	13	40	35	75	45	68	113	51	61	112
Northampton	684	754	1,438	42	28	70	157	130	287	143	164	307	115	161	276
Taunton	604	593	1,197	39	25	64	128	98	226	128	114	242	113	122	235
Westborough	483	537	1.020	36	19	55	102	74	176	95	107	202	88	106	194
Worcester	770	709	1,479	39	31	70	175	125	300	162	169	331	161	182	343
Monson	582	607	1,189	367	310	677	95	136	231	49	73	122	35	54	89
McLean	51	76	127	3	1	4	7	10	17	13	13	26	5	13	18
Bridgewater	695	–	695	27	–	27	262	–	262	220	–	220	117	–	117
Tewksbury	58	129	187	2	12	14	8	37	45	16	34	50	17	30	47
Veterans' Administration Facility No. 107	192	–	192	–	–	–	34	–	34	90	–	90	56	–	56
Veterans' Administration Facility No. 95	137	–	137	–	–	–	17	–	17	56	–	56	47	–	47
Total	6,526	5,963	12,489	687	552	1,239	1,507	1,038	2,545	1,421	1,224	2,645	1,170	1,203	2,373

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	98	162	260	73	100	173	52	84	136	4	24	28	–	1	1
Boston Psychopathic	9	5	14	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	110	137	247	82	79	161	39	55	94	9	19	28	1	–	1
Foxborough	60	56	116	38	45	83	19	21	40	3	6	9	–	1	1
Gardner	20	15	35	12	15	27	7	8	15	3	1	4	1	–	1
Grafton	16	10	26	9	8	17	5	4	9	–	–	–	–	–	–
Medfield	27	30	57	32	18	50	15	12	27	6	3	9	–	–	–
Northampton	99	127	226	80	77	157	36	49	85	11	18	29	1	–	1
Taunton	91	109	200	64	71	135	30	40	70	11	12	23	–	2	2
Westborough	78	114	192	47	63	110	32	41	73	5	13	18	–	–	–
Worcester	101	108	209	77	45	122	37	41	78	17	7	24	1	1	2
Monson	23	21	44	9	10	19	4	3	7	–	–	–	–	–	–
McLean	7	21	28	7	14	21	6	4	10	3	–	3	–	–	–
Bridgewater	51	–	51	14	–	14	3	–	3	1	–	1	–	–	–
Tewksbury	10	10	20	5	4	9	–	2	2	–	–	–	–	–	–
Veterans' Administration Facility No. 107	5	–	5	6	–	6	–	–	–	1	–	1	–	–	–
Veterans' Administration Facility No. 95	13	–	13	4	–	4	–	–	–	–	–	–	–	–	–
Total	818	925	1,743	560	549	1,109	285	364	649	74	103	177	4	5	9

TABLE 241. — *Age at Admission of All Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	360	541	901	18	11	29	112	127	239	87	131	218	69	140	209	52	95	147	17	29	46	5	8	13	–	–	–
Boston Psycho.	5	5	10	1	–	1	1	2	3	2	2	4	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Danvers	315	392	707	10	10	20	70	72	142	89	89	178	65	112	177	51	68	119	23	25	48	6	16	22	1	–	1
Foxborough	195	270	465	6	7	13	40	47	87	59	85	144	54	64	118	25	45	70	9	16	25	2	3	5	–	3	3
Gardner	694	480	1,174	14	10	24	159	69	228	270	155	425	159	118	277	58	86	144	28	39	67	6	3	9	–	–	–
Grafton	618	643	1,261	13	12	25	143	81	224	203	210	413	132	192	324	83	110	193	37	37	74	7	1	8	–	–	–
Medfield	534	838	1,372	9	10	19	127	127	254	153	302	455	140	244	384	71	108	179	28	44	72	6	3	9	–	–	–
Metropolitan	730	849	1,579	13	3	16	107	86	193	174	195	369	217	298	515	177	218	395	40	46	86	2	3	5	–	–	–
Northampton	176	257	433	5	–	5	38	30	68	38	66	104	45	71	116	32	58	90	12	26	38	5	5	10	1	1	2
Taunton	192	212	404	5	4	9	36	37	73	62	55	117	43	53	96	32	34	66	10	20	30	4	6	10	–	3	3
Westborough	192	340	532	2	9	11	45	40	85	53	75	128	33	93	126	26	68	94	28	37	65	4	15	19	1	3	4
Worcester	396	477	873	6	4	10	84	64	148	103	136	239	88	147	235	68	84	152	36	33	69	9	6	15	2	3	5
Monson	153	172	325	47	55	102	47	49	96	26	41	67	25	18	43	6	9	15	1	–	1	1	–	1	–	–	–
McLean	27	52	79	–	–	–	8	6	14	2	15	17	7	11	18	1	13	14	7	6	13	2	1	3	–	–	–
Bridgewater	182	–	182	9	–	9	49	–	49	69	–	69	29	–	29	20	–	20	6	–	6	–	–	–	–	–	–
Tewksbury	34	291	325	3	12	15	8	56	64	12	91	103	6	75	81	5	38	43	–	16	16	–	3	3	–	–	–
Veterans' Adm. Fac. No. 107	640	–	640	–	–	–	71	–	71	339	–	339	198	–	198	24	–	24	8	–	8	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	505	–	505	1	–	1	109	–	109	278	–	278	99	–	99	15	–	15	3	–	3	–	–	–	–	–	–
Total	5,948	5,819	11,767	162	147	309	1,254	893	2,147	2,019	1,648	3,667	1,409	1,637	3,046	746	1,034	1,780	294	374	668	59	73	132	5	13	18

TABLE 242. — *Present Age of All First Admissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	635	873	1,508	12	4	16	77	61	138	118	106	224	116	176	292
Boston Psychopathic	30	20	50	6	3	9	3	6	9	8	2	10	3	4	7
Danvers	764	826	1,590	20	19	39	106	68	174	129	109	238	160	185	345
Foxborough	389	426	815	9	14	23	43	61	104	84	79	163	77	95	172
Gardner	128	120	248	2	3	5	15	11	26	21	16	37	23	33	56
Grafton	101	60	161	1	–	1	7	5	12	17	11	28	28	13	41
Medfield	223	233	456	2	2	4	24	21	45	41	51	92	40	69	109
Northampton	684	754	1,438	9	7	16	83	76	159	129	122	251	128	150	278
Taunton	604	593	1,197	14	11	25	67	49	116	90	90	180	115	106	221
Westborough	483	537	1,020	16	9	25	61	47	108	78	62	140	82	104	186
Worcester	770	709	1,479	7	8	15	84	54	138	117	112	229	150	173	323
Monson	582	607	1,189	231	172	403	137	118	255	93	112	205	48	95	143
McLean	51	76	127	3	–	3	3	5	8	7	9	16	5	12	17
Bridgewater	695	–	695	3	–	3	48	–	48	119	–	119	171	–	171
Tewksbury	58	129	187	–	–	–	1	6	7	2	13	15	12	32	44
Veterans' Administration Facility No. 107	192	–	192	–	–	–	3	–	3	47	–	47	124	–	124
Veterans' Administration Facility No. 95	137	–	137	–	–	–	2	–	2	31	–	31	84	–	84
Total	6,526	5,963	12,489	335	252	587	764	588	1,352	1,131	894	2,025	1,366	1,247	2,613

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	113	192	205	105	166	271	83	128	211	11	37	48	–	3	3
Boston Psychopathic	9	5	14	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	140	162	302	128	148	276	62	96	158	17	39	56	2	–	2
Foxborough	91	72	163	51	59	110	29	33	62	5	12	17	–	1	1
Gardner	37	29	66	13	13	26	10	14	24	6	1	7	1	–	1
Grafton	26	13	39	12	11	23	9	6	15	1	1	2	–	–	–
Medfield	53	38	91	35	30	65	20	17	37	7	4	11	1	1	2
Northampton	137	144	281	122	137	259	61	88	149	11	29	40	4	1	5
Taunton	134	112	246	101	113	214	65	82	147	17	26	43	1	4	5
Westborough	113	117	230	68	97	165	50	78	128	15	21	36	–	2	2
Worcester	173	149	322	131	117	248	82	77	159	24	18	42	2	1	3
Monson	45	69	114	18	30	48	10	10	20	–	1	1	–	–	–
McLean	12	20	32	7	21	28	7	8	15	5	1	6	2	–	2
Bridgewater	186	–	186	119	–	119	42	–	42	7	–	7	–	–	–
Tewksbury	25	31	56	11	36	47	7	6	13	–	5	5	–	–	–
Veterans' Administration Facility No. 107	9	–	9	7	–	7	1	–	1	1	–	1	–	–	–
Veterans' Administration Facility No. 95	14	–	14	6	–	6	–	–	–	–	–	–	–	–	–
Total	1,317	1,153	2,470	935	978	1,913	538	643	1,181	127	195	322	13	13	26

TABLE 243. — *Present Age of All Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	360	541	901	–	3	3	40	37	77	59	80	139	76	119	195
Boston Psychopathic	5	5	10	1	–	1	1	2	3	2	2	4	–	1	1
Danvers	315	392	707	3	2	5	24	30	54	65	64	129	72	94	166
Foxborough	195	270	465	1	2	3	12	9	21	33	40	73	53	77	130
Gardner	694	480	1,174	1	–	1	22	11	33	90	53	143	197	118	315
Grafton	618	643	1,261	–	1	1	20	15	35	68	59	127	153	131	284
Medfield	534	838	1,372	4	4	8	16	24	40	55	89	144	107	188	295
Metropolitan	730	849	1,579	4	3	7	51	52	103	158	141	299	194	269	463
Northampton	176	257	433	–	–	–	18	9	27	28	32	60	31	63	94
Taunton	192	212	404	2	1	3	16	14	30	43	27	70	39	56	95
Westborough	192	340	532	1	3	4	20	24	44	34	47	81	35	70	105
Worcester	396	477	873	1	3	4	26	15	41	71	72	143	98	136	234
Monson	153	172	325	20	28	48	24	31	55	37	41	78	34	27	61
McLean	27	52	79	–	–	–	3	4	7	2	7	9	8	9	17
Bridgewater	182	–	182	1	–	1	12	–	12	33	–	33	39	–	39
Tewksbury	34	291	325	–	–	–	1	5	6	4	17	21	7	48	55
Veterans' Administration Facility No. 107	640	–	640	–	–	–	1	–	1	167	–	167	416	–	416
Veterans' Administration Facility No. 95	505	–	505	–	–	–	1	–	1	160	–	160	310	–	310
Total	5,948	5,819	11,767	39	50	89	308	282	590	1,109	771	1,880	1,869	1,406	3,275

TABLE 243. — *Present Age of All Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1936, by Hospital and Sex* — Concluded

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	98	142	240	68	92	160	17	52	69	2	16	18	–	–	–
Boston Psychopathic	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	74	91	165	50	67	117	23	35	58	4	8	12	–	1	1
Foxborough	56	72	128	22	44	66	16	17	33	2	7	9	–	2	2
Gardner	210	173	383	131	97	228	37	21	58	6	7	13	–	–	–
Grafton	180	156	336	128	169	297	63	90	153	6	21	27	–	1	1
Medfield	153	201	354	118	205	323	73	112	185	8	15	23	–	–	–
Metropolitan	213	253	466	102	119	221	8	12	20	–	–	–	–	–	–
Northampton	47	71	118	31	59	90	19	18	37	2	5	7	–	–	–
Taunton	43	48	91	33	37	70	12	24	36	4	5	9	–	–	–
Westborough	41	70	111	38	77	115	19	39	58	3	9	12	1	1	2
Worcester	89	119	208	59	79	138	41	43	84	11	10	21	–	–	–
Monson	24	26	50	9	17	26	5	2	7	–	–	–	–	–	–
McLean	1	12	13	6	9	15	6	10	16	1	1	2	–	–	–
Bridgewater	43	–	43	30	–	30	20	–	20	4	–	4	–	–	–
Tewksbury	9	90	99	9	96	105	4	34	38	–	–	–	–	1	1
Veterans' Administration Facility No. 107	41	–	41	14	–	14	1	–	1	–	–	–	–	–	–
Veterans' Administration Facility No. 95	26	–	26	8	–	8	–	–	–	–	–	–	–	–	–
Total	1,348	1,524	2,872	857	1,167	2,024	364	509	873	53	104	157	1	6	7

TABLE 244. — *Age at Admission of All First Admissions Out on Visit, etc., from the Population on the Books of Hospitals for Mental Diseases on September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	93	110	203	9	10	19	19	22	41	14	18	32	20	18	38	16	17	33	13	12	25	2	11	13	–	2	2
Boston Psychopathic	39	20	59	2	4	6	9	7	16	11	4	15	12	4	16	4	1	5	1	–	1	–	–	–	–	–	–
Danvers	122	102	224	15	6	21	27	19	46	22	29	51	23	24	47	13	20	33	18	4	22	3	–	3	1	–	1
Foxborough	38	44	82	6	4	10	8	12	20	7	11	18	6	5	11	3	8	11	7	3	10	1	1	2	–	–	–
Gardner	17	41	58	4	–	4	6	5	11	1	3	4	1	11	12	3	13	16	1	5	6	1	2	3	–	2	2
Grafton	9	2	11	1	–	1	2	–	2	–	–	–	5	2	7	–	–	–	1	–	1	–	–	–	–	–	–
Medfield	38	35	73	7	2	9	13	9	22	6	7	13	4	5	9	3	5	8	4	4	8	1	2	3	–	1	1
Northampton	137	145	282	10	11	21	28	25	53	27	29	56	27	35	62	25	25	50	15	11	26	4	9	13	1	–	1
Taunton	78	89	167	3	7	10	23	18	41	20	25	45	17	18	35	11	12	23	2	5	7	2	4	6	–	–	–
Westborough	69	94	163	8	3	11	23	18	41	10	16	26	8	22	30	11	18	29	7	9	16	2	7	9	–	1	1
Worcester	135	141	276	7	9	16	32	28	60	30	34	64	20	25	45	23	26	49	14	15	29	7	3	10	2	1	3
Monson	64	42	106	35	22	57	13	11	24	10	8	18	2	1	3	1	–	1	3	–	3	–	–	–	–	–	–
McLean	17	22	39	2	–	2	7	6	13	1	5	6	2	4	6	2	6	8	1	–	1	1	–	1	1	1	2
Bridgewater	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Vets. Adm. Fac. No. 107	14	–	14	–	–	–	1	–	1	10	–	10	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–
Vets. Adm. Fac. No. 95	7	–	7	–	–	–	–	–	–	3	–	3	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–
Total	878	887	1,765	109	78	187	212	180	392	172	189	361	153	174	327	116	151	267	87	68	155	24	39	63	5	8	13

TABLE 245. — *Age at Admission of All Readmissions Out on Visit, etc., from the Population on the Books of Hospitals for Mental Diseases, on September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	32	57	89	1	3	4	9	9	18	8	12	20	8	14	22	1	11	12	5	5	10	–	3	3	–	–	–
Boston Psychopathic	3	6	9	–	–	–	1	3	4	2	2	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	48	52	100	1	1	2	11	15	26	11	11	22	10	16	26	9	5	14	4	3	7	1	–	1	1	1	2
Foxborough	12	21	33	–	–	–	4	3	7	2	8	10	4	2	6	2	5	7	–	2	2	–	1	1	–	–	–
Gardner	23	107	130	2	–	2	5	8	13	5	32	37	7	25	32	3	24	27	1	17	18	–	1	1	–	–	–
Grafton	8	14	22	–	–	–	2	2	4	–	3	3	2	6	8	4	2	6	–	1	1	–	–	–	–	–	–
Medfield	7	24	31	–	2	2	1	7	8	1	6	7	1	4	5	–	4	4	1	1	2	2	–	2	1	–	1
Metropolitan	23	24	47	4	1	5	5	4	9	7	6	13	3	2	5	3	8	11	1	2	3	–	1	1	–	–	–
Northampton	31	45	76	–	1	1	5	4	9	13	9	22	6	11	17	6	13	19	1	4	5	–	3	3	–	–	–
Taunton	24	23	47	–	1	1	10	7	17	2	4	6	4	5	9	3	5	8	5	1	6	–	–	–	–	–	–
Westborough	41	65	106	–	1	1	10	4	14	12	15	27	6	13	19	8	13	21	3	8	11	2	1	3	–	–	–
Worcester	61	98	159	2	2	4	10	14	24	23	14	37	14	21	35	8	32	40	3	12	15	1	2	3	–	1	1
Monson	10	11	21	3	2	5	5	6	11	2	2	4	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
McLean	8	8	16	1	–	1	–	3	3	1	–	1	1	–	1	3	2	5	2	3	5	–	–	–	–	–	–
Bridgewater	3	–	3	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	40	–	40	–	–	–	2	–	2	18	–	18	17	–	17	3	–	3	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	26	–	26	–	–	–	3	–	3	14	–	14	8	–	8	1	–	1	–	–	–	–	–	–	–	–	–
Total	400	556	956	14	14	28	85	99	184	122	125	247	91	120	211	54	125	179	26	59	85	6	12	18	2	2	4

TABLE 246. — *Present Age of All First Admissions Out (Visits, etc.,) of Hospitals for Mental Diseases September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	93	110	203	5	7	12	20	22	42	16	19	35	20	17	37	16	15	31	13	15	28	3	13	16	–	2	2
Boston Psychopathic	39	20	59	2	3	5	8	8	16	10	4	14	14	4	18	4	1	5	1	–	1	–	–	–	–	–	–
Danvers	122	102	224	10	4	14	25	16	41	27	27	54	22	28	50	14	22	36	20	4	24	3	1	4	1	–	1
Foxborough	38	44	82	3	4	7	11	8	19	6	13	19	4	5	9	5	7	12	7	5	12	2	2	4	–	–	–
Gardner	17	41	58	3	–	3	5	4	9	3	4	7	1	5	6	1	11	12	3	11	14	1	4	5	–	2	2
Grafton	9	2	11	–	–	–	3	–	3	–	–	–	5	2	7	–	–	–	1	–	1	–	–	–	–	–	–
Medfield	38	35	73	6	1	7	14	7	21	6	10	16	4	5	9	3	4	7	4	4	8	1	3	4	–	1	1
Northampton	137	145	282	2	5	7	29	28	57	25	27	52	32	37	69	27	23	50	14	13	27	7	10	17	1	2	3
Taunton	78	89	167	3	5	8	21	17	38	19	25	44	17	12	29	11	20	31	5	6	11	2	4	6	–	–	–
Westborough	69	94	163	6	1	7	21	18	39	12	16	28	7	15	22	13	22	35	7	12	19	3	8	11	–	2	2
Worcester	135	141	276	6	5	11	29	27	56	28	29	57	20	22	42	27	29	56	12	23	35	11	5	16	2	1	3
Monson	64	42	106	30	20	50	14	12	26	10	6	16	5	3	8	2	1	3	2	–	2	1	–	1	–	–	–
McLean	17	22	39	–	–	–	7	5	12	2	5	7	2	4	6	1	7	8	3	–	3	1	–	1	1	1	2
Bridgewater	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	14	–	14	–	–	–	–	–	–	2	–	2	11	–	11	1	–	1	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	7	–	7	–	–	–	–	–	–	1	–	1	6	–	6	–	–	–	–	–	–	–	–	–	–	–	–
Total	878	887	1,765	76	55	131	207	172	379	167	185	352	171	159	330	125	162	287	92	93	185	35	50	85	5	11	16

TABLE 247. — *Present Age of All Readmissions Out (Visits, etc.,) of Hospitals for Mental Diseases September 30, 1936, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	32	57	89	–	2	2	8	9	17	8	11	19	6	10	16	4	12	16	6	8	14	–	5	5	–	–	–
Boston Psychopathic	3	6	9	–	–	–	1	3	4	1	2	3	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	48	52	100	1	1	2	9	13	22	10	9	19	11	16	27	10	6	16	4	4	8	2	1	3	1	2	3
Foxborough	12	21	33	–	–	–	3	3	6	3	6	9	2	4	6	3	1	4	1	5	6	–	2	2	–	–	–
Gardner	23	107	130	–	–	–	6	1	7	3	3	6	8	21	29	3	28	31	2	40	42	1	13	14	–	1	1
Grafton	8	14	22	–	–	–	1	1	2	–	1	1	3	3	6	4	6	10	–	1	1	–	1	1	–	1	1
Medfield	7	24	31	–	1	1	–	6	6	2	8	10	1	1	2	–	3	3	1	5	6	2	–	2	1	–	1
Metropolitan	23	24	47	3	1	4	5	2	7	7	7	14	2	2	4	4	7	11	2	4	6	–	1	1	–	–	–
Northampton	31	45	76	–	1	1	3	2	5	15	8	23	5	12	17	6	14	20	2	4	6	–	4	4	–	–	–
Taunton	24	23	47	–	–	–	6	7	13	6	3	9	4	6	10	2	5	7	5	2	7	1	–	1	–	–	–
Westborough	41	65	106	–	–	–	7	13	20	9	11	20	9	14	23	8	13	21	4	10	14	3	4	7	1	–	1
Worcester	61	98	159	1	2	3	8	10	18	21	12	33	16	17	33	10	23	33	3	26	29	2	7	9	–	1	1
Monson	10	11	21	3	1	4	4	5	9	2	2	4	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–
McLean	8	8	16	1	–	1	–	1	1	–	2	2	1	–	1	4	2	6	2	2	4	–	1	1	–	–	–
Bridgewater	3	–	3	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	40	–	40	–	–	–	–	–	–	8	–	8	29	–	29	3	–	3	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	26	–	26	–	–	–	–	–	–	9	–	9	15	–	15	1	–	1	1	–	1	–	–	–	–	–	–
Total	400	556	956	9	9	18	61	76	137	105	85	190	116	109	225	62	122	184	33	111	144	11	39	50	3	5	8

TABLE 248. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	593	165	758	49	17	66	31	13	44	42	13	55	90	27	117	78	20	98	57	9	66
With other forms of syphilis	89	34	123	3	3	6	5	–	5	5	1	6	8	5	13	11	6	17	11	1	12
With epidemic encephalitis	64	37	101	–	3	3	6	–	6	2	2	4	4	5	9	6	1	7	4	5	9
With other infectious diseases	12	10	22	1	2	3	1	–	1	2	–	2	2	3	5	–	3	3	1	–	1
Alcoholic psychoses	1,129	201	1,330	66	20	86	40	4	44	50	12	62	98	20	118	72	7	79	58	9	67
Due to drugs, etc.	10	7	17	1	–	1	–	1	1	1	1	2	1	–	1	2	–	2	1	–	1
Traumatic psychoses	55	12	67	7	1	8	1	1	2	4	–	4	3	3	6	4	2	6	4	–	4
With cerebral arteriosclerosis	639	617	1,256	97	87	184	61	56	117	89	72	161	108	86	194	94	76	170	52	62	114
With other disturbances of circulation	20	26	46	2	6	8	–	3	3	5	1	6	6	4	10	4	2	6	1	2	3
With convulsive disorders (epilepsy)	467	478	945	18	14	32	13	14	27	15	11	26	38	38	76	33	24	57	30	16	46
Senile psychoses	218	373	591	23	30	53	11	27	38	23	53	76	40	60	100	29	38	67	26	29	55
Involutional psychoses	166	368	534	10	29	39	9	33	42	12	32	44	23	49	72	26	41	67	12	21	33
Due to other metabolic diseases, etc.	40	62	102	3	9	12	4	5	9	3	3	6	9	4	13	2	8	10	6	8	14
Due to new growth	3	4	7	–	1	1	1	–	1	1	–	1	–	2	2	–	–	–	–	–	–
With organic changes of nervous system	131	73	204	12	6	18	5	7	12	13	4	17	20	8	28	15	8	23	11	9	20
Psychoneuroses	71	103	174	14	21	35	6	6	12	7	12	19	9	22	31	9	4	13	5	4	9
Manic-depressive psychoses	766	1,202	1,968	64	109	173	52	68	120	71	107	178	96	151	247	68	83	151	57	69	126
Dementia praecox	6,166	6,046	12,212	152	170	322	154	107	261	205	218	423	359	412	771	297	314	611	313	258	571
Paranoia and paranoid conditions	196	433	629	9	14	23	10	21	31	19	32	51	23	55	78	12	33	45	18	25	43
With psychopathic personality	105	108	213	12	12	24	8	4	12	7	11	18	12	16	28	11	7	18	4	3	7
With mental deficiency	927	886	1,813	22	21	43	33	19	52	37	43	80	55	74	129	53	60	113	37	42	79
Undiagnosed psychoses	8	10	18	5	4	9	1	1	2	–	1	1	–	2	2	–	1	1	1	–	1
Without psychoses:																					
Alcoholism	14	4	18	12	3	15	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
Disorders due to epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Psychopathic personality:																					
With pathological sexuality	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	3	5	8	1	3	4	–	–	–	–	–	–	–	–	–	2	1	3	–	1	1
With asocial or amoral trends	2	1	3	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Mixed types	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–
Epilepsy	24	20	44	–	1	1	–	–	–	1	–	1	6	3	9	–	3	3	4	1	5
Mental deficiency:																					
Idiot	10	12	22	–	–	–	1	1	2	1	–	1	1	1	2	1	–	1	1	1	2
Imbecile	27	5	32	1	–	1	1	–	1	–	–	–	1	–	1	1	–	1	–	–	–
Moron	35	14	49	6	2	8	2	1	3	–	1	1	2	1	3	–	–	–	–	–	–

Epilepsy and mental deficiency:																					
Idiot	128	125	253	3	6	9	2	2	4	5	4	9	16	11	27	6	15	21	13	9	22
Imbecile	214	208	422	10	5	15	6	7	13	12	5	17	12	17	29	15	8	23	9	6	15
Moron	97	112	209	5	8	13	2	1	3	7	5	12	7	12	19	14	10	24	10	9	19
Other non-psychotic diseases or conditions	32	19	51	5	4	9	1	1	2	–	2	2	–	2	2	5	–	5	3	2	5
No other condition	5	1	6	4	1	5	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	5	–	5	3	–	3	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	11,875	11,255	23,130	570	579	1,149	452	390	842	613	629	1,242	1,004	1,046	2,050	826	738	1,564	709	572	1,281
Total Without Mental Disorder	599	527	1,126	51	33	84	20	13	33	27	18	45	46	47	93	45	38	83	40	29	69
Grand Total	12,474	11,782	24,256	621	612	1,233	472	403	875	640	647	1,287	1,050	1,093	2,143	871	776	1,647	749	601	1,350

TABLE 248. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Concluded

MENTAL DISORDERS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–29 YEARS			30–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	39	9	48	139	34	173	48	12	60	13	6	19	6	5	11	1	–	1	–	–	–
With other forms of syphilis	9	1	10	26	7	33	8	3	11	3	3	6	–	4	4	–	–	–	–	–	–
With epidemic encephalitis	6	4	10	23	15	38	11	2	13	1	–	1	1	–	1	–	–	–	–	–	–
With other infectious diseases	–	–	–	3	1	4	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	81	11	92	270	41	311	125	20	145	86	24	110	143	29	172	36	4	40	4	–	4
Due to drugs, etc.	–	–	–	2	2	4	–	1	1	–	–	–	2	2	4	–	–	–	–	–	–
Traumatic psychoses	4	1	5	16	1	17	1	1	2	5	–	5	5	2	7	1	–	1	–	–	–
With cerebral arteriosclerosis	35	44	79	77	97	174	21	27	48	5	4	9	–	6	6	–	–	–	–	–	–
With other disturbances of circulation	–	1	1	1	3	4	–	2	2	–	2	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	29	24	53	118	114	232	76	69	145	49	71	120	43	70	113	4	13	17	1	–	1
Senile psychoses	15	16	31	34	82	116	12	22	34	5	11	16	–	4	4	–	1	1	–	–	–
Involutional psychoses	16	21	37	46	71	117	8	35	43	3	20	23	1	15	16	–	1	1	–	–	–
Due to other metabolic diseases, etc.	–	5	5	10	10	20	1	6	7	1	3	4	–	1	1	1	–	1	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	9	6	15	31	15	46	12	7	19	2	1	3	1	1	2	–	1	1	–	–	–
Psychoneuroses	4	6	10	12	21	33	3	4	7	2	2	4	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	47	83	130	170	250	420	71	127	198	28	70	98	34	62	96	5	19	24	3	4	7
Dementia praecox	334	323	657	1,572	1,476	3,048	942	893	1,835	664	738	1,402	808	823	1,631	315	268	583	51	46	97
Paranoia and paranoid conditions	25	26	51	35	102	137	25	57	82	9	32	41	7	27	34	2	9	11	2	–	2
With psychopathic personality	2	3	5	22	24	46	19	18	37	4	4	8	3	5	8	1	1	2	–	–	–
With mental deficiency	55	53	108	256	245	501	128	110	238	107	104	211	95	88	183	39	21	60	10	6	16
Undiagnosed psychoses	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Disorders due to epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological sexuality	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	3	–	3	7	8	15	2	3	5	1	–	1	–	1	1	–	–	–	–	–	–
Mental deficiency:																					
Idiot	–	–	–	2	3	5	2	–	2	–	2	2	–	2	2	1	2	3	–	–	–
Imbecile	2	1	3	4	2	6	8	1	9	2	1	3	6	–	6	1	–	1	–	–	–
Moron	2	–	2	6	–	6	4	2	6	5	2	7	6	5	11	2	–	2	–	–	–

Epilepsy and mental deficiency:																					
Idiot	11	7	18	31	22	53	23	23	46	10	11	21	6	14	20	2	1	3	–	–	–
Imbecile	16	12	28	48	49	97	42	33	75	15	17	32	26	37	63	3	12	15	–	–	–
Moron	9	11	20	28	37	65	12	15	27	2	3	5	–	1	1	1	–	1	–	–	–
Other non-psychotic diseases or conditions	4	2	6	10	4	14	2	–	2	–	1	1	1	1	2	1	–	1	–	–	–
No other condition	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	710	637	1,347	2,863	2,612	5,475	1,512	1,417	2,929	989	1,096	2,085	1,151	1,145	2,296	405	338	743	71	56	127
Total Without Mental Disorder	47	34	81	136	125	261	96	77	173	35	37	72	45	61	106	11	15	26	–	–	–
Grand Total	757	671	1,428	2,999	2,737	5,736	1,608	1,494	3,102	1,024	1,133	2,157	1,196	1,206	2,402	416	353	769	71	56	127

TABLE 249. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	361	118	479	41	13	54	22	9	31	23	9	32	55	21	76	59	15	74	32	7	39
With other forms of syphilis	60	21	81	2	1	3	2	–	2	3	1	4	6	3	9	8	5	13	6	1	7
With epidemic encephalitis	38	25	63	–	1	1	1	–	1	2	2	4	3	3	6	4	1	5	1	5	6
With other infectious diseases	8	8	16	1	2	3	1	–	1	2	–	2	1	3	4	–	2	2	–	–	–
Alcoholic psychoses	679	97	776	56	15	71	28	3	31	33	8	41	61	9	70	51	4	55	44	6	50
Due to drugs, etc.	6	4	10	1	–	1	–	1	1	–	1	1	1	–	1	2	–	2	1	–	1
Traumatic psychoses	38	10	48	7	1	8	–	1	1	3	–	3	1	3	4	4	2	6	4	–	4
With cerebral arteriosclerosis	539	533	1,072	89	81	170	53	46	99	78	65	143	89	77	166	79	64	143	46	55	101
With other disturbances of circulation	18	22	40	2	5	7	–	3	3	4	1	5	5	3	8	4	2	6	1	2	3
With convulsive disorders (epilepsy)	283	311	594	13	13	26	7	11	18	10	6	16	30	27	57	17	21	38	23	10	33
Senile psychoses	191	326	517	22	28	50	8	24	32	20	49	69	36	52	88	23	33	56	16	25	41
Involutional psychoses	114	262	376	10	26	36	8	27	35	8	27	35	12	35	47	18	27	45	7	13	20
Due to other metabolic diseases, etc.	31	42	73	3	7	10	3	4	7	2	3	5	7	2	9	2	6	8	6	5	11
Due to new growth	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	93	45	138	9	4	13	4	5	9	9	3	12	16	3	19	12	7	19	8	5	13
Psychoneuroses	50	70	120	13	15	28	5	4	9	4	9	13	6	18	24	5	1	6	4	2	6
Manic-depressive psychoses	356	534	890	33	56	89	29	44	73	35	50	85	40	66	106	40	36	76	27	35	62
Dementia praecox	2,526	2,350	4,876	95	76	171	67	63	130	97	94	191	186	193	379	146	131	277	143	137	280
Paranoia and paranoid conditions	118	271	389	8	10	18	3	17	20	13	21	34	16	29	45	7	23	30	14	18	32
With psychopathic personality	57	65	122	6	6	12	5	4	9	4	6	10	7	8	15	6	3	9	4	3	7
With mental deficiency	482	427	909	17	7	24	17	12	29	20	22	42	34	32	66	45	36	81	28	25	53
Undiagnosed psychoses	5	8	13	4	3	7	–	1	1	–	1	1	–	2	2	–	–	–	1	–	1
Without psychoses:																					
Alcoholism	11	1	12	10	1	11	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Disorders due to epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Psychopathic personality:																					
With pathological sexuality	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	2	2	4	–	1	1	–	–	–	–	–	–	–	–	–	2	1	3	–	–	–
With asocial or amoral trends	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Epilepsy	22	16	38	–	1	1	–	–	–	1	–	1	6	3	9	–	2	2	4	1	5
Mental deficiency:																					
Idiot	7	10	17	–	–	–	–	1	1	1	–	1	1	1	2	–	–	–	1	1	2
Imbecile	17	–	17	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Moron	16	7	23	3	2	5	1	–	1	–	1	1	1	1	2	–	–	–	–	–	–

Epilepsy and mental deficiency:																					
Idiot	118	103	221	3	5	8	2	1	3	2	2	4	14	11	25	6	14	20	12	8	20
Imbecile	173	170	343	9	3	12	6	5	11	11	5	16	11	14	25	13	7	20	8	5	13
Moron	75	90	165	5	6	11	2	–	2	6	5	11	6	8	14	12	10	22	7	7	14
Other non-psychotic diseases or conditions	22	10	32	3	1	4	1	–	1	–	2	2	–	1	1	3	–	3	3	2	5
No other condition	5	1	6	4	1	5	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	6,053	5,551	11,604	432	371	803	263	279	542	370	378	748	612	589	1,201	532	419	951	416	354	770
Total Without Mental Disorder	473	412	885	41	21	62	15	7	22	21	15	36	40	39	79	37	35	72	35	24	59
Grand Total	6,526	5,963	12,489	473	392	865	278	286	564	391	393	784	652	628	1,280	569	454	1,023	451	378	829

Table 249. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Concluded

Mental Disorders	4 Years			5–9 Years			10–14 Years			15–19 Years			20–29 Years			30–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	7	24	75	24	99	28	6	34	5	3	8	3	4	7	1	–	1	–	–	–
With other forms of syphilis	7	–	7	18	3	21	8	2	10	–	2	2	–	3	3	–	–	–	–	–	–
With epidemic encephalitis	4	1	5	17	11	28	6	1	7	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	39	8	47	151	10	161	83	12	95	31	6	37	76	15	91	25	1	26	1	–	1
Due to drugs, etc.	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	2	1	3	8	1	9	1	1	2	5	–	5	2	–	2	1	–	1	–	–	–
With cerebral arteriosclerosis	27	36	63	58	78	136	16	23	39	4	3	7	–	5	5	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	1	3	4	–	2	2	–	1	1	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	15	21	36	74	83	157	49	43	92	30	40	70	14	27	41	–	9	9	1	–	1
Senile psychoses	15	12	27	34	72	106	12	17	29	5	11	16	–	2	2	–	1	1	–	–	–
Involutional psychoses	12	14	26	27	57	84	8	24	32	3	7	10	1	4	5	–	1	1	–	–	–
Due to other metabolic diseases, etc.	–	5	5	7	4	11	–	4	4	1	2	3	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	5	3	8	20	9	29	8	4	12	1	1	2	1	–	1	–	1	1	–	–	–
Psychoneuroses	1	4	5	10	15	25	1	1	2	1	–	1	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	25	39	64	78	119	197	29	54	83	11	13	24	9	18	27	–	4	4	–	–	–
Dementia praecox	123	126	249	502	545	1,047	390	410	800	282	219	501	350	266	616	126	74	200	19	16	35
Paranoia and paranoid conditions	11	20	31	21	62	83	21	38	59	3	13	16	–	15	15	–	5	5	1	–	1
With psychopathic personality	1	2	3	9	15	24	10	10	20	2	3	5	3	5	8	–	–	–	–	–	–
With mental deficiency	23	24	47	113	124	237	70	59	129	51	44	95	42	33	75	21	8	29	1	1	2
Undiagnosed psychoses	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Disorders due to epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological sexuality	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	3	–	3	6	7	13	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–
Mental deficiency:																					
Idiot	–	–	–	1	2	3	2	–	2	–	1	1	–	2	2	1	2	3	–	–	–
Imbecile	2	–	2	3	–	3	4	–	4	–	–	–	4	–	4	1	–	1	–	–	–
Moron	2	–	2	3	–	3	2	1	3	2	1	3	1	1	2	1	–	1	–	–	–

Epilepsy and mental deficiency:																					
Idiot	10	6	16	29	14	43	22	18	40	10	11	21	6	12	18	2	1	3	–	–	–
Imbecile	14	9	23	39	45	84	35	24	59	8	14	22	18	31	49	1	8	9	–	–	–
Moron	6	11	17	23	28	51	7	11	18	–	3	3	–	1	1	1	–	1	–	–	–
Other non-psychotic diseases or conditions	3	1	4	7	3	10	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
No other condition	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	327	323	*650	1,226	1,238	2,464	740	712	1,452	436	369	805	502	398	900	174	104	278	23	17	40
Total Without Mental Disorder	40	28	68	111	99	210	76	56	132	21	30	51	29	47	76	7	11	18	–	–	–
Grand Total	367	351	718	1,337	1,337	2,674	816	768	1,584	457	399	856	531	445	976	181	115	296	23	17	40

TABLE 250. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	232	47	279	8	4	12	9	4	13	19	4	23	35	6	41	19	5	24	25	2	27
With other forms of syphilis	29	13	42	1	2	3	3	–	3	2	–	2	2	2	4	3	1	4	5	–	5
With epidemic encephalitis	26	12	38	–	2	2	5	–	5	–	–	–	1	2	3	2	–	2	3	–	3
With other infectious diseases	4	2	6	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	1	–	1
Alcoholic psychoses	450	104	554	10	5	15	12	1	13	17	4	21	37	11	48	21	3	24	14	3	17
Due to drugs, etc.	4	3	7	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Traumatic psychoses	17	2	19	–	–	–	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–
With cerebral arteriosclerosis	100	84	184	8	6	14	8	10	18	11	7	18	19	9	28	15	12	27	6	7	13
With other disturbances of circulation	2	4	6	–	1	1	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–
With convulsive disorders (epilepsy)	184	167	351	5	1	6	6	3	9	5	5	10	8	11	19	16	3	19	7	6	13
Senile psychoses	27	47	74	1	2	3	3	3	6	3	4	7	4	8	12	6	5	11	10	4	14
Involutional psychoses	52	106	158	–	3	3	1	6	7	4	5	9	11	14	25	8	14	22	5	8	13
Due to other metabolic diseases, etc.	9	20	29	–	2	2	1	1	2	1	–	1	2	2	4	–	2	2	–	3	3
Due to new growth	3	2	5	–	–	–	1	–	1	1	–	1	–	2	2	–	–	–	–	–	–
With organic changes of nervous system	38	28	66	3	2	5	1	2	3	4	1	5	4	5	9	3	1	4	3	4	7
Psychoneuroses	21	33	54	1	6	7	1	2	3	3	3	6	3	4	7	4	3	7	1	2	3
Manic-depressive psychoses	410	668	1,078	31	53	84	23	24	47	36	57	93	56	85	141	28	47	75	30	34	64
Dementia praecox	3,640	3,696	7,336	57	94	151	87	44	131	108	124	232	173	219	392	151	183	334	170	121	291
Paranoia and paranoid conditions	78	162	240	1	4	5	7	4	11	6	11	17	7	26	33	5	10	15	4	7	11
With psychopathic personality	48	43	91	6	6	12	3	–	3	3	5	8	5	8	13	5	4	9	–	–	–
With mental deficiency	445	459	904	5	14	19	16	7	23	17	21	38	21	42	63	8	24	32	9	17	26
Undiagnosed psychoses	3	2	5	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–
Without psychoses:																					
Alcoholism	3	3	6	2	2	4	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological emotionality	1	3	4	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With asocial or amoral trends	2	–	2	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Mixed types	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Mental deficiency:																					
Idiot	3	2	5	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
Imbecile	10	5	15	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Moron	19	7	26	3	–	3	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–
Epilepsy and mental deficiency:																					
Idiot	10	22	32	–	1	1	–	1	1	3	2	5	2	–	2	–	1	1	1	1	2
Imbecile	41	38	79	1	2	3	–	2	2	1	–	1	1	3	4	2	1	3	1	1	2
Moron	22	22	44	–	2	2	–	1	1	1	–	1	1	4	5	2	–	2	3	2	5
Other non-psychotic diseases or conditions	10	9	19	2	3	5	–	1	1	–	–	–	–	1	1	2	–	2	–	–	–
Primary behavior disorders	2	–	2	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	5,822	5,704	11,526	138	208	346	189	111	300	243	251	494	392	457	849	294	319	613	293	218	511
Total Without Mental Disorder	126	115	241	10	12	22	5	6	11	6	3	9	6	8	14	8	3	11	5	5	10
Grand Total	5,948	5,819	11,767	148	220	368	194	117	311	249	254	503	398	465	863	302	322	624	298	223	521

Table 250. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Concluded

Mental Disorders	4 Years			5–9 Years			10–14 Years			15–19 Years			20–29 Years			30–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	22	2	24	64	10	74	20	6	26	8	3	11	3	1	4	–	–	–	–	–	–
With other forms of syphilis	2	1	3	8	4	12	–	1	1	3	1	4	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	2	3	5	6	4	10	5	1	6	1	–	1	1	–	1	–	–	–	–	–	–
With other infectious diseases	–	–	–	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	42	3	45	119	31	150	42	8	50	55	18	73	67	14	81	11	3	14	3	–	3
Due to drugs, etc.	–	–	–	1	1	2	–	–	–	–	–	–	2	2	4	–	–	–	–	–	–
Traumatic psychoses	2	–	2	8	–	8	–	–	–	–	–	–	3	2	5	–	–	–	–	–	–
With cerebral arteriosclerosis	8	8	16	19	19	38	5	4	9	1	1	2	–	1	1	–	–	–	–	–	–
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	14	3	17	44	31	75	27	26	53	19	31	50	29	43	72	4	4	8	–	–	–
Senile psychoses	–	4	4	–	10	10	–	5	5	–	–	–	–	2	2	–	–	–	–	–	–
Involutional psychoses	4	7	11	19	14	33	–	11	11	–	13	13	–	11	11	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	3	6	9	1	2	3	–	1	1	–	1	1	1	–	1	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	4	3	7	11	6	17	4	3	7	1	–	1	–	1	1	–	–	–	–	–	–
Psychoneuroses	3	2	5	2	6	8	2	3	5	1	2	3	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	22	44	66	92	131	223	42	73	115	17	57	74	25	44	69	5	15	20	3	4	7
Dementia praecox	211	197	408	1,070	931	2,001	552	483	1,035	382	519	901	458	557	1,015	189	194	383	32	30	62
Paranoia and paranoid conditions	14	6	20	14	40	54	4	19	23	6	19	25	7	12	19	2	4	6	1	–	1
With psychopathic personality	1	1	2	13	9	22	9	8	17	2	1	3	–	–	–	1	1	2	–	–	–
With mental deficiency	32	29	61	143	121	264	58	51	109	56	60	116	53	55	108	18	13	31	9	5	14
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological emotionality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	1	1	2	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–
Mental deficiency:																					
Idiot	–	–	–	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Imbecile	–	1	1	1	2	3	4	1	5	2	1	3	2	–	2	–	–	–	–	–	–
Moron	–	–	–	3	–	3	2	1	3	3	1	4	5	4	9	1	–	1	–	–	–
Epilepsy and mental deficiency:																					
Idiot	1	1	2	2	8	10	1	5	6	–	–	–	–	2	2	–	–	–	–	–	–
Imbecile	2	3	5	9	4	13	7	9	16	7	3	10	8	6	14	2	4	6	–	–	–
Moron	3	–	3	5	9	14	5	4	9	2	–	2	–	–	–	–	–	–	–	–	–
Other non-psychotic diseases or conditions	1	1	2	3	1	4	–	–	–	–	1	1	1	1	2	1	–	1	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	383	314	697	1,637	1,374	3,011	772	705	1,477	553	727	1,280	649	747	1,396	231	234	465	48	39	87
Total Without Mental Disorder	7	6	13	25	26	51	20	21	41	14	7	21	16	14	30	4	4	8	–	–	–
Grand Total	390	320	710	1,662	1,400	3,062	792	726	1,518	567	734	1,301	665	761	1,426	235	238	473	48	39	87

TABLE 251. — *Mental Disorders and Net Time in Institution during PREVIOUS Admissions, ALL READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	232	47	279	40	12	52	56	8	64	39	4	43	34	7	41	25	3	28	12	3	15
With other forms of syphilis	29	13	42	2	3	5	5	2	7	7	3	10	4	1	5	5	–	5	1	–	1
With epidemic encephalitis	26	12	38	6	2	8	2	4	6	5	3	8	3	1	4	2	–	2	1	1	2
With other infectious diseases	4	2	6	2	1	3	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	450	104	554	57	13	70	48	5	53	55	15	70	62	10	72	50	12	62	30	10	40
Due to drugs, etc.	4	3	7	–	–	–	–	–	–	1	1	2	–	–	–	1	1	2	–	–	–
Traumatic psychoses	17	2	19	2	–	2	5	–	5	2	–	2	1	1	2	3	–	3	3	–	3
With cerebral arteriosclerosis	100	84	184	15	12	27	25	15	40	15	12	27	16	18	34	8	9	17	3	4	7
With other disturbances of circulation	2	4	6	–	2	2	–	1	1	–	–	–	1	–	1	–	1	1	–	–	–
With convulsive disorders (epilepsy)	184	167	351	37	36	73	29	16	45	28	23	51	19	21	40	18	15	33	10	13	23
Senile psychoses	27	47	74	1	13	14	2	10	12	4	1	5	8	9	17	6	1	7	2	2	4
Involutional psychoses	52	106	158	8	21	29	7	18	25	10	19	29	15	13	28	3	16	19	5	2	7
Due to other metabolic diseases, etc.	9	20	29	1	3	4	3	2	5	2	5	7	–	6	6	–	2	2	1	–	1
Due to new growth	3	2	5	–	–	–	–	1	1	1	–	1	2	–	2	–	–	–	–	–	–
With organic changes of nervous system	38	28	66	7	7	14	6	1	7	7	4	11	5	3	8	4	4	8	3	2	5
Psychoneuroses	21	33	54	2	4	6	6	8	14	4	9	13	5	2	7	1	3	4	1	5	6
Manic-depressive psychoses	410	668	1,078	47	73	120	48	92	140	69	109	178	83	112	195	41	58	99	30	44	74
Dementia praecox	3,640	3,696	7,336	297	301	598	279	250	529	438	379	817	556	533	1,089	371	348	719	289	255	544
Paranoia and paranoid conditions	78	162	240	11	26	37	6	12	18	7	25	32	11	23	34	6	15	21	10	11	21
With psychopathic personality	48	43	91	5	2	7	6	3	9	4	6	10	13	8	21	6	2	8	3	5	8
With mental deficiency	445	459	904	26	28	54	23	26	49	42	49	91	55	60	115	43	36	79	36	33	69
Undiagnosed psychoses	3	2	5	–	–	–	–	–	–	–	–	–	–	1	1	2	–	2	1	–	1
Without psychoses	124	115	239	22	23	45	9	12	21	16	10	26	21	16	37	11	10	21	8	4	12
Primary behavior disorders	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Total With Mental Disorder	5,822	5,704	11,526	566	559	1,125	556	474	1,030	740	668	1,408	894	829	1,723	595	526	1,121	441	390	831
Total Without Mental Disorder	126	115	241	22	23	45	9	12	21	16	10	26	21	16	37	12	10	22	8	4	12
Grand Total	5,948	5,819	11,767	588	582	1,170	565	486	1,051	756	678	1,434	915	845	1,760	607	536	1,143	449	394	843

TABLE 251. — *Mental Disorders and Net Time in Institution during PREVIOUS Admissions, ALL READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Concluded

MENTAL DISORDERS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–29 YEARS			30–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	8	1	9	13	5	18	4	4	8	1	–	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	3	2	5	–	2	2	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	4	1	5	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	24	9	33	70	18	88	27	8	35	13	3	16	10	1	11	3	–	3	1	–	1
Due to drugs, etc.	–	–	–	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	4	5	9	8	6	14	5	2	7	–	–	–	–	1	1	1	–	1	–	–	–
With other disturbances of circulation	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	15	26	17	18	35	9	6	15	4	3	7	–	1	1	2	–	2	–	–	–
Senile psychoses	2	5	7	1	4	5	–	1	1	–	1	1	1	–	1	–	–	–	–	–	–
Involutional psychoses	1	3	4	2	10	12	1	3	4	–	–	–	–	1	1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	1	4	2	4	6	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	2	1	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	17	29	46	49	91	140	18	42	60	6	11	17	1	5	6	1	2	3	–	–	–
Dementia praecox	242	230	472	654	700	1,354	259	346	605	134	206	340	93	124	217	22	23	45	6	1	7
Paranoia and paranoid conditions	7	8	15	9	32	41	9	6	15	–	3	3	1	1	2	1	–	1	–	–	–
With psychopathic personality	1	4	5	7	12	19	2	–	2	1	–	1	–	1	1	–	–	–	–	–	–
With mental deficiency	27	29	56	74	80	154	48	56	104	26	30	56	37	23	60	8	9	17	–	–	–
Undiagnosed psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	7	9	16	17	15	32	10	9	19	2	4	6	1	2	3	–	1	1	–	–	–
Primary behavior disorders	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	349	341	690	920	988	1,908	387	476	863	186	260	446	143	158	301	38	34	72	7	1	8
Total Without Mental Disorder	8	9	17	17	15	32	10	9	19	2	4	6	1	2	3	–	1	1	–	–	–
Grand Total	357	350	707	937	1,003	1,940	397	485	882	188	264	452	144	160	304	38	35	73	7	1	8

Table 252. — *Color in Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Mental Disorders and Sex*

Mental Disorders	Total			White			Black[1]			Mulatto[2]			Yellow[3]			Others[4]			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	593	165	758	567	154	721	14	8	22	8	3	11	–	–	–	4	–	4	–	–	–
With other forms of syphilis	89	34	123	80	33	113	5	1	6	2	–	2	1	–	1	1	–	1	–	–	–
With epidemic encephalitis	64	37	101	63	36	99	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	12	10	22	12	10	22	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	1,129	201	1,330	1,102	193	1,295	23	8	31	3	–	3	–	–	–	1	–	1	–	–	–
Due to drugs, etc.	10	7	17	10	7	17	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	55	12	67	55	12	67	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	639	617	1,256	624	596	1,220	13	21	34	1	–	1	1	–	1	–	–	–	–	–	–
With other disturbances of circulation	20	26	46	19	24	43	–	2	2	–	–	–	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	467	478	945	458	469	927	7	6	13	2	2	4	–	–	–	–	1	1	–	–	–
Senile psychoses	218	373	591	216	365	581	1	6	7	–	2	2	1	–	1	–	–	–	–	–	–
Involutional psychoses	166	368	534	166	366	532	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–
Due to other metabolic diseases, etc.	40	62	102	40	61	101	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	3	4	7	3	3	6	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	131	73	204	131	72	203	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	71	103	174	70	103	173	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Manic-depressive psychoses	766	1,202	1,968	751	1,173	1,924	7	25	32	3	4	7	2	–	2	3	–	3	–	–	–
Dementia praecox	6,166	6,046	12,212	5,988	5,897	11,885	120	105	225	26	32	58	15	1	16	17	11	28	–	–	–
Paranoia and paranoid conditions	196	433	629	191	423	614	4	10	14	–	–	–	1	–	1	–	–	–	–	–	–
With psychopathic personality	105	108	213	99	103	202	4	4	8	–	1	1	1	–	1	1	–	1	–	–	–
With mental deficiency	927	886	1,813	904	865	1,769	20	17	37	1	2	3	2	–	2	–	1	1	–	1	1
Undiagnosed psychoses	8	10	18	8	10	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	594	527	1,121	581	519	1,100	9	5	14	2	3	5	–	–	–	2	–	2	–	–	–
Primary behavior disorders	5	–	5	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	11,875	11,255	23,130	11,557	10,975	22,532	219	217	436	46	47	93	25	1	26	28	14	42	–	1	1
Total Without Mental Disorder	599	527	1,126	586	519	1,105	9	5	14	2	3	5	–	–	–	2	–	2	–	–	–
Grand Total	12,474	11,782	24,256	12,143	11,494	23,637	228	222	450	48	50	98	25	1	26	30	14	44	–	1	1

[1] African black.
[2] African part black and mulatto.
[3] Chinese and Japanese.
[4] Includes Portuguese Brava and all others.

TABLE 253. — *Color in Admissions, Discharges, Deaths, Resident Population and Patients Out, 1936, First and Readmissions, by Sex*

	TOTAL			WHITE			BLACK[1]			MULATTO[2]			YELLOW[3]			OTHERS[4]			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
All Admissions	4,270	3,496	7,766	4,163	3,385	7,548	62	102	164	4	4	8	11	2	13	30	3	33	–	–	–
First admissions	3,355	2,675	6,030	3,279	2,593	5,872	49	74	123	3	4	7	8	2	10	16	2	18	–	–	–
Readmissions	915	821	1,736	884	792	1,676	13	28	41	1	–	1	3	–	3	14	1	15	–	–	–
All Discharges	2,932	2,203	5,135	2,855	2,138	4,993	50	55	105	9	4	13	8	1	9	9	5	14	1	–	1
First admissions	2,123	1,555	3,678	2,064	1,507	3,571	40	39	79	7	4	11	6	1	7	6	4	10	–	–	–
Readmissions	809	648	1,457	791	631	1,422	10	16	26	2	–	2	2	–	2	3	1	4	1	–	1
All Deaths	1,013	915	1,928	984	884	1,868	17	25	42	5	1	6	1	1	2	6	4	10	–	–	–
First admissions	783	654	1,437	758	629	1,387	15	21	36	3	–	3	1	1	2	6	3	9	–	–	–
Readmissions	230	261	491	226	255	481	2	4	6	2	1	3	–	–	–	–	1	1	–	–	–
Resident Population	12,474	11,782	24,256	12,143	11,494	23,637	228	222	450	48	50	98	25	1	26	30	14	44	–	1	1
First admissions	6,526	5,963	12,489	6,347	5,823	12,170	125	111	236	20	22	42	17	1	18	17	6	23	–	–	–
Readmissions	5,948	5,819	11,767	5,796	5,671	11,467	103	111	214	28	28	56	8	–	8	13	8	21	–	1	1
Patients Out	1,278	1,443	2,721	1,256	1,417	2,673	13	21	34	1	1	2	2	–	2	6	4	10	–	–	–
First admissions	878	887	1,765	864	866	1,730	8	17	25	1	1	2	2	–	2	3	3	6	–	–	–
Readmissions	400	556	956	392	551	943	5	4	9	–	–	–	–	–	–	3	1	4	–	–	–

[1] African black.
[2] African part black or mulatto.
[3] Chinese and Japanese.
[4] Includes Portuguese Brava and all others.

TABLE 254. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out of Institutions on September 30, 1936, by Status of Admission and Sex*

MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	165	69	234	25	10	35	74	20	94	30	6	36	63	22	85	16	4	20
With other forms of syphilis	15	10	25	5	3	8	10	6	16	5	–	5	7	2	9	3	2	5
With epidemic encephalitis	7	6	13	1	3	4	5	2	7	1	2	3	3	1	4	–	–	–
With other infectious diseases	25	19	44	–	3	3	15	10	25	–	1	1	9	5	14	–	2	2
Alcoholic psychoses	478	70	548	109	16	125	398	47	445	112	15	127	47	4	51	28	6	34
Due to drugs, etc.	14	15	29	4	1	5	9	14	23	6	1	7	3	–	3	–	1	1
Traumatic psychoses	27	3	30	7	–	7	16	2	18	9	–	9	5	–	5	3	–	3
With cerebral arteriosclerosis	498	421	919	35	27	62	102	63	165	9	14	23	331	272	603	24	22	46
With other disturbances of circulation	18	28	46	3	2	5	6	18	24	2	1	3	11	6	17	2	1	3
With convulsive disorders (epilepsy)	72	60	132	24	19	43	49	32	81	20	15	35	23	19	42	9	3	12
Senile psychoses	99	162	261	5	8	13	17	29	46	3	5	8	94	122	216	8	16	24
Involutional psychoses	48	131	179	4	15	19	28	84	112	8	14	22	10	24	34	1	7	8
Due to other metabolic diseases, etc.	42	59	101	2	4	6	13	21	34	–	1	1	20	27	47	1	3	4
Due to new growth	19	2	21	–	1	1	8	1	9	2	–	2	8	2	10	–	1	1
With organic changes of nervous system	51	40	91	10	6	16	18	26	44	6	7	13	17	7	24	7	5	12
Psychoneuroses	129	141	270	29	32	61	102	108	210	29	33	62	2	2	4	–	1	1
Manic-depressive psychoses	302	358	660	157	262	419	232	243	475	142	211	353	20	29	49	23	39	62
Dementia praecox	472	481	953	205	194	399	273	335	608	147	130	277	65	63	128	82	131	213
Paranoia and paranoid conditions	56	83	139	6	17	23	34	50	84	11	16	27	5	9	14	6	4	10
With psychopathic personality	51	36	87	29	27	56	48	21	69	27	24	51	4	2	6	1	–	1
With mental deficiency	92	71	163	28	32	60	45	43	88	21	23	44	6	15	21	12	8	20
Undiagnosed psychoses	105	117	222	25	17	42	91	105	196	23	16	39	4	2	6	–	–	–
Without psychoses	503	257	760	195	113	308	463	239	702	190	104	294	26	19	45	4	5	9
Primary behavior disorders	67	36	103	7	9	16	67	36	103	6	9	15	–	–	–	–	–	–
Total With Mental Disorder	2,785	2,382	5,167	713	699	1,412	1,593	1,280	2,873	613	535	1,148	757	635	1,392	226	256	482
Total Without Mental Disorder	570	293	863	202	122	324	530	275	805	196	113	309	26	19	45	4	5	9
Grand Total	3,355	2,675	6,030	915	821	1,736	2,123	1,555	3,678	809	648	1,457	783	654	1,437	230	261	491

TABLE 254. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out of Institutions on September 30, 1936, by Status of Admission and Sex* — Concluded

MENTAL DISORDERS	RESIDENT POPULATION						CASES OUT OF INSTITUTION					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	361	118	479	232	47	279	50	28	78	21	1	22
With other forms of syphilis	60	21	81	29	13	42	2	2	4	2	4	6
With epidemic encephalitis	38	25	63	26	12	38	4	2	6	1	3	4
With other infectious diseases	8	8	16	4	2	6	2	6	8	–	–	–
Alcoholic psychoses	679	97	776	450	104	554	135	23	158	40	4	44
Due to drugs, etc.	6	4	10	4	3	7	2	5	7	–	–	–
Traumatic psychoses	38	10	48	17	2	19	9	2	11	5	–	5
With cerebral arteriosclerosis	539	533	1,072	100	84	184	62	73	135	3	13	16
With other disturbances of cicrculation	18	22	40	2	4	6	1	4	5	–	3	3
With convulsive disorders (epilepsy)	283	311	594	184	167	351	43	33	76	12	11	23
Senile psychoses	191	326	517	27	47	74	9	26	35	2	7	9
Involutional psychoses	114	262	376	52	106	158	27	51	78	3	8	11
Due to other metabolic diseases, etc.	31	42	73	9	20	29	10	19	29	1	5	6
Due to new growth	–	2	2	3	2	5	2	–	2	–	–	–
With organic changes of nervous system	93	45	138	38	28	66	15	12	27	6	5	11
Psychoneuroses	50	70	120	21	33	54	25	56	81	4	15	19
Manic-depressive psychoses	356	534	890	410	668	1,078	125	175	300	100	178	278
Dementia praecox	2,526	2,350	4,876	3,640	3,696	7,336	238	256	494	159	212	371
Paranoia and paranoid conditions	118	271	389	78	162	240	13	22	35	7	19	26
With psychopathic personality	57	65	122	48	43	91	15	18	33	9	8	17
With mental deficiency	482	427	909	445	459	904	37	35	72	14	36	50
Undiagnosed psychoses	5	8	13	3	2	5	5	7	12	–	8	8
Without psychoses	470	412	882	124	115	239	47	31	78	10	16	26
Primary behavior disorders	3	–	3	2	–	2	–	1	1	1	–	1
Total With Mental Disorder	6,053	5,551	11,604	5,822	5,704	11,526	831	855	1,686	389	540	929
Total Without Mental Disorder	473	412	885	126	115	241	47	32	79	11	16	27
Grand Total	6,526	5,963	12,489	5,948	5,819	11,767	878	887	1,765	400	556	956

NOTE: — Admissions and discharges do not include transfers.

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out on September 30, 1936, by Status of Admission and Sex*

MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I. *Psychoses Due to or Associated with Infection:* —	212	104	316	31	19	50	104	38	142	36	9	45	82	30	112	19	8	27
Syphilis of the Central Nervous System:																		
Meningo-encephalitic type (general paresis)	165	69	234	25	10	35	74	20	94	30	6	36	63	22	85	16	4	20
Meningo-vascular type (cerebral syphilis)	5	2	7	1	2	3	6	1	7	2	–	2	4	1	5	3	1	4
With intracranial gumma	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Other types	10	8	18	3	1	4	4	5	9	3	–	3	3	1	4	–	1	1
With epidemic encephalitis	7	6	13	1	3	4	5	2	7	1	2	3	3	1	4	–	–	–
With tuberculous meningitis	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With meningitis (unspecified)	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With acute chorea (Sydenham's)	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With other infectious disease	20	14	34	–	2	2	12	7	19	–	–	–	7	5	12	–	2	2
Post-infectious psychoses	4	3	7	–	1	1	3	2	5	–	1	1	–	–	–	–	–	–
II. *Psychoses Due to Intoxication:* —	492	85	577	113	17	130	407	61	468	118	16	134	50	4	54	28	7	35
Due to Alcohol:																		
Pathological intoxication	32	7	39	2	–	2	29	7	36	4	1	5	3	–	3	1	–	1
Delirium tremens	134	10	144	36	2	38	120	8	128	36	2	38	3	–	3	–	–	–
Korsakow's psychosis	39	8	47	–	1	1	13	3	16	1	1	2	13	–	13	2	–	2
Acute hallucinosis	136	19	155	29	5	34	133	13	146	30	5	35	3	–	3	2	–	2
Other types	137	26	163	42	8	50	103	16	119	41	6	47	25	4	29	23	6	29
Due to Drugs or Other Exogenous Poisons:																		
Due to metals	1	–	1	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–
Due to gases	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Due to opium and derivatives	–	1	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–
Due to other drugs	12	14	26	4	1	5	6	13	19	5	1	6	2	–	2	–	1	1
III. *Psychoses Due to Trauma:* —	27	3	30	7	–	7	16	2	18	9	–	9	5	–	5	3	–	3
Traumatic delirium	11	1	12	–	–	–	9	1	10	–	–	–	3	–	3	–	–	–
Post-traumatic personality disorders	4	–	4	5	–	5	4	–	4	5	–	5	1	–	1	–	–	–
Post-traumatic mental deterioration	8	2	10	1	–	1	1	1	2	4	–	4	–	–	–	2	–	2
Other types	4	–	4	1	–	1	2	–	2	–	–	–	1	–	1	1	–	1
IV. *Psychoses Due to Disturbances of Circulation:* —	516	449	965	38	29	67	108	81	189	11	15	26	342	278	620	26	23	49
With cerebral arteriosclerosis	498	421	919	35	27	62	102	63	165	9	14	23	331	272	603	24	22	46
With cerebral embolism	1	2	3	–	–	–	–	–	–	–	–	–	2	1	3	–	–	–
With cardio-renal disease	11	17	28	3	2	5	4	8	12	2	1	3	8	4	12	1	1	2
Other types	6	9	15	–	–	–	2	10	12	–	–	–	1	1	2	1	–	1
V. *Psychoses Due to Convulsive Disorders (Epilepsy):* —	72	173	245	24	19	43	49	32	81	20	15	35	23	19	42	9	3	12
Epileptic deterioration	48	108	156	15	13	28	29	16	45	10	9	19	19	17	36	8	3	11
Epileptic clouded states	17	30	47	8	6	14	16	14	30	7	6	13	4	2	6	1	–	1
Other epileptic types	7	35	42	1	–	1	4	2	6	3	–	3	–	–	–	–	–	–
VI. *Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:* —	189	239	428	11	27	38	58	134	192	11	20	31	124	173	297	10	26	36
Senile Psychoses:																		
Simple deterioration	62	94	156	2	1	3	6	12	18	1	1	2	63	71	134	4	9	13

Presbyophrenic type	9	32	41	–	–	–	1	4	5	–	–	–	8	10	18	1	–	1
Delirious and confused types	3	10	13	–	1	1	1	2	3	–	–	–	2	9	11	–	1	1
Depressed and agitated types	7	1	8	3	–	3	1	5	6	1	1	2	10	5	15	3	2	5
Paranoid types	18	8	26	–	6	6	8	6	14	1	3	4	11	27	38	–	4	4
Involutional psychoses:																		
Melancholia	42	29	71	4	10	14	24	61	85	8	1	9	10	22	32	1	6	7
Paranoid types	6	4	10	–	5	5	2	14	16	–	13	13	–	2	2	–	1	1
Other types	–	2	2	–	–	–	2	9	11	–	–	–	–	–	–	–	–	–
With diseases of the endocrine glands	1	7	8	1	–	1	–	3	3	–	–	–	–	2	2	–	–	–
Exhaustion delirium	5	5	10	–	1	1	2	4	6	–	–	–	–	–	–	–	2	2
Alzheimer's disease	3	1	4	–	–	–	–	–	–	–	–	–	2	4	6	–	–	–
With pellagra	2	1	3	–	–	–	1	–	1	–	–	–	1	–	1	–	1	1
With other somatic diseases	31	45	76	1	3	4	10	14	24	–	1	1	17	21	38	1	–	1
VII. *Psychoses Due to New Growth:* —	19	2	21	–	1	1	8	1	9	2	–	2	8	2	10	–	1	1
With intracranial neoplasms	14	1	15	–	–	–	6	–	6	2	–	2	5	–	5	–	–	–
With other neoplasms	5	1	6	–	1	1	2	1	3	–	–	–	3	2	5	–	1	1
VIII. *Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:* —	51	40	91	10	6	16	18	26	44	6	7	13	17	7	24	7	5	12
With multiple sclerosis	3	2	5	1	–	1	–	1	1	–	1	1	2	1	3	–	–	–
With paralysis agitans	5	–	5	1	–	1	1	–	1	–	–	–	3	–	3	–	1	1
With Huntington's chorea	3	2	5	–	1	1	–	2	2	1	1	2	–	–	–	2	1	3
With other brain or nervous diseases	40	36	76	8	5	13	17	23	40	5	5	10	12	6	18	5	3	8
IX. *Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:* —	1,102	1,170	2,272	454	564	1,018	734	800	1,534	377	437	814	102	120	222	124	183	307
Psychoneuroses:																		
Anxiety hysteria	8	7	15	5	2	7	6	7	13	5	3	8	–	–	–	–	–	–
Conversion hysteria:																		
Anesthetic type	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Paralytic type	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Hyperkinetic type	–	3	3	–	1	1	–	3	3	–	1	1	–	–	–	–	–	–
Autonomic type	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Amnesic type	3	2	5	2	1	3	2	1	3	1	2	3	–	–	–	–	–	–
Mixed hysterical psychoneuroses	5	4	9	1	3	4	6	3	9	1	3	4	–	–	–	–	–	–
Psychasthenia or compulsive states:																		
Obsession	6	11	17	3	4	7	6	7	13	4	2	6	–	–	–	–	–	–
Compulsive tics and spasms	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Phobia	3	1	4	–	2	2	2	1	3	1	–	1	–	–	–	–	–	–
Mixed compulsive states	3	5	8	–	–	–	2	4	6	–	2	2	–	–	–	–	–	–
Neurasthenia	14	17	31	5	4	9	10	8	18	4	3	7	–	–	–	–	1	1
Hypochondriasis	14	12	26	2	4	6	8	9	17	2	2	4	–	1	1	–	–	–
Reactive depression	37	50	87	4	9	13	29	38	67	3	10	13	2	–	2	–	–	–
Anxiety state	12	7	19	1	–	1	11	7	18	3	–	3	–	–	–	–	–	–
Mixed psychoneuroses	24	20	44	5	2	7	20	15	35	5	5	10	–	1	1	–	–	–
Manic-depressive Psychoses:																		
Manic type	117	128	245	82	121	203	99	90	189	73	106	179	5	7	12	11	19	30
Depressive type	153	187	340	53	101	154	113	125	238	51	78	129	13	16	29	10	14	24
Circular type	1	–	1	–	2	2	2	6	8	1	5	6	1	–	1	–	–	–
Mixed type	13	25	38	14	24	38	7	11	18	10	12	22	–	6	6	1	4	5
Perplexed type	2	5	7	2	3	5	3	1	4	1	1	2	–	–	–	–	1	1
Stuporous type	5	10	15	3	2	5	4	7	11	2	1	3	1	–	1	1	1	2
Other types	11	3	14	3	9	12	4	3	7	4	8	12	–	–	–	–	–	–

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out on September 30, 1936, by Status of Admission and Sex* — Continued

MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox (schizophrenia):																		
Simple type	27	27	54	12	5	17	20	14	34	8	5	13	4	1	5	3	4	7
Hebephrenic type	75	63	138	45	27	72	40	39	79	23	12	35	14	13	27	44	42	86
Catatonic type	168	142	310	63	68	131	94	115	209	60	41	101	23	19	42	10	27	37
Paranoid type	149	224	373	74	79	153	95	150	245	45	57	102	24	25	49	24	54	78
Other types	53	25	78	11	15	26	24	17	41	11	15	26	–	5	5	1	4	5
Paranoia	2	1	3	–	–	–	2	1	3	–	–	–	–	1	1	–	–	–
Paranoid conditions	54	82	136	6	17	23	32	49	81	11	16	27	5	8	13	6	4	10
With psychopathic personality	51	36	87	29	27	56	48	21	69	27	24	51	4	2	6	1	–	1
With mental deficiency:																		
Idiot	6	2	8	1	1	2	1	–	1	1	1	2	1	2	3	–	1	1
Imbecile	25	30	55	6	11	17	9	14	23	5	5	10	2	6	8	7	3	10
Moron	56	31	87	20	17	37	34	25	59	14	15	29	2	6	8	4	4	8
Unknown	5	8	13	1	3	4	1	4	5	1	2	3	1	1	2	1	–	1
X. *Undiagnosed Psychoses:* —	105	117	222	25	17	42	91	105	196	23	16	39	4	2	6	–	–	–
XI. *Without Psychoses:* —	503	257	760	195	113	308	463	239	702	190	104	294	26	19	45	4	5	9
Alcoholism	184	49	233	84	20	104	179	47	226	82	19	101	–	–	–	1	–	1
Drug addiction	6	4	10	2	3	5	5	3	8	2	3	5	–	–	–	–	–	–
Disorders due to epidemic encephalitis	3	2	5	1	–	1	4	2	6	1	–	1	–	–	–	–	–	–
Psychopathic personality:																		
With pathological sexuality	9	1	10	2	–	2	9	2	11	3	–	3	–	–	–	–	–	–
With pathological emotionality	13	19	32	6	13	19	14	19	33	5	12	17	–	–	–	–	–	–
With asocial or amoral trends	29	28	57	18	7	25	30	28	58	17	8	25	–	–	–	–	–	–
Mixed types	15	13	28	11	4	15	19	14	33	11	4	15	–	–	–	–	–	–
Epilepsy	23	7	30	7	3	10	25	9	34	9	3	12	–	–	–	–	–	–
Mental deficiency:																		
Idiot	1	2	3	–	1	1	–	2	2	–	1	1	–	–	–	–	–	–
Imbecile	11	8	19	–	2	2	11	8	19	–	2	2	–	1	1	–	–	–
Moron	42	22	64	14	11	25	39	22	61	12	11	23	1	–	1	–	–	–
Epilepsy and mental deficiency:																		
Idiot	13	14	27	3	4	7	4	4	8	–	–	–	13	11	24	1	2	3
Imbecile	23	14	37	6	7	13	5	5	10	1	2	3	7	7	14	2	2	4
Moron	15	13	28	2	3	5	4	11	15	3	2	5	3	–	3	–	1	1
Other non-psychotic diseases or conditions	54	30	84	21	22	43	57	30	87	23	22	45	–	–	–	–	–	–
No other condition	62	31	93	18	13	31	58	33	91	21	15	36	2	–	2	–	–	–
XII. *Primary Behavior Disorders:* —	67	36	103	7	9	16	67	36	103	6	9	15	–	–	–	–	–	–
Simple adult maladjustment	29	17	46	4	7	11	30	17	47	3	7	10	–	–	–	–	–	–

Primary behavior disorders in children:																		
Conduct disturbance	–	17	17	3	2	5	37	17	54	3	2	5	–	–	–	–	–	–
Neurotic traits	38	2	40	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	2,785	2,382	5,167	713	699	1,412	1,593	1,280	2,873	613	535	1,148	757	635	1,392	226	256	482
Total Without Mental Disorder	570	293	863	202	122	324	530	275	805	196	113	309	26	19	45	4	5	9
Grand Total	3,355	2,675	6,030	915	821	1,736	2,123	1,555	3,678	809	648	1,457	783	654	1,437	230	261	491

Note: — Admissions and Discharges do not include transfers.

Table 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out on September 30, 1936, by Status of Admission and Sex* — Continued

Mental Disorders	Resident Population						Patients Out on Visit, etc.					
	first admissions			readmissions			first admissions			readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T
I. *Psychoses Due to or Associated with Infection:* —	467	172	639	291	74	365	58	38	96	24	8	32
Syphilis of the Central Nervous System:												
Meningo-encephalitic type (general paresis)	361	118	479	232	47	279	50	28	78	21	1	22
Meningo-vascular type (cerebral syphilis)	43	12	55	21	12	33	1	2	3	1	3	4
With intracranial gumma	2	–	2	2	1	3	–	–	–	–	–	–
Other types	15	9	24	6	–	6	1	–	1	1	1	2
With epidemic encephalitis	38	25	63	26	12	38	4	2	6	1	3	4
With tuberculous meningitis	–	–	–	–	–	–	–	–	–	–	–	–
With meningitis (unspecified)	–	–	–	–	–	–	–	–	–	–	–	–
With acute chorea (Sydenham's)	–	1	1	–	–	–	–	–	–	–	–	–
With other infectious disease	5	6	11	3	1	4	1	4	5	–	–	–
Post-infectious psychoses	3	1	4	1	1	2	1	2	3	–	–	–
II. *Psychoses Due to Intoxication:* —	685	101	786	454	107	561	137	28	165	40	4	44
Due to Alcohol:												
Pathological intoxication	28	–	28	3	3	6	12	3	15	2	–	2
Delirium tremens	24	2	26	3	–	3	17	2	19	4	–	4
Korsakow's psychosis	82	20	102	28	9	37	8	2	10	2	3	5
Acute hallucinosis	95	11	106	26	1	27	42	8	50	10	–	10
Other types	450	64	514	390	91	481	56	8	64	22	1	23
Due to Drugs or Other Exogenous Poisons:												
Due to metals	–	1	1	–	–	–	–	–	–	–	–	–
Due to gases	1	–	1	–	–	–	–	–	–	–	–	–
Due to opium and derivatives	–	1	1	3	1	4	–	1	1	–	–	–
Due to other drugs	5	2	7	1	2	3	2	4	6	–	–	–
III. *Psychoses Due to Trauma:*	38	10	48	17	2	19	9	2	11	5	–	5
Traumatic delirium	10	1	11	–	1	1	2	–	2	–	–	–
Post-traumatic personality disorders	7	3	10	6	–	6	2	1	3	1	–	1

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out on September 30, 1936, by Status of Admission and Sex* — Continued

MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Post-traumatic mental deterioration	20	6	26	10	1	11	4	1	5	3	–	3
Other types	1	–	1	1	–	1	1	–	1	1	–	1
IV. *Psychoses Due to Disturbances of Circulation:* —	557	555	1,112	102	88	190	63	77	140	3	16	19
With cerebral arteriosclerosis	539	533	1,072	100	84	184	62	73	135	3	13	16
With cerebral embolism	4	5	9	–	2	2	–	–	–	–	–	–
With cardio-renal disease	5	14	19	–	2	2	1	3	4	–	2	2
Other types	9	3	12	2	–	2	–	1	1	–	1	1
V. *Psychoses Due to Convulsive Disorders (Epilepsy):* —	283	311	594	184	167	351	43	32	75	12	11	23
Epileptic deterioration	238	278	516	159	147	306	36	22	58	9	7	16
Epileptic clouded states	34	27	61	20	19	39	5	7	12	3	3	6
Other epileptic types	11	6	17	5	1	6	2	3	5	–	1	1
VI. *Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:*	336	630	966	88	173	261	46	96	142	6	20	26
Senile psychoses:												
Simple deterioration	94	143	237	11	18	29	4	10	14	1	2	3
Presbyophrenic type	13	18	31	2	2	4	2	1	3	1	–	1
Delirious and confused types	5	9	14	2	2	4	–	1	1	–	1	1
Depressed and agitated types	19	33	52	3	9	12	1	3	4	–	–	–
Paranoid types	60	123	183	9	16	25	2	11	13	–	4	4
Involutional psychoses:												
Melancholia	102	204	306	47	69	116	22	39	61	1	5	6
Paranoid types	5	49	54	2	32	34	4	7	11	–	2	2
Other types	7	9	16	3	5	8	1	5	6	2	1	3
With diseases of the endorcine glands	3	6	9	2	8	10	2	2	4	1	2	3
Exhaustion delirium	3	5	8	1	2	3	1	1	2	–	–	–
Alzheimer's disease	1	6	7	1	–	1	–	–	–	–	–	–
With pellagra	2	3	5	–	1	1	–	–	–	–	–	–
With other somatic diseases	22	22	44	5	9	14	7	16	23	–	3	3
VII. *Psychoses Due to New Growth:* —	–	2	2	3	2	5	2	–	2	–	–	–
With intracranial neoplasms	–	–	–	3	2	5	1	–	1	–	–	–
With other neoplasms	–	2	2	–	–	–	1	–	1	–	–	–
VIII. *Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:*	93	45	138	38	28	66	15	12	27	6	5	11
With multiple sclerosis	9	5	14	6	3	9	2	2	4	–	–	–
With paralysis agitans	7	2	9	3	4	7	1	–	1	–	1	1
With Huntington's chorea	10	7	17	4	2	6	1	–	1	–	–	–
With other brain or nervous diseases	67	31	98	25	19	44	11	10	21	6	4	10
IX. *Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:* —	3,589	3,717	7,306	4,642	5,061	9,703	453	563	1,016	293	468	761

Psychoneuroses:												
Anxiety hysteria	4	5	9	2	2	4	1	5	6	–	–	–
Conversion hysteria:												
Anesthetic type	–	–	–	–	–	–	–	–	–	–	–	–
Paralytic type	1	1	2	–	1	1	1	–	1	–	–	–
Hyperkinetic type	1	2	3	–	1	1	–	–	–	–	–	–
Autonomic type	–	1	1	–	1	1	–	–	–	–	–	–
Amnesic type	2	–	2	–	–	–	–	1	1	–	–	–
Mixed hysterical psychoneurosis	2	3	5	1	–	1	2	4	6	–	2	2
Psychasthenia or compulsive states:												
Obsession	5	6	11	2	4	6	1	5	6	1	5	6
Compulsive tics and spasms	–	1	1	1	–	1	–	–	–	–	–	–
Phobia	3	2	5	1	2	3	1	–	1	–	3	3
Mixed compulsive states	–	5	5	–	2	2	1	1	2	–	–	–
Neurasthenia	10	16	26	7	12	19	3	9	12	3	2	5
Hypochondriasis	5	3	8	4	1	5	3	3	6	–	1	1
Reactive depression	6	14	20	2	4	6	9	17	26	–	–	–
Anxiety state	1	2	3	–	1	1	2	5	7	–	–	–
Mixed psychoneurosis	10	9	19	1	2	3	1	6	7	–	2	2
Manic-depressive psychoses:												
Manic type	99	150	249	177	337	514	46	63	109	52	80	132
Depressive type	208	283	491	168	218	386	65	89	154	34	70	104
Circular type	6	12	18	21	30	51	–	2	2	2	4	6
Mixed type	20	45	65	29	53	82	5	11	16	6	16	22
Perplexed type	2	5	7	3	3	6	1	2	3	–	–	–
Stuporous type	11	29	40	6	12	18	3	5	8	3	4	7
Other types	10	10	20	6	15	21	5	3	8	3	4	7
Dementia praecox (schizophrenia):												
Simple type	150	85	235	133	94	227	18	17	35	5	11	16
Hebephrenic type	724	549	1,273	1,572	1,266	2,838	44	28	72	45	52	97
Catatonic type	617	610	1,227	736	738	1,474	88	98	186	55	66	121
Paranoid type	890	1,007	1,897	1,073	1,495	2,568	60	93	153	38	60	98
Other types	145	99	244	126	103	229	28	21	49	16	23	39
Paranoia	2	6	8	10	5	15	1	2	3	–	1	1
Paranoid conditions	116	265	381	68	157	225	12	20	32	7	18	25
With psychopathic personality	57	65	122	48	43	91	15	18	33	9	8	17
With mental deficiency:												
Idiot	29	27	56	31	29	60	–	–	–	1	–	1
Imbecile	174	180	354	206	184	390	11	12	23	2	8	10
Moron	266	202	468	195	232	427	23	21	44	11	28	39
Unknown	13	18	31	13	14	27	3	2	5	–	–	–
X. *Undiagnosed Psychoses: —.*	5	8	13	3	2	5	5	7	12	–	8	8
XI. *Without Psychoses: —.*	470	412	882	124	115	239	47	31	78	10	16	26
Alcoholism	11	1	12	3	3	6	5	2	7	1	–	1
Drug addiction	–	–	–	–	–	–	1	1	2	–	–	–
Disorders due to epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–
Psychopathic personality:												
With pathological sexuality	1	–	1	–	–	–	–	–	–	–	–	–
With pathological emotionality	2	2	4	1	3	4	–	1	1	–	1	1
With asocial or amoral trends	–	1	1	2	–	2	–	1	1	–	–	–
Mixed types	–	1	1	1	–	1	3	1	4	2	–	2

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1936, and All Cases in Residence and All Cases Out on September 30, 1936, by Status of Admission and Sex* — Concluded

MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Epilepsy	22	16	38	2	4	6	13	6	19	1	1	2
Mental deficiency:												
Idiot	7	10	17	3	2	5	–	1	1	–	–	–
Imbecile	17	–	17	10	5	15	1	1	2	–	5	5
Moron	16	7	23	19	7	26	1	–	1	2	2	4
Epilepsy and mental deficiency:												
Idiot	118	103	221	10	22	32	3	4	7	–	–	–
Imbecile	173	170	343	41	38	79	6	9	15	3	4	7
Moron	75	90	165	22	22	44	12	3	15	–	2	2
Other non-psychotic diseases or conditions	22	10	32	10	9	19	–	1	1	–	1	1
No other condition	5	1	6	–	–	–	2	–	2	1	–	1
XII. *Primary Behavior Disorders:* —	3	–	3	2	–	2	–	1	1	1	–	1
Simple adult maladjustment	–	–	–	1	–	1	–	1	1	–	–	–
Primary behavior disorders in children:												
Conduct disturbance	3	–	3	1	–	1	–	–	–	1	–	1
Neurotic traits	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	6,053	5,551	11,604	5,822	5,704	11,526	831	855	1,686	389	540	929
Total Without Mental Disorder	473	412	885	126	115	241	47	32	79	11	16	27
Grand Total	6,526	5,963	12,489	5,948	5,819	11,767	878	887	1,765	400	556	956

NOTE: — Admissions and Discharges do not include transfers.

Table 256. — *City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex*

County and City or Town	All Court Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Barnstable						
Barnstable	4	9	13	18	13	31
Bourne	1	1	2	5	5	10
Brewster	–	1	1	1	1	2
Chatham	–	2	2	7	4	11
Dennis	2	–	2	5	7	12
Eastham	–	–	–	2	–	2
Falmouth	2	2	4	7	9	16
Harwich	–	–	–	5	11	16
Mashpee	–	–	–	1	–	1
Orleans	–	1	1	5	3	8
Provincetown	–	1	1	4	8	12
Sandwich	1	1	2	2	5	7
Truro	–	–	–	–	2	2
Wellfleet	–	–	–	–	3	3
Yarmouth	2	1	3	4	3	7
Total	12	19	31	66	74	140
Berkshire						
Adams	6	6	12	28	35	63
Becket	–	–	–	2	1	3
Cheshire	2	2	4	4	3	7
Clarksburg	–	–	–	1	1	2
Dalton	1	2	3	10	12	22
Egremont	–	–	–	1	2	3
Great Barrington	5	2	7	14	14	28
Hancock	1	–	1	–	1	1
Hinsdale	–	–	–	2	1	3
Lanesborough	1	–	1	2	2	4
Lee	3	2	5	14	8	22
Lenox	1	3	4	10	14	24
Monterey	1	–	1	1	1	2
New Ashford	–	–	–	–	1	1
New Marlborough	–	–	–	4	2	6
North Adams	20	9	29	77	68	145
Otis	–	–	–	3	2	5
Peru	–	–	–	–	1	1
Pittsfield	16	16	32	125	103	228
Richmond	–	–	–	1	1	2
Sandisfield	–	1	1	3	2	5
Savoy	1	2	3	1	1	2
Sheffield	–	1	1	6	6	12
Stockbridge	–	–	–	2	6	8
Tyringham	–	–	–	–	1	1
Washington	–	–	–	1	–	1
West Stockbridge	–	–	–	2	1	3
Williamstown	–	3	3	6	14	20
Windsor	–	–	–	2	2	4
Total	58	49	107	322	306	628
Bristol						
Acushnet	1	1	2	13	6	19
Attleboro	5	9	14	64	61	125
Berkley	1	–	1	1	1	2
Dartmouth	3	2	5	13	13	26
Dighton	–	1	1	5	5	10
Easton	2	–	2	9	11	20
Fairhaven	5	2	7	17	22	39
Fall River	37	34	71	285	297	582
Freetown	–	–	–	4	5	9
Mansfield	5	8	13	12	30	42
NewBedford	62	44	106	284	282	566
North Attleborough	8	6	14	32	25	57
Norton	2	2	4	6	2	8
Raynham	–	1	1	4	4	8
Rehoboth	–	–	–	9	2	11
Seekonk	1	3	4	11	10	21
Somerset	2	2	4	6	10	16
Swansea	2	3	5	9	8	17
Taunton	14	20	34	98	103	201
Westport	2	2	4	9	7	16
Total	152	140	292	891	904	1,795

Table 256. — City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex — Continued

COUNTY AND CITY OR TOWN	ALL COURT ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Dukes						
Edgartown	–	–	–	4	4	8
Gay Head	–	–	–	1	–	1
Gosnold	–	–	–	1	–	1
Oak Bluffs	1	–	1	7	7	14
Tisbury	1	–	1	3	2	5
Total	2	–	2	16	13	29
Essex						
Amesbury	1	4	5	23	23	46
Andover	2	6	8	21	34	55
Beverly	7	12	19	49	61	110
Boxford	–	1	1	4	1	5
Danvers	4	8	12	26	28	54
Essex	–	–	–	4	4	8
Georgetown	–	1	1	8	9	17
Gloucester	17	9	26	75	56	131
Groveland	2	–	2	4	5	9
Hamilton	1	–	1	6	5	11
Haverhill	13	20	33	134	114	248
Ipswich	4	2	6	13	21	34
Lawrence	40	26	66	280	237	517
Lynn	46	56	102	299	268	567
Lynnfield	3	3	6	6	2	8
Manchester	3	1	4	3	5	8
Marblehead	3	2	5	12	15	27
Merrimac	2	1	3	6	4	10
Methuen	12	7	19	35	32	67
Middleton	2	1	3	4	2	6
Nahant	–	–	–	3	4	7
Newbury	–	2	2	1	8	9
Newburyport	6	6	12	64	35	99
North Andover	3	2	5	10	17	27
Peabody	9	9	18	64	43	107
Rockport	3	1	4	8	15	23
Rowley	2	1	3	5	1	6
Salem	25	13	38	136	117	253
Salisbury	–	–	–	3	2	5
Saugus	7	7	14	31	32	63
Swampscott	6	6	12	13	18	31
Topsfield	1	–	1	2	1	3
Wenham	–	1	1	3	3	6
West Newbury	–	–	–	1	3	4
Total	224	208	432	1,356	1,225	2,581
Franklin						
Ashfield	1	–	1	–	3	3
Bernardston	1	–	1	2	1	3
Buckland	–	–	–	9	–	9
Charlemont	–	1	1	3	3	6
Colrain	1	–	1	3	–	3
Conway	1	–	1	4	1	5
Deerfield	5	1	6	15	6	21
Erving	1	–	1	1	–	1
Gill	–	1	1	–	1	1
Greenfield	8	8	16	44	22	66
Hawley	–	–	–	–	2	2
Heath	–	–	–	1	1	2
Leverett	–	–	–	2	–	2
Leydon	1	–	1	3	1	4
Monroe	–	–	–	1	–	1
Montague	4	8	12	23	20	43
Northfield	–	1	1	6	10	16
Orange	3	5	8	15	14	29
Rowe	–	–	–	2	–	2
Shelbourne	–	–	–	7	9	16
Sunderland	–	–	–	1	1	2
Warwick	–	1	1	–	–	–
Wendell	–	2	2	1	2	3
Whately	–	–	–	4	2	6
Total	26	28	54	147	99	246

Table 256. — *City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Continued

County and City or Town	All Court Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Hampden						
Agawam	3	3	6	12	13	25
Blandford	–	–	–	1	1	2
Brimfield	–	–	–	2	1	3
Chester	2	–	2	7	6	13
Chicopee	24	13	37	124	96	220
East Longmeadow	2	4	6	4	4	8
Granville	–	–	–	4	–	4
Hampden	1	–	1	2	4	6
Holyoke	25	22	47	178	185	363
Longmeadow	3	2	5	5	9	14
Ludlow	1	1	2	16	14	30
Monson	2	1	3	9	13	22
Montgomery	–	–	–	–	27	27
Palmer	5	5	10	32	28	60
Russell	3	–	3	2	2	4
Southwick	1	–	1	9	6	15
Springfield	79	94	173	415	453	868
Wales	–	–	–	–	3	3
Westfield	9	12	21	60	63	123
West Springfield	8	4	12	23	24	47
Wilbraham	–	–	–	6	6	12
Total	168	161	329	911	958	1,869
Hampshire						
Amherst	1	1	2	16	24	40
Belchertown	2	2	4	13	11	24
Chesterfield	–	–	–	4	–	4
Cummington	–	–	–	2	4	6
Easthampton	6	5	11	35	34	69
Enfield	2	–	2	3	–	3
Goshen	–	–	–	–	1	1
Granby	1	–	1	3	2	5
Greenwich	–	–	–	3	–	3
Hadley	2	1	3	16	6	22
Hatfield	1	–	1	7	7	14
Huntington	–	–	–	1	3	4
Middlefield	–	–	–	2	–	2
Northampton	12	13	25	78	48	126
Pelham	–	1	1	3	2	5
Plainfield	–	–	–	2	–	2
Prescott	–	–	–	–	1	1
Southampton	–	–	–	2	4	6
South Hadley	6	2	8	21	17	38
Ware	2	4	6	25	21	46
Westhampton	–	–	–	1	–	1
Williamsburg	3	2	5	6	5	11
Worthington	–	–	–	1	–	1
Total	38	31	69	244	190	434
Middlesex						
Acton	3	1	4	7	13	20
Arlington	15	7	22	60	71	131
Ashby	–	–	–	2	3	5
Ashland	3	2	5	6	5	11
Ayer	–	1	1	5	7	12
Bedford	–	1	1	3	4	7
Belmont	6	16	22	36	61	97
Billerica	2	–	2	7	7	14
Boxborough	1	1	2	2	1	3
Burlington	1	–	1	3	2	5
Cambridge	68	79	147	412	383	795
Carlisle	–	–	–	2	–	2
Chelmsford	4	4	8	17	15	32
Concord	6	5	11	13	11	24
Dracut	2	2	4	14	16	30
Dunstable	–	–	–	1	–	1
Everett	12	14	26	104	88	192
Framingham	10	15	25	45	68	113
Groton	2	1	3	3	11	14
Holliston	2	2	4	5	9	14
Hopkinton	1	2	3	5	8	13
Hudson	5	5	10	19	16	35
Lexington	3	5	8	23	11	34
Lincoln	–	–	–	3	2	5
Littleton	1	1	2	6	6	12

Table 256. — *City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Continued

County and City or Town	All Court Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Lowell	53	44	97	313	321	634
Malden	25	24	49	128	157	285
Marlborough	5	8	13	46	49	95
Maynard	–	4	4	26	13	39
Medford	17	24	41	90	104	194
Melrose	9	13	22	29	54	83
Natick	6	7	13	26	34	60
Newton	32	34	66	107	134	241
North Reading	4	–	4	6	4	10
Pepperell	2	1	3	7	9	16
Reading	4	7	11	16	19	35
Sherborn	–	1	1	–	6	6
Shirley	3	–	3	7	1	8
Somerville	35	46	81	200	231	431
Stoneham	1	6	7	11	17	28
Stow	1	–	1	2	1	3
Sudbury	2	–	2	5	–	5
Tewksbury	5	4	9	23	19	42
Townsend	–	1	1	4	2	6
Tyngsborough	–	–	–	2	2	4
Wakefield	10	6	16	28	22	50
Waltham	16	19	35	101	137	238
Watertown	14	20	34	59	58	117
Wayland	–	6	6	3	7	10
Westford	1	1	2	4	6	10
Weston	–	–	–	2	6	8
Wilmington	2	–	2	7	9	16
Winchester	5	5	10	16	26	42
Woburn	10	4	14	56	39	95
Total	409	449	858	2,127	2,305	4,432
Nantucket						
Nantucket	1	2	3	12	9	21
Total	1	2	3	12	9	21
Norfolk						
Avon	–	1	1	6	11	17
Bellingham	–	–	–	8	3	11
Braintree	8	5	13	27	40	67
Brookline	17	27	44	84	102	186
Canton	3	2	5	25	21	46
Cohasset	1	4	5	5	7	12
Dedham	7	3	10	38	29	67
Dover	2	1	3	2	–	2
Foxborough	–	2	2	21	8	29
Franklin	8	5	13	21	22	43
Holbrook	–	–	–	5	7	12
Medfield	–	–	–	1	6	7
Medway	4	3	7	12	12	24
Millis	–	2	2	4	1	5
Milton	11	4	15	27	30	57
Needham	5	5	10	28	29	57
Norfolk	1	2	3	1	5	6
Norwood	6	8	14	29	24	53
Plainfield	–	–	–	2	3	5
Quincy	25	32	57	117	148	265
Randolph	–	2	2	21	15	36
Sharon	5	4	9	9	5	14
Stoughton	4	4	8	23	20	43
Walpole	4	3	7	22	14	36
Wellesley	2	11	13	14	20	34
Westwood	1	–	1	3	4	7
Weymouth	11	10	21	50	43	93
Wrentham	2	–	2	9	17	26
Total	127	140	267	614	646	1,260
Plymouth						
Abington	3	3	6	11	10	21
Bridgewater	5	2	7	42	20	62
Brockton	40	29	69	231	167	398
Carver	4	–	4	9	2	11
Duxbury	1	–	1	5	6	11
East Bridgewater	2	–	2	5	7	12
Halifax	1	1	2	4	3	7
Hanover	2	1	3	11	9	20
Hanson	–	1	1	5	5	10

TABLE 256. — *City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Continued

COUNTY AND CITY OR TOWN	ALL COURT ADMISSIONS M.	ALL COURT ADMISSIONS F.	ALL COURT ADMISSIONS T.	RESIDENT POPULATION M.	RESIDENT POPULATION F.	RESIDENT POPULATION T.
Hingham	5	2	7	14	9	23
Hull	3	–	3	8	2	10
Kingston	1	1	2	4	8	12
Lakeville	–	–	–	2	–	2
Marion	1	2	3	4	4	8
Marshfield	1	1	2	4	3	7
Mattapoisett	1	–	1	7	1	8
Middleborough	3	4	7	18	17	35
Norwell	–	1	1	3	5	8
Pembroke	1	2	3	9	5	14
Plymouth	5	4	9	38	30	68
Plympton	–	–	–	–	1	1
Rochester	1	–	1	4	3	7
Rockland	1	10	11	27	28	55
Scituate	2	2	4	9	6	15
Wareham	7	1	8	18	10	28
West Bridgewater	–	1	1	5	3	8
Whitman	6	5	11	15	19	34
Total	96	73	169	512	383	895
Suffolk						
Boston	518	553	1,071	2,855	3,233	6,088
Chelsea	32	11	43	126	101	227
Revere	14	10	24	72	60	132
Winthrop	6	8	14	27	36	63
Total	570	582	1,152	3,080	3,430	6,510
Worcester						
Ashburnham	–	–	–	3	7	10
Athol	7	2	9	25	22	47
Auburn	3	3	6	4	13	17
Barre	1	–	1	5	5	10
Berlin	–	–	–	–	2	2
Blackstone	5	–	5	17	9	26
Bolton	–	–	–	3	4	7
Boylston	–	–	–	2	2	4
Brookfield	–	–	–	4	4	8
Charlton	5	1	6	12	5	17
Clinton	7	9	16	29	37	66
Dana	–	–	–	4	2	6
Douglas	1	–	1	5	2	7
Dudley	–	3	3	5	12	17
East Brookfield	–	1	1	2	–	2
Fitchburg	15	21	36	131	110	241
Gardner	11	3	14	52	47	99
Grafton	3	2	5	6	13	19
Hardwick	–	1	1	4	8	12
Harvard	1	1	2	3	1	4
Holden	1	2	3	6	5	11
Hopedale	1	–	1	5	5	10
Hubbardston	–	1	1	2	1	3
Lancaster	1	2	3	5	9	14
Leicester	4	5	9	4	12	16
Leominster	12	11	23	51	42	93
Lunenberg	–	1	1	3	1	4
Mendon	–	–	–	–	3	3
Milford	14	9	23	50	33	83
Millbury	6	1	7	20	8	28
Millville	1	–	1	7	3	10
New Braintree	–	–	–	–	2	2
Northborough	–	1	1	5	7	12
Northbridge	2	5	7	20	16	36
North Brookfield	2	5	7	9	7	16
Oakham	–	1	1	5	2	7
Oxford	1	2	3	10	9	19
Paxton	–	–	–	2	1	3
Petersham	–	–	–	1	2	3
Phillipston	1	–	1	1	–	1
Princeton	2	–	2	3	1	4
Royalston	1	–	1	3	3	6
Rutland	–	1	1	5	3	8
Shrewsbury	2	4	6	13	12	25
Southborough	1	–	1	4	4	8
Southbridge	8	6	14	39	27	66
Spencer	5	3	8	16	11	27

Table 256. — *City or Town and County of Residence of All Court Admissions and All Cases in Residence in Hospitals for Mental Diseases on September 30, 1936, by Sex* — Concluded

County and City or Town	All Court Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Sterling	–	–	–	1	3	4
Sturbridge	1	–	1	3	1	4
Sutton	2	–	2	4	4	8
Templeton	2	3	5	22	19	41
Upton	1	2	3	2	6	8
Uxbridge	2	1	3	19	8	27
Warren	2	4	6	8	8	16
Webster	4	7	11	35	27	62
Westborough	4	1	5	18	12	30
West Boylston	–	–	–	2	2	4
West Brookfield	–	1	1	1	2	3
Westminster	–	–	–	2	7	9
Winchester	1	4	5	15	15	30
Worcester	117	124	241	570	485	1,055
Total	260	254	514	1,307	1,133	2,440
Non-residents	132	26	158	668	93	761
Unknown	5	5	10	201	14	215
Total	137	31	168	869	107	976
Grand Total	2,280	2,167	4,447	12,474	11,782	24,256

TABLE 257. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1936*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1935	2,603	2,841	5,444	593	819	1,412	1,105	863	1,968	905	1,159	2,064
Cases Admitted during Year												
Regular Commitment Cases:												
First admissions	62	83	145	17	38	55	25	20	45	20	25	45
Readmissions	6	1	7	1	–	1	4	–	4	1	1	2
Total	68	84	152	18	38	56	29	20	49	21	26	47
Voluntary Admission Cases:												
First admissions	154	129	283	29	23	52	51	27	78	74	79	153
Readmissions	10	9	19	–	1	1	6	3	9	4	5	9
Total	164	138	302	29	24	53	57	30	87	78	84	162
Observation Admission Cases:												
First admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	1	–	1	–	–	–	1	–	1	–	–	–
Total	1	–	1	–	–	–	1	–	1	–	–	–
Total cases admitted by transfer	3	2	5	2	1	3	1	1	2	–	–	–
Total cases admitted	236	224	460	49	63	112	88	51	139	99	110	209
Total cases under treatment	2,839	3,065	5,904	642	882	1,524	1,193	914	2,107	1,004	1,269	2,273
Cases Discharged during Year												
Regular Commitment Cases:												
Capable of self-support	27	25	52	11	13	24	9	2	11	7	10	17
Capable of partial self-support	40	22	62	19	11	30	15	3	18	6	8	14
Incapable of productive work	17	22	39	3	3	6	8	7	15	6	12	18
Died	8	12	20	4	5	9	2	3	5	2	4	6
Total	92	81	173	37	32	69	34	15	49	21	34	55
Voluntary Admission Cases:												
Capable of self-support	5	3	8	1	2	3	2	1	3	2	–	2
Capable of partial self-support	13	1	14	4	–	4	7	–	7	2	1	3
Incapable of productive work	37	24	61	8	6	14	11	4	15	18	14	32
Died	31	14	45	–	–	–	5	8	13	26	6	32
Total	86	42	128	13	8	21	25	13	38	48	21	69

TABLE 257. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1936* — Concluded

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Cases:												
Capable of self-support	–	–	–	–	–	–	–	–	–	–	–	–
Capable of partial self-support	–	–	–	–	–	–	–	–	–	–	–	–
Incapable of productive work	1	–	1	–	–	–	1	–	1	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–
Total	1	–	1	–	–	–	1	–	1	–	–	–
Total cases discharged by transfer	3	2	5	1	1	2	1	1	2	1	–	1
Total cases discharged	182	125	307	51	41	92	61	29	90	70	55	125
Patients on books September 30, 1936	2,657	2,940	5,597	591	841	1,432	1,132	885	2,017	934	1,214	2,148
Total number of patients actually in schools September 30, 1936	2,461	2,672	5,133	548	757	1,305	1,067	808	1,875	846	1,107	1,953
Averages												
Daily average population (including patients on visit, escape or parole)	2,635.95	2,883.22	5,519.17	598.96	837.04	1,436.00	1,126.5	881.5	2,008.0	910.49	1,164.68	2,075.17
Daily average population (excluding patients on visit, escape or parole)	2,394.61	2,597.88	4,992.49	541.53	744.28	1,285.81	1,038.	801.	1,839.	815.08	1,052.60	1,867.68
Rated capacity of schools on September 30, 1936	1,998	2,001	3,999	440	660	1,100	921	617	1,538	637	724	1,361
Number of patients on visit on September 30, 1936	79	72	151	14	28	42	26	16	42	39	28	67
Daily average number of patients on visit during year	127.09	100.53	227.62	24.96	39.07	64.03	50.	26.	76.	52.13	35.46	87.59
Number of patients on escape on September 30, 1936	18	9	27	7	5	12	5	2	7	6	2	8
Daily average number of patients on escape during year	20.33	5.41	25.74	11.04	3.39	14.43	6.5	.5	7.0	2.79	1.52	4.31
Number of patients on parole on September 30, 1936	99	187	286	22	51	73	34	59	93	43	77	120
Daily average number of patients on parole during year	93.91	179.39	273.30	21.43	50.30	71.73	32.	54.	86.	40.48	75.09	115.57

Support of patient population (exclusive of patients on visit, escape or parole):												
Supported by the State	2,354	2,584	4,938	528	735	1,263	1,016	770	1,786	810	1,079	1,889
Reimbursing and private	107	88	195	20	22	42	51	38	89	36	28	64
Number of patients not mentally defective actually in schools on September 30, 1936:												
Insane	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic	–	–	–	–	–	–	–	–	–	–	–	–
Others	61	64	125	13	15	28	14	19	33	34	30	64
Total	61	64	125	13	15	28	14	19	33	34	30	64

TABLE 258. — *Nativity and Parentage of First Admissions to State Schools, 1936, by Age and Sex*

Age Groups	Aggregate			Native Born															Foreign Born		
				Total			Parentage														
							Both Parents Foreign			One Parent Native One Parent Foreign			Both Parents Native			Unknown					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	19	20	39	19	20	39	2	2	4	4	7	11	12	9	21	1	2	3	–	–	–
5–9 years	72	50	122	72	50	122	19	15	34	18	9	27	29	13	42	6	13	19	–	–	–
10–14 years	78	60	138	78	59	137	33	20	53	7	15	22	31	19	50	7	5	12	–	1	1
15–19 years	40	52	92	40	50	90	11	14	25	13	9	22	15	23	38	1	4	5	–	2	2
20–24 years	5	18	23	5	18	23	3	7	10	–	2	2	2	7	9	–	2	2	–	–	–
25–29 years	1	6	7	1	5	6	–	2	2	–	–	–	1	3	4	–	–	–	–	1	1
35–39 years	1	3	4	1	2	3	1	–	1	–	–	–	–	2	2	–	–	–	–	1	1
40 years and over	–	3	3	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2
Total	216	212	428	216	205	421	69	60	129	42	43	85	90	76	166	15	26	41	–	7	7
Average Age	11.3	13.7	12.5	11.3	13.2	12.2	12.4	13.7	13.0	11.0	12.1	11.6	10.9	14.2	12.4	10.2	10.8	10.6	–	28.2	28.2

NOTE: — No cases in 30–34 Year Age Group.

TABLE 259. — *Country of Birth of First Admissions to State Schools, 1936, by Parentage and Sex*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States[1]	216	205	421	102	131	90	94	121	76
Austria	–	–	–	1	1	1	4	3	2
Belgium	–	–	–	–	–	–	–	1	–
Canada[2]	–	2	2	17	13	7	27	25	14
China	–	–	–	–	–	–	1	–	–
Denmark	–	–	–	–	1	–	–	–	–
England	–	–	–	3	2	1	1	3	–
Finland	–	–	–	–	–	–	1	1	1
France	–	–	–	–	–	–	1	1	–
Germany	–	–	–	2	3	2	1	2	–
Greece	–	–	–	4	3	3	–	–	–
Ireland	–	–	–	9	6	3	11	11	9
Italy	–	–	–	20	15	14	16	8	8
Poland	–	–	–	11	12	11	8	8	8
Portugal	–	–	–	5	4	4	8	4	4
Russia	–	2	2	13	11	10	6	4	4
Scotland	–	2	2	1	1	–	2	4	2
South America	–	–	–	–	–	–	–	1	–
Spain	–	–	–	1	–	–	–	–	–
Sweden	–	1	1	3	3	2	3	3	3
Switzerland	–	–	–	–	–	–	–	1	–
Turkey in Asia	–	–	–	4	3	3	–	–	–
Turkey in Europe	–	–	–	1	1	1	–	–	–
West Indies[3]	–	–	–	–	–	–	–	1	–
Other countries[4]	–	–	–	5	4	4	6	4	4
Unknown	–	–	–	14	2	1	22	6	2
Total	216	212	428	216	216	157	212	212	137

---

[1] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.
[2] Includes Newfoundland.
[3] Except Cuba, Porto Rico and the Virgin Islands.
[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 260. — *Mental Status of First Admissions and Readmissions to State Schools, 1936, by Age at Admission and Sex*

Age Groups	Total						Idiot						Imbecile						Moron						Not Mentally Defective					
	First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	19	20	39	–	2	2	5	8	13	–	2	2	14	9	23	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–
5– 9 years	72	50	122	2	4	6	11	7	18	–	–	–	33	20	53	2	1	3	25	21	46	–	2	2	3	2	5	–	1	1
10–14 years	78	60	138	4	2	6	7	2	9	–	–	–	24	21	45	2	1	3	46	35	81	2	1	3	1	2	3	–	–	–
15–19 years	40	52	92	4	1	5	1	2	3	–	–	–	17	8	25	1	–	1	20	38	58	3	1	4	2	4	6	–	–	–
20–24 years	5	18	23	5	1	6	1	–	1	–	–	–	2	5	7	–	1	1	2	13	15	4	–	4	–	–	–	1	–	1
25–29 years	1	6	7	1	–	1	1	–	1	–	–	–	–	2	2	–	–	–	–	4	4	1	–	1	–	–	–	–	–	–
35–39 years	1	3	4	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
40–44 years	–	3	3	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
45 years and over	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total	216	212	428	17	10	27	26	19	45	–	2	2	91	67	158	6	3	9	93	118	211	10	4	14	6	8	14	1	1	2

NOTE: — No cases in 30–34 Year Age Group.

TABLE 261. — *Economic Condition of First Admissions to State Schools, 1936, by Mental Status and Sex*

Economic Condition	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	66	88	154	8	–	8	29	18	47	27	63	90	2	7	9
Marginal	148	122	270	18	19	37	61	48	109	65	54	119	4	1	5
Comfortable	1	2	3	–	–	–	1	1	2	–	1	1	–	–	–
Unknown	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
Total	216	212	428	26	19	45	91	67	158	93	118	211	6	8	14

TABLE 262. — *Population of Place of Residence of All Admissions to State Schools, 1936, by Mental Status and Sex*

Mental Status	Total			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 Plus		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	26	21	47	1	–	1	2	5	7	5	2	7	2	1	3	2	2	4	7	6	13	7	5	12
Imbecile	97	70	167	5	1	6	7	11	18	19	15	34	13	5	18	9	3	12	20	26	46	24	9	33
Moron	103	122	225	8	13	21	10	21	31	17	23	40	16	7	23	6	8	14	23	30	53	23	20	43
Not Mentally Defective	7	9	16	1	–	1	–	2	2	1	5	6	–	–	–	–	–	–	1	1	2	4	1	5
Total	233	222	455	15	14	29	19	39	58	42	45	87	31	13	44	17	13	30	51	63	114	58	35	93

NOTE: — No cases in population group 250,000–499,999.

TABLE 263. — *Clinical Diagnoses of First Admissions to State Schools, 1936, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	35	62	97	1	3	4	15	12	27	13	17	30	5	19	24	1	9	10	–	2	2	–	–	–	–	–	–
Mongolism	28	19	47	6	5	11	13	7	20	5	6	11	3	–	3	1	–	1	–	1	1	–	–	–	–	–	–
With developmental cranial anomalies	6	7	13	1	2	3	1	2	3	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	10	9	19	1	–	1	4	3	7	2	3	5	2	2	4	1	–	1	–	–	–	–	–	–	–	1	1
Post-infectional	14	3	17	1	–	1	1	1	2	9	2	11	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	2	3	5	–	–	–	2	2	4	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	2	2	4	1	1	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	3	–	3	–	–	–	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	110	101	211	8	9	17	36	21	57	39	25	64	24	30	54	1	9	10	1	3	4	1	3	4	–	1	1
Other forms	5	6	11	–	–	–	–	1	1	2	3	5	2	1	3	1	–	1	–	–	–	–	–	–	–	1	1
Total	216	212	428	19	20	39	72	50	122	78	60	138	40	52	92	5	18	23	1	6	7	1	3	4	–	3	3

NOTE: — No cases in 30–34 Year Age Group.

TABLE 264. — *Clinical Diagnoses of Readmissions to State Schools, 1936, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	1	5	–	–	–	–	–	–	1	1	2	1	–	1	2	–	2	–	–	–	–	–	–
Mongolism	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	1	2	3	–	–	–	–	2	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Undifferentiated	7	6	13	–	1	1	1	2	3	1	1	2	2	1	3	2	1	3	1	–	1	–	–	–
Other forms	3	–	3	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1
Total	17	10	27	–	2	2	2	4	6	4	2	6	4	1	5	5	1	6	1	–	1	1	–	1

NOTE: — No cases in Age Group 30–44 Years.

TABLE 265. — *Intelligence Quotient of First Admissions to State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-.09			I.Q. .10-.19			I.Q. .20-.29			I.Q. .30-.39			I.Q. .40-.49			I.Q. .50-.59			I.Q. .60-.69			I.Q. .70-.79			I.Q. .80-.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	35	62	97	–	–	–	–	–	–	2	2	4	2	5	7	9	5	14	3	13	16	14	27	41	4	10	14	1	–	1
Mongolism	28	19	47	2	1	3	3	2	5	7	4	11	9	8	17	6	4	10	1	–	1	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	6	7	13	–	2	2	1	2	3	2	–	2	–	2	2	–	–	–	1	–	1	2	1	3	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	10	9	19	4	–	4	–	2	2	1	2	3	–	–	–	1	1	2	–	3	3	3	1	4	1	–	1	–	–	–
Post-infectional	14	3	17	–	–	–	–	–	–	1	–	1	3	1	4	–	–	–	1	–	1	6	1	7	3	1	4	–	–	–
Post-traumatic — natal	2	3	5	–	–	–	–	1	1	–	1	1	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	2	2	4	–	–	–	–	1	1	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With endocrine disorders	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	110	101	211	5	1	6	7	3	10	7	12	19	16	8	24	21	13	34	17	25	42	20	21	41	16	16	32	1	2	3
Other forms	5	6	11	–	1	1	–	1	1	1	1	2	1	–	1	–	–	–	1	3	4	1	–	1	1	–	1	–	–	–
Total	216	212	428	11	5	16	11	12	23	22	23	45	31	25	56	43	23	66	25	44	69	46	51	97	25	27	52	2	2	4

TABLE 266. — *Intelligence Quotient of Readmissions to State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-.09			I.Q. .10-.19			I.Q. .20-.29			I.Q. .30-.39			I.Q. .40-.49			I.Q. .50-.59			I.Q. .60-.69			I.Q. .70-.79			I.Q. .80-.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	1	5	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	2	–	2	1	–	1	–	–	–
Mongolism	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With endocrine disorders	1	2	3	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Undifferentiated	7	6	13	–	–	–	–	1	1	–	1	1	1	–	1	1	2	3	3	1	4	1	–	1	–	–	–	1	1	2
Other forms	3	–	3	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Total	17	10	27	–	1	1	–	1	1	1	2	3	2	2	4	4	2	6	4	1	5	4	–	4	1	–	1	1	1	2

TABLE 267. — *Clinical Diagnoses of All Admissions to State Schools, 1936, by School and Sex*

CLINICAL DIAGNOSES	TOTAL [1]			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	39	63	102	11	29	40	12	13	25	16	21	37
Mongolism	29	19	48	6	3	9	7	1	8	16	15	31
With developmental cranial anomalies	6	8	14	3	1	4	3	1	4	–	6	6
With congenital cerebral spastic infantile paralyses	10	9	19	4	3	7	3	5	8	3	1	4
Post-infectional	15	3	18	1	1	2	10	–	10	4	2	6
Post-traumatic — natal	2	3	5	–	–	–	1	3	4	1	–	1
With epilepsy — idiopathic	2	2	4	1	–	1	–	–	–	1	2	3
With endocrine disorders	4	2	6	1	–	1	2	2	4	1	–	1
With other organic nervous disease	1	–	1	–	–	–	–	–	–	1	–	1
Undifferentiated	117	107	224	20	25	45	42	23	65	55	59	114
Other forms	8	6	14	–	–	–	7	2	9	1	4	5
Total	233	222	455	47	62	109	87	50	137	99	110	209

[1] Minus transfers.

TABLE 268. — *Mental Status of Patients Discharged from State Schools, 1936, by Age at Discharge and Sex*

AGE AT DISCHARGE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	2	4	1	2	3	–	–	–	1	–	1	–	–	–
5– 9 years	6	6	12	3	1	4	2	1	3	1	2	3	–	2	2
10–14 years	16	9	25	–	–	–	6	8	14	8	1	9	2	–	2
15–19 years	47	15	62	1	4	5	12	2	14	31	9	40	3	–	3
20–24 years	43	21	64	–	1	1	6	3	9	32	15	47	5	2	7
25–29 years	15	15	30	–	–	–	3	2	5	11	12	23	1	1	2
30–34 years	4	6	10	–	–	–	3	–	3	1	5	6	–	1	1
35–39 years	3	11	14	1	–	1	–	2	2	2	6	8	–	3	3
40–44 years	1	7	8	–	–	–	1	1	2	–	3	3	–	3	3
45 years and over	3	5	8	–	1	1	1	1	2	2	2	4	–	1	1
Total	140	97	237	6	9	15	34	20	54	89	55	144	11	13	24

TABLE 269. — *Age at Discharge of Patients Discharged from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	33	83	–	–	–	–	–	–	4	1	5	12	4	16	23	10	33	7	7	14	2	2	4	1	3	4	–	3	3	1	3	4
Mongolism	2	2	4	–	–	–	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With developmental cranial anomalies	–	2	2	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	5	2	7	1	–	1	1	–	1	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Post-infectional	9	5	14	–	–	–	1	–	1	2	3	5	3	1	4	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	4	–	4	–	–	–	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	1	1	2	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	3	4	7	1	–	1	–	1	1	–	–	–	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With endocrine disorders	2	1	3	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	59	39	98	–	1	1	2	3	5	5	4	9	24	5	29	17	6	23	7	5	12	2	4	6	1	7	8	–	2	2	1	2	3
Other forms	4	8	12	–	–	–	–	–	–	2	–	2	–	2	2	1	1	2	–	3	3	–	–	–	1	1	2	–	1	1	–	–	–
Total	140	97	237	2	2	4	6	6	12	16	9	25	47	15	62	43	21	64	15	15	30	4	6	10	3	11	14	1	7	8	3	5	8

TABLE 270. — *Intelligence Quotient of Patients Discharged from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-.09			I.Q. .10-.19			I.Q. .20-.29			I.Q. .30-.39			I.Q. .40-.49			I.Q. .50-.59			I.Q. .60-.69			I.Q. .70-.79			I.Q. .80-.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	33	83	–	–	–	–	1	1	–	–	–	2	1	3	6	2	8	21	6	27	13	7	20	7	11	18	1	5	6
Mongolism	2	2	4	–	–	–	1	1	2	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	–	2	2	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	5	2	7	–	–	–	1	–	1	–	–	–	1	–	1	1	1	2	2	1	3	–	–	–	–	–	–	–	–	–
Post-infectional	9	5	14	–	–	–	1	–	1	–	–	–	–	1	1	2	2	4	4	–	4	1	2	3	1	–	1	–	–	–
Post-traumatic — natal	4	–	4	–	–	–	–	–	–	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	1	1	2	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	3	4	7	–	1	1	–	–	–	1	1	2	–	–	–	1	–	1	–	1	1	1	1	2	–	–	–	–	–	–
With endocrine disorders	2	1	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Undifferentiated	59	39	98	–	–	–	–	1	1	3	2	5	2	3	5	12	3	15	20	8	28	12	6	18	9	13	22	1	3	4
Other forms	4	8	12	–	–	–	–	–	–	1	3	4	–	1	1	–	1	1	2	1	3	1	1	2	–	1	1	–	–	–
Total	140	97	237	–	3	3	3	4	7	9	6	15	7	7	14	24	9	33	50	17	67	28	18	46	17	25	42	2	8	10

TABLE 271. — *Capability on Discharge of All Patients Discharged from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	33	83	13	13	26	26	11	37	11	9	20
Mongolism	2	2	4	–	–	–	–	–	–	2	2	4
With developmental cranial anomalies	–	2	2	–	–	–	–	–	–	–	2	2
With congenital cerebral spastic infantile paralyses	5	2	7	–	–	–	–	–	–	5	2	7
Post-infectional	9	5	14	1	–	1	3	–	3	5	5	10
Post-traumatic — natal	4	–	4	–	–	–	–	–	–	4	–	4
Post-traumatic — post-natal	1	1	2	–	–	–	–	–	–	1	1	2
With epilepsy — symptomatic	1	–	1	–	–	–	–	–	–	1	–	1
With epilepsy — idiopathic	3	4	7	–	–	–	1	1	2	2	3	5
With endocrine disorders	2	1	3	–	–	–	1	1	2	1	–	1
Undifferentiated	59	39	98	18	15	33	22	9	31	19	15	34
Other forms	4	8	12	–	–	–	–	1	1	4	7	11
Total	140	97	237	32	28	60	53	23	76	55	46	101

TABLE 272. — *Times Out on Visit during THIS Admission, Patients Discharged from State Schools, 1936, by School and Sex*

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT																																						
	TOTAL DISCHARGED			NONE			ONE			TWO			THREE			FOUR			FIVE			SIX			SEVEN			EIGHT			NINE			TEN			ELEVEN PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	46	35	81	8	5	13	8	5	13	7	4	11	5	8	13	7	4	11	4	–	4	1	4	5	2	2	4	1	–	1	2	–	2	–	–	–	1	3	4
W. E. Fernald	53	17	70	6	3	9	6	4	10	8	–	8	9	1	10	3	1	4	6	–	6	5	1	6	1	–	1	–	1	1	2	1	3	5	1	6	2	4	6
Wrentham	41	45	86	3	6	9	12	18	30	7	4	11	7	1	8	4	7	11	–	1	1	3	2	5	–	2	2	–	–	–	2	–	2	1	2	3	2	2	4
Total	140	97	237	17	14	31	26	27	53	22	8	30	21	10	31	14	12	26	10	1	11	9	7	16	3	4	7	1	1	2	6	1	7	6	3	9	5	9	14

TABLE 273. — *Length of School Residence during THIS Admission, Patients Discharged from State Schools, 1936, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE	NET TIME IN RESIDENCE															TIME OUT														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 3 months	12	2	14	1	1	2	4	–	4	6	1	7	1	–	1	17	10	27	2	–	2	5	5	10	9	5	14	1	–	1
3– 5 months	6	8	14	1	3	4	2	2	4	3	1	4	–	2	2	4	3	7	–	–	–	2	1	3	1	2	3	1	–	1
6– 8 months	2	3	5	–	–	–	–	–	–	1	3	4	1	–	1	4	1	5	–	–	–	2	–	2	2	–	2	–	1	1
9–11 months	2	1	3	–	1	1	–	–	–	2	–	2	–	–	–	4	4	8	–	–	–	1	1	2	3	2	5	–	1	1
1 year	12	11	23	2	–	2	4	6	10	4	5	9	2	–	2	66	35	101	1	4	5	12	6	18	48	25	73	5	–	5
2 years	12	10	22	–	1	1	4	3	7	6	5	11	2	1	3	8	4	12	–	–	–	2	–	2	4	4	8	2	–	2
3 years	14	11	25	–	–	–	3	–	3	11	9	20	–	2	2	8	2	10	–	–	–	2	–	2	6	1	7	–	1	1
4 years	16	8	24	–	1	1	3	2	5	12	4	16	1	1	2	2	4	6	–	–	–	1	–	1	1	3	4	–	1	1
5– 9 years	40	24	64	1	–	1	7	2	9	30	19	49	2	3	5	8	11	19	–	–	–	–	1	1	7	6	13	1	4	5
10–14 years	18	13	31	–	–	–	6	4	10	10	5	15	2	4	6	1	6	7	–	–	–	1	–	1	–	3	3	–	3	3
15–19 years	4	4	8	1	1	2	–	1	1	3	2	5	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
20–24 years	2	2	4	–	1	1	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	140	97	237	6	9	15	34	20	54	89	55	144	11	13	24	123	80	203	3	4	7	28	14	42	82	51	133	10	11	21

TABLE 274. — *Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR			2 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	33	83	1	–	1	–	–	–	1	–	1	–	–	–	2	1	3	3	3	6
Mongolism	2	2	4	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
With developmental cranial anomalies	–	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	5	2	7	2	–	2	–	–	–	–	1	1	1	–	1	1	1	2	–	–	–
Post-infectional	9	5	14	–	–	–	1	1	2	–	–	–	–	–	–	1	2	3	1	1	2
Post-traumatic — natal	4	–	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic— post-natal	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With epilepsy — idiopathic	3	4	7	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
With endocrine disorders	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–
Undifferentiated	59	39	98	7	2	9	4	2	6	1	1	2	1	–	1	5	5	10	8	4	12
Other forms	4	8	12	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	–	1	1
Total	140	97	237	12	2	14	6	8	14	2	3	5	2	1	3	12	11	23	12	10	22

TABLE 274. — *Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1936, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	3 YEARS			4 YEARS			5–9 YEARS			10-14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	7	11	6	4	10	23	12	35	8	3	11	1	2	3	1	1	2
Mongolism	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With developmental cranial anomalies	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Post-infectional	3	–	3	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	–	–	–	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
Post-traumatic — post-natal	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	–	–	–	–	–	–	1	–	1	1	1	2	–	1	1	–	–	–
With endocrine disorders	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Undifferentiated	7	4	11	5	2	7	12	10	22	6	7	13	2	1	3	1	1	2
Other forms	–	–	–	1	1	2	1	2	3	–	2	2	1	–	1	–	–	–
Total	14	11	25	16	8	24	40	24	64	18	13	31	4	4	8	2	2	4

TABLE 275. — *Mental Status of Deaths in State Schools, 1936, by Age at Death and Sex*

AGE AT DEATH	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	2	5	1	1	2	2	–	2	–	1	1
5– 9 years	4	3	7	3	–	3	1	3	4	–	–	–
10–14 years	9	4	13	5	2	7	3	1	4	1	1	2
15–19 years	5	–	5	3	–	3	2	–	2	–	–	–
20–24 years	3	2	5	3	2	5	–	–	–	–	–	–
25–29 years	6	4	10	2	1	3	2	3	5	2	–	2
30–34 years	3	1	4	1	1	2	2	–	2	–	–	–
35–39 years	2	3	5	1	1	2	1	1	2	–	1	1
40–44 years	–	1	1	–	–	–	–	–	–	–	1	1
45–49 years	–	4	4	–	1	1	–	1	1	–	2	2
50–54 years	1	2	3	–	–	–	1	1	2	–	1	1
55 years and over	3	–	3	1	–	1	2	–	2	–	–	–
Total	39	26	65	20	9	29	16	10	26	3	7	10

Table 276. — *Clinical Diagnoses of Deaths in State Schools, 1936, by Age at Death and Sex*

Clinical Diagnoses	Total			Under 5 Years			5–9 Years			10–14 Years			15–19 Years			20–24 Years			25–29 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	2	6	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1
Mongolism	5	3	8	–	1	1	2	1	3	1	–	1	2	–	2	–	–	–	–	1	1
With developmental cranial anomalies	5	1	6	1	–	1	–	1	1	1	–	1	1	–	1	–	–	–	1	–	1
With congenital cerebral spastic infantile paralyses	4	4	8	–	1	1	–	–	–	–	1	1	2	–	2	–	1	1	2	1	3
Post-infectional	3	3	6	–	–	–	–	1	1	1	1	2	–	–	–	–	1	1	1	–	1
Post-traumatic — natal	2	–	2	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	3	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With endocrine disorders	2	1	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With other organic nervous disease	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Undifferentiated	12	3	15	2	–	2	2	–	2	1	1	2	–	–	–	2	–	2	1	1	2
Other forms	1	6	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total	39	26	65	3	2	5	4	3	7	9	4	13	5	–	5	3	2	5	6	4	10

Clinical Diagnoses	30–34 Years			35–39 Years			40–44 Years			45–49 Years			50–54 Years			55 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	–	–	–	1	–	1	–	–	–	–	2	2	–	–	–	–	–	–
Mongolism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Post-traumatic — natal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
With endocrine disorders	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
With other organic nervous disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	2	–	2
Other forms	–	1	1	–	2	2	–	–	–	–	–	–	1	2	3	–	–	–
Total	3	1	4	2	3	5	–	1	1	–	4	4	1	2	3	3	–	3

TABLE 277. — *Intelligence Quotient of Deaths in State Schools, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	2	6	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–
Mongolism	5	3	8	1	–	1	1	–	1	2	2	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With developmental cranial anomalies	5	1	6	3	–	3	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	4	4	8	2	2	4	1	2	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Post-infectional	3	3	6	–	1	1	1	–	1	–	1	1	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	3	3	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With endocrine disorders	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
With other organic nervous disease	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	12	3	15	2	–	2	4	–	4	2	–	2	2	1	3	2	1	3	–	1	1	–	–	–	–	–	–	–	–	–
Other forms	1	6	7	–	1	1	–	1	1	–	–	–	–	–	–	1	2	3	–	1	1	–	1	1	–	–	–	–	–	–
Total	39	26	65	12	5	17	8	4	12	5	3	8	5	2	7	6	5	11	3	3	6	–	2	2	–	1	1	–	1	1

TABLE 278. — *Length of School Residence during All Admissions, Deaths in State Schools, 1936, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 3 months	3	–	3	2	–	2	1	–	1	–	–	–
3– 5 months	3	2	5	1	1	2	2	1	3	–	–	–
6– 8 months	2	1	3	–	–	–	1	–	1	1	1	2
9–11 months	2	–	2	–	–	–	2	–	2	–	–	–
1 year	2	1	3	1	1	2	1	–	1	–	–	–
2 years	4	2	6	3	–	3	1	2	3	–	–	–
3 years	1	1	2	1	–	1	–	1	1	–	–	–
4 years	1	–	1	–	–	–	1	–	1	–	–	–
5– 9 years	4	5	9	3	3	6	1	–	1	–	2	2
10–14 years	6	6	12	4	1	5	1	4	5	1	1	2
15–19 years	4	2	6	2	–	2	1	2	3	1	–	1
20–24 years	1	–	1	–	–	–	1	–	1	–	–	–
25–29 years	2	5	7	2	3	5	–	–	–	–	2	2
30–34 years	–	1	1	–	–	–	–	–	–	–	1	1
35 years and over	4	–	4	1	–	1	3	–	3	–	–	–
Total	39	26	65	20	9	29	16	10	26	3	7	10

TABLE 279. — *Causes of Death of Patients who Died in State Schools, 1936, by Mental Status and Sex*

CAUSES OF DEATH	TOTAL			IDIOT			IMBECILE			MORON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:												
Tuberculosis of the respiratory system	5	7	12	2	–	2	2	5	7	1	2	3
Purulent infection, septicaemia (non-puerperal)	1	1	2	1	1	2	–	–	–	–	–	–
Cancers and Other Tumors:												
Cancer and other malignant tumors	1	1	2	–	–	–	1	1	2	–	–	–
Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:												
Diabetes mellitus	–	1	1	–	–	–	–	–	–	–	1	1
Other general diseases	1	–	1	1	–	1	–	–	–	–	–	–
Diseases of the Nervous System and of the Organs of Special Sense:												
Other diseases of the spinal cord	4	–	4	4	–	4	–	–	–	–	–	–
Epilepsy	1	1	2	1	1	2	–	–	–	–	–	–
Diseases of the ear and of the mastoid process	1	–	1	–	–	–	–	–	–	1	–	1
Diseases of the Circulatory System:												
Endocarditis	–	2	2	–	–	–	–	–	–	–	2	2
Myocarditis	–	2	2	–	2	2	–	–	–	–	–	–
Other diseases of the heart	1	–	1	1	–	1	–	–	–	–	–	–
Diseases of the Respiratory System:												
Bronchopneumonia (including capillary bronchitis)	6	2	8	3	1	4	3	1	4	–	–	–
Lobar pneumonia	4	1	5	2	–	2	1	1	2	1	–	1
Diseases of the Digestive System:												
Diseases of the pharynx and tonsils	1	–	1	1	–	1	–	–	–	–	–	–
Ulcer of the stomach and duodenum	1	1	2	–	1	1	1	–	1	–	–	–
Other diseases of the stomach (cancer excepted)	1	–	1	–	–	–	1	–	1	–	–	–
Diarrhea and enteritis	1	1	2	1	1	2	–	–	–	–	–	–
Hernia, intestinal obstruction	–	1	1	–	–	–	–	1	1	–	–	–
Diseases of the Genito-Urinary System:												
Nephritis	–	1	1	–	–	–	–	–	–	–	1	1
Diseases of the Bones and Organs of Locomotion:												
Diseases of the joints (tuberculosis and rheumatism excepted)	1	–	1	–	–	–	1	–	1	–	–	–
Diseases of other organs of locomotion	–	1	1	–	–	–	–	1	1	–	–	–
Congenital Malformations:												
Congenital malformations (still-births not included)	7	1	8	3	–	3	4	–	4	–	1	1
Diseases of Early Infancy:	–	2	2	–	2	2	–	–	–	–	–	–
Violent and Accidental Deaths:												
Accidental traumatism by fall	2	–	2	–	–	–	2	–	2	–	–	–
Total	39	26	65	20	9	29	16	10	26	3	7	10

TABLE 280. — *Admission Age and Present Age of Patients Resident in State Schools on September 30, 1936, by School and Sex*

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	163	143	306	31	42	73	33	24	57	11	9	20
5– 9 years	910	581	1,491	210	181	391	146	94	240	39	34	73
10–14 years	800	725	1,525	519	328	847	151	179	330	86	65	151
15–19 years	366	595	961	551	464	1,015	101	208	309	139	156	295
20–24 years	108	290	398	330	468	798	56	94	150	80	161	241
25–29 years	49	143	192	269	340	609	26	65	91	57	105	162
30–34 years	21	90	111	166	266	432	12	31	43	45	67	112
35–39 years	22	57	79	140	207	347	9	29	38	38	63	101
40–44 years	9	25	34	94	146	240	6	18	24	31	40	71
45–49 years	6	13	19	64	117	181	4	8	12	5	28	33
50–54 years	4	8	12	41	51	92	2	5	7	7	14	21
55–59 years	3	2	5	28	30	58	2	2	4	4	4	8
60–64 years	–	–	–	15	21	36	–	–	–	5	7	12
65–69 years	–	–	–	3	6	9	–	–	–	1	2	3
70 years and over	–	–	–	–	5	5	–	–	–	–	2	2
Total	2,461	2,672	5,133	2,461	2,672	5,133	548	757	1,305	548	757	1,305
Average Age	12.24	15.74	14.06	22.43	25.54	24.05	15.02	18.74	17.17	23.04	25.88	24.68

TABLE 280. — *Admission Age and Present Age of Patients Resident in State Schools on September 30, 1936, by School and Sex* — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	25	58	1	1	2	97	94	191	19	32	51
5– 9 years	402	212	614	45	48	93	362	275	637	126	99	225
10–14 years	419	222	641	201	100	301	230	324	554	232	163	395
15–19 years	146	166	312	238	155	393	119	221	340	174	153	327
20–24 years	31	85	116	146	121	267	21	111	132	104	186	290
25–29 years	15	42	57	122	89	211	8	36	44	90	146	236
30–34 years	7	34	41	75	69	144	2	25	27	46	130	176
35–39 years	10	13	23	71	52	123	3	15	18	31	92	123
40–44 years	–	5	5	51	52	103	3	2	5	12	54	66
45–49 years	2	3	5	53	54	107	–	2	2	6	35	41
50–54 years	2	1	3	31	29	60	–	2	2	3	8	11
55–59 years	–	–	–	21	19	40	1	–	1	3	7	10
60–64 years	–	–	–	10	12	22	–	–	–	–	2	2
65–69 years	–	–	–	2	4	6	–	–	–	–	–	–
70 years and over	–	–	–	–	3	3	–	–	–	–	–	–
Total	1,067	808	1,875	1,067	808	1,875	846	1,107	1,953	846	1,107	1,953
Average Age	12.02	15.37	13.47	25.34	27.62	26.32	10.71	13.96	12.55	18.26	23.80	21.45

TABLE 281. — *Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1936, by School and Sex*

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	4	–	4	4	–	4	–	–	–	–	–	–
5– 9 years	43	16	59	8	4	12	4	2	6	–	–	–
10–14 years	96	54	150	12	6	18	15	9	24	–	–	–
15–19 years	40	115	155	42	22	64	16	40	56	10	7	17
20–24 years	8	51	59	52	46	98	6	19	25	14	16	30
25–29 years	3	19	22	41	64	105	2	7	9	9	27	36
30–34 years	1	8	9	23	48	71	–	6	6	6	19	25
35–39 years	–	3	3	12	29	41	–	1	1	3	6	9
40–44 years	1	2	3	1	34	35	–	–	–	1	9	10
45–49 years	–	–	–	–	5	5	–	–	–	–	–	–
50–54 years	–	–	–	–	6	6	–	–	–	–	–	–
55–59 years	–	–	–	1	2	3	–	–	–	–	–	–
65–69 years	–	–	–	–	1	1	–	–	–	–	–	–
70 years and over	–	–	–	–	1	1	–	–	–	–	–	–
Total	196	268	464	196	268	464	43	84	127	43	84	127
Average Age	13.13	18.41	16.18	23.23	30.54	27.45	15.98	20.00	18.64	25.29	29.16	27.85

NOTE: — No cases in Age Group 60–64 Years.

TABLE 281. — *Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1936, by School and Sex* — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	–	–	–	–	–	–	4	–	4	4	–	4
5– 9 years	12	3	15	1	–	1	27	11	38	7	4	11
10–14 years	41	14	55	3	–	3	40	31	71	9	6	15
15–19 years	10	29	39	18	5	23	14	46	60	14	10	24
20–24 years	–	20	20	21	8	29	2	12	14	17	22	39
25–29 years	–	7	7	16	23	39	1	5	6	16	14	30
30–34 years	1	1	2	4	8	12	–	1	1	13	21	34
35–39 years	–	1	1	1	5	6	–	1	1	8	18	26
40–44 years	1	2	3	–	15	15	–	–	–	–	10	10
45–49 years	–	–	–	–	4	4	–	–	–	–	1	1
50–54 years	–	–	–	–	5	5	–	–	–	–	1	1
55–59 years	–	–	–	1	2	3	–	–	–	–	–	–
65–69 years	–	–	–	–	1	1	–	–	–	–	–	–
70 years and over	–	–	–	–	1	1	–	–	–	–	–	–
Total	65	77	142	65	77	142	88	107	195	88	107	195
Average Age	13.11	19.51	16.58	23.03	34.97	29.51	11.75	16.37	14.28	22.37	28.43	25.70

NOTE: — No cases in Age Groups 60–64 Years.

TABLE 282. — *Intelligence Quotient of Patients Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89			I.Q. .90 and OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	619	950	1,569	15	8	23	28	28	56	45	46	91	78	88	166	129	200	329	158	273	431	127	212	339	34	88	122	5	7	12	–	–	–
Mongolism	132	131	263	8	5	13	38	26	64	47	46	93	27	37	64	10	15	25	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	72	56	128	9	16	25	8	9	17	17	8	25	13	8	21	13	7	20	7	4	11	5	4	9	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	96	94	190	15	15	30	11	14	25	19	20	39	18	13	31	12	16	28	8	11	19	10	3	13	3	2	5	–	–	–	–	–	–
Post-infectional	129	130	259	6	7	13	14	15	29	16	14	30	18	14	32	17	21	38	26	28	54	19	19	38	13	9	22	–	1	1	–	2	2
Post-traumatic — natal	62	49	111	10	4	14	14	8	22	8	14	22	8	8	16	4	4	8	7	7	14	6	3	9	4	1	5	–	–	–	1	–	1
Post-traumatic — post-natal	13	18	31	1	–	1	2	2	4	1	4	5	1	3	4	–	4	4	6	1	7	–	4	4	2	–	2	–	–	–	–	–	–
With epilepsy — symptomatic	6	15	21	1	1	2	2	2	4	1	4	5	1	1	2	–	4	4	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–
With epilepsy — idiopathic	50	56	106	10	18	28	12	14	26	7	5	12	6	9	15	6	5	11	6	3	9	2	2	4	1	–	1	–	–	–	–	–	–
With endocrine disorders	30	36	66	1	1	2	3	6	9	5	8	13	4	7	11	7	5	12	5	6	11	4	2	6	1	1	2	–	–	–	–	–	–
With familial amaurosis	8	4	12	1	1	2	–	–	–	1	–	1	–	2	2	3	–	3	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–
With tuberous sclerosis	3	–	3	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	9	5	14	–	–	–	–	–	–	1	–	1	–	–	–	1	2	3	3	1	4	3	1	4	1	1	2	–	–	–	–	–	–
Undifferentiated	1,071	978	2,049	52	33	85	108	68	176	120	102	222	161	112	273	254	186	440	193	216	409	128	174	302	43	78	121	11	8	19	1	1	2
Other forms	161	150	311	5	12	17	18	16	34	18	22	40	34	18	52	34	29	63	25	26	51	14	17	31	12	8	20	1	1	2	–	1	1
Total	2,461	2,672	5,133	136	121	257	259	208	467	306	293	599	369	320	689	490	498	988	449	581	1,030	319	441	760	114	189	303	17	17	34	2	4	6

TABLE 283. — *Population of Place of Residence at Time of Admission of Patients Resident in State Schools on September 30, 1936, by Mental Status and Sex*

MENTAL STATUS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	393	336	729	16	20	36	46	35	81	62	39	101	47	42	89	34	35	69	109	69	178	78	94	172	1	2	3
Imbecile	1,077	1,060	2,137	63	64	127	137	140	277	168	156	324	124	120	244	104	90	194	221	234	455	256	253	509	4	3	7
Moron	930	1,211	2,141	65	103	168	119	204	323	153	213	366	120	92	212	65	95	160	198	298	496	207	202	409	3	4	7
Not Mentally Defective	61	65	126	9	1	10	14	14	28	4	13	17	5	5	10	7	2	9	10	16	26	12	14	26	–	–	–
Total	2,461	2,672	5,133	153	188	341	316	393	709	387	421	808	296	259	555	210	222	432	538	617	1,155	553	563	1,116	8	9	17

NOTE: — No cases in population group 250,000–499,999.

TABLE 284. — *Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 3 MO.			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	619	950	1,569	16	16	32	8	19	27	1	7	8	13	21	34	42	52	94	49	62	111	57	47	104	27	57	84
Mongolism	132	131	263	15	9	24	1	6	7	3	2	5	6	2	8	18	19	37	14	21	35	11	16	27	3	2	5
With developmental cranial anomalies	72	56	128	3	4	7	1	3	4	1	–	1	1	1	2	7	10	17	13	8	21	4	5	9	1	–	1
With congenital cerebral spastic infantile paralyses	96	94	190	3	3	6	2	1	3	2	2	4	2	1	3	7	9	16	7	6	13	5	8	13	2	3	5
Post-infectional	129	130	259	7	3	10	1	–	1	–	–	–	7	–	7	9	7	16	9	18	27	5	8	13	10	16	26
Post-traumatic — natal	62	49	111	–	–	–	1	1	2	–	1	1	1	1	2	7	5	12	8	4	12	4	5	9	4	4	8
Post-traumatic—post-natal	13	18	31	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	4	–	4	2	1	3	–	–	–
With epilepsy — symptomatic	6	15	21	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	1	1	1	–	1	–	1	1
With epilepsy — idiopathic	50	56	106	–	–	–	–	1	1	–	–	–	1	–	1	1	1	2	4	4	8	4	4	8	2	3	5
With endocrine disorders	30	36	66	2	–	2	1	–	1	–	–	–	1	2	3	3	3	6	4	7	11	3	5	8	–	2	2
With familial amaurosis	8	4	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–	–	–	–
With tuberous sclerosis	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With other organic nervous disease	9	5	14	–	–	–	–	–	–	1	–	1	–	–	–	4	–	4	1	–	1	1	1	2	1	–	1
Undifferentiated	1,071	978	2,049	45	38	83	15	27	42	23	11	34	25	24	49	60	54	114	58	64	122	82	69	151	53	57	110
Other forms	161	150	311	2	4	6	–	–	–	4	1	5	2	2	4	3	6	9	7	13	20	15	11	26	5	2	7
Total	2,461	2,672	5,133	93	77	170	30	58	88	35	24	59	59	54	113	164	168	332	180	210	390	194	180	374	108	147	255

TABLE 284. — *Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	202	247	449	141	256	397	36	72	108	14	61	75	12	25	37	–	4	4	–	2	2	1	2	3
Mongolism	28	25	53	25	21	46	3	7	10	2	–	2	–	1	1	1	–	1	2	–	2	–	–	–
With developmental cranial anomalies	14	13	27	11	4	15	7	–	7	4	1	5	4	4	8	–	2	2	1	1	2	–	–	–
With congenital cerebral spastic infantile paralyses	11	12	23	19	26	45	11	6	17	13	4	17	3	9	12	6	1	7	3	1	4	–	2	2
Post-infectional	31	20	51	26	29	55	3	9	12	9	4	13	9	8	17	1	2	3	2	6	8	–	–	–
Post-traumatic — natal	18	7	25	8	11	19	6	5	11	2	2	4	2	1	3	1	1	2	–	1	1	–	–	–
Post-traumatic — post-natal	4	3	7	–	3	3	–	3	3	1	2	3	–	1	1	–	1	1	–	1	1	–	2	2
With epilepsy — symptomatic	–	4	4	1	3	4	1	1	2	–	2	2	–	1	1	–	1	1	1	–	1	1	–	1
With epilepsy — idiopathic	19	10	29	12	9	21	3	11	14	2	6	8	–	5	5	2	–	2	–	1	1	–	1	1
With endocrine disorders	5	3	8	5	6	11	1	4	5	1	–	1	–	2	2	2	2	4	–	–	–	2	–	2
With familial amaurosis	1	1	2	1	1	2	1	–	1	1	–	1	2	–	2	1	–	1	–	–	–	–	–	–
With tuberous sclerosis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	1	–	1	–	2	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	218	229	447	209	174	383	84	86	170	80	89	169	56	39	95	28	8	36	22	6	28	13	3	16
Other forms	29	25	54	32	29	61	14	20	34	13	9	22	12	8	20	12	4	16	5	6	11	6	10	16
Total	582	599	1,181	491	574	1,065	170	225	395	142	180	322	100	105	205	54	26	80	36	25	61	23	20	43

TABLE 285. — *Length of School Residence during THIS Admission, Patients Resident in State Schools on September 30, 1936, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	TOTAL			UNDER 3 MO.			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–.09	136	121	257	4	5	9	2	–	2	1	–	1	2	1	3	4	6	10	6	12	18	3	4	7	5	4	9
.10–.19	259	208	467	5	5	10	2	5	7	1	1	2	2	2	4	12	16	28	11	11	22	21	15	36	9	4	13
.20–.29	306	293	599	10	8	18	2	8	10	3	3	6	6	2	8	20	10	30	16	33	49	27	22	49	10	9	19
.30–.39	369	320	689	14	10	24	1	7	8	7	3	10	7	4	11	25	24	49	31	25	56	28	19	47	8	7	15
.40–.49	490	498	988	25	8	33	4	6	10	6	1	7	9	10	19	22	22	44	29	36	65	26	28	54	22	27	49
.50–.59	449	581	1,030	10	16	26	6	8	14	4	3	7	8	18	26	35	40	75	45	42	87	42	41	83	27	42	69
.60–.69	319	441	760	17	17	34	11	16	27	8	7	15	13	11	24	36	29	65	31	35	66	35	38	73	22	36	58
.70–.79	114	189	303	8	7	15	1	8	9	4	6	10	12	6	18	10	18	28	11	14	25	10	13	23	5	18	23
.80–.89	17	17	34	–	1	1	1	–	1	1	–	1	–	–	–	–	3	3	–	2	2	2	–	2	–	–	–
.90 and over	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2,461	2,672	5,133	93	77	170	30	58	88	35	24	59	59	54	113	164	168	332	180	210	390	194	180	374	108	147	255

TABLE 285. — *Length of School Residence during THIS Admission, Patients Resident in State Schools on September 30, 1936, by Intelligence Quotient and Sex* — Concluded

INTELLIGENCE QUOTIENT	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
.0-.09	37	19	56	38	25	63	15	20	35	9	12	21	7	7	14	1	1	2	–	4	4	2	1	3
.10-.19	71	47	118	61	54	115	20	16	36	22	15	37	9	8	17	6	4	10	5	3	8	2	2	4
.20-.29	57	60	117	64	67	131	21	27	48	25	18	43	16	16	32	17	5	22	8	4	12	4	1	5
.30-.39	57	60	117	85	74	159	36	39	75	23	19	42	18	15	33	16	5	21	8	2	10	5	7	12
.40-.49	109	104	213	106	111	217	41	43	84	35	48	83	30	30	60	8	9	17	13	8	21	5	7	12
.50-.59	125	142	267	87	125	212	21	42	63	16	41	57	13	16	29	4	2	6	1	1	2	5	2	7
.60-.69	86	119	205	39	75	114	7	29	36	6	19	25	5	8	13	2	–	2	1	2	3	–	–	–
.70-.79	34	44	78	7	37	44	6	8	14	5	7	12	1	3	4	–	–	–	–	–	–	–	–	–
.80-.89	6	3	9	3	5	8	3	1	4	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–
.90 and over	–	1	1	1	1	2	–	–	–	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–
Total	582	599	1,181	491	574	1,065	170	225	395	142	180	322	100	105	205	54	26	80	36	25	61	23	20	43

TABLE 286. — *Color in Cases Resident in State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK[1]			MULATTO[2]			OTHERS[3]		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	619	950	1,569	603	931	1,534	9	12	21	5	5	10	2	2	4
Mongolism	132	131	263	130	131	261	2	–	2	–	–	–	–	–	–
With developmental cranial anomalies	72	56	128	71	56	127	1	–	1	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	96	94	190	94	93	187	2	1	3	–	–	–	–	–	–
Post-infectional	129	130	259	127	126	253	2	2	4	–	2	2	–	–	–
Post-traumatic — natal	62	49	111	61	49	110	1	–	1	–	–	–	–	–	–
Post-traumatic — post-natal	13	18	31	13	16	29	–	2	2	–	–	–	–	–	–
With epilepsy — symptomatic	6	15	21	6	15	21	–	–	–	–	–	–	–	–	–
With epilespy — idiopathic	50	56	106	49	55	104	1	1	2	–	–	–	–	–	–
With endocrine disorders	30	36	66	29	36	65	–	–	–	–	–	–	1	–	1
With familial amaurosis	8	4	12	8	4	12	–	–	–	–	–	–	–	–	–
With tuberous sclerosis	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–
With other organic nervous disease	9	5	14	8	5	13	1	–	1	–	–	–	–	–	–
Undifferentiated	1,071	978	2,049	1,038	944	1,982	23	16	39	9	17	26	1	1	2
Other forms	161	150	311	158	149	307	2	1	3	1	–	1	–	–	–
Total	2,461	2,672	5,133	2,398	2,610	5,008	44	35	79	15	24	39	4	3	7

[1] Includes African black.

[2] Includes part black or mulatto (African).

[3] Includes Portuguese Brava and all others.

NOTE: — There were no "Yellow" cases during 1936.

TABLE 287. — *Color in Cases Out (Visit, Parole, etc.) of State Schools on September 30, 1936, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK[1]			MULATTO[2]		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	78	129	207	74	124	198	2	2	4	2	3	5
Mongolism	4	2	6	4	2	6	–	–	–	–	–	–
With developmental cranial anomalies	1	2	3	1	2	3	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	5	2	7	5	2	7	–	–	–	–	–	–
Post-infectional	6	8	14	6	8	14	–	–	–	–	–	–
Post-traumatic — natal	4	1	5	4	1	5	–	–	–	–	–	–
With epilepsy — symptomatic	1	–	1	1	–	1	–	–	–	–	–	–
With epilepsy — idiopathic	2	4	6	2	4	6	–	–	–	–	–	–
With endocrine disorders	–	4	4	–	4	4	–	–	–	–	–	–
Undifferentiated	90	103	193	85	102	187	3	–	3	2	1	3
Other forms	5	13	18	5	12	17	–	–	–	–	1	1
Total	196	268	464	187	261	448	5	2	7	4	5	9

[1] Includes African black.

[2] Includes part black or mulatto (African).

NOTE: — There were no cases recorded under "Yellow" or "Others."

TABLE 288. — *Clinical Diagnoses of Admissions, Discharges, and Deaths during 1936, Resident Population and Patients Out of State Schools on September 30, 1936, by Sex*

CLINICAL DIAGNOSES	ALL ADMISSIONS[1]			ALL DISCHARGES[1]			ALL DEATHS			ALL CASES IN RESIDENCE			ALL CASES OUT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	39	63	102	50	33	83	4	2	6	619	950	1,569	78	129	207
Mongolism	29	19	48	2	2	4	5	3	8	132	131	263	4	2	6
With developmental cranial anomalies	6	8	14	–	2	2	5	1	6	72	56	128	1	2	3
With congenital cerebral spastic infantile paralyses	10	9	19	5	2	7	4	4	8	96	94	190	5	2	7
Post-infectional	15	3	18	9	5	14	3	3	6	129	130	259	6	8	14
Post-traumatic — natal	2	3	5	4	–	4	2	–	2	62	49	111	4	1	5
Post-traumatic — post-natal	–	–	–	1	1	2	–	–	–	13	18	31	–	–	–
With epilepsy — symptomatic	–	–	–	1	–	1	–	3	3	6	15	21	1	–	1
With epilepsy — idiopathic	2	2	4	3	4	7	–	–	–	50	56	106	2	4	6
With endocrine disorders	4	2	6	2	1	3	2	1	3	30	36	66	–	4	4
With familial amaurosis	–	–	–	–	–	–	–	–	–	8	4	12	–	–	–
With tuberous sclerosis	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–
With other organic nervous disease	1	–	1	–	–	–	1	–	1	9	5	14	–	–	–
Undifferentiated	117	107	224	59	39	98	12	3	15	1,071	978	2,049	90	103	193
Other forms	8	6	14	4	8	12	1	6	7	161	150	311	5	13	18
Total	233	222	455	140	97	237	39	26	65	2,461	2,672	5,133	196	268	464

[1] Transfers not included.

TABLE 289. — *Cases under Care and under Treatment during 1936, by Mental Status, Age and Sex; Discharge Rates per Thousand under Care and Death Rates per Thousand under Treatment*

Mental Status	Present Age Distribution																							
	Total			0–9 Years			10–19 Years			20–29 Years			30–39 Years			40–49 Years			50–59 Years			60 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot:																								
1. Resident Population	393	336	729	44	62	106	170	89	259	102	99	201	51	51	102	17	23	40	9	9	18	–	3	3
2. Patients Out	5	3	8	3	–	3	2	–	2	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–
3. All Discharges	6	9	15	4	3	7	1	4	5	–	1	1	1	–	1	–	1	1	–	–	–	–	–	–
4. All Deaths	20	9	29	4	1	5	8	2	10	5	3	8	2	2	4	–	1	1	1	–	1	–	–	–
5. Total under Care	424	357	781	55	66	121	181	95	276	107	105	212	54	53	107	17	25	42	10	10	20	–	3	3
6. Total under Treatment	419	354	773	52	66	118	179	95	274	107	103	210	54	53	107	17	25	42	10	9	19	–	3	3
7. Discharge Rates per 1,000 under Care	14	25	19	72	45	57	5	42	18	–	9	4	18	–	9	–	40	23	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	47	25	37	76	15	42	44	21	36	46	29	38	37	37	37	–	40	23	100	–	52	–	–	–
Imbecile:																								
1. Resident Population	1,077	1,060	2,137	106	98	204	350	291	641	282	279	561	169	191	360	109	128	237	49	52	101	12	21	33
2. Patients Out	48	38	86	8	4	12	18	9	27	10	12	22	11	8	19	–	3	3	1	1	2	–	1	1
3. All Discharges	34	20	54	2	1	3	18	10	28	9	5	14	3	2	5	1	1	2	1	–	1	–	1	1
4. All Deaths	16	10	26	3	3	6	5	1	6	2	3	5	3	1	4	–	1	1	2	1	3	1	–	1
5. Total under Care	1,175	1,128	2,303	119	106	225	391	311	702	303	299	602	186	202	388	110	133	243	53	54	107	13	23	36
6. Total under Treatment	1,127	1,090	2,217	111	102	213	373	302	675	293	287	580	175	194	369	110	130	240	52	53	105	13	22	35
7. Discharge Rates per 1,000 under Care	28	17	23	16	9	13	46	32	39	29	16	23	16	9	12	9	7	8	18	–	9	–	43	27
8. Death Rates per 1,000 under Treatment	14	9	11	27	29	28	13	3	8	6	10	8	17	5	10	–	7	4	38	18	28	76	–	28

Moron:																								
1. Resident Population	930	1,211	2,141	75	61	136	521	386	907	208	411	619	80	219	299	30	108	138	10	19	29	6	7	13
2. Patients Out	126	197	323	1	–	1	27	18	45	74	82	156	23	61	84	1	29	30	–	6	6	–	1	1
3. All Discharges	89	55	144	2	2	4	39	10	49	43	27	70	3	11	14	2	5	7	–	–	–	–	–	–
4. All Deaths	3	7	10	–	1	1	1	1	2	2	–	2	–	1	1	–	3	3	–	1	1	–	–	–
5. Total under Care	1,148	1,470	2,618	78	64	142	588	415	1,003	327	520	847	106	292	398	33	145	178	10	26	36	6	8	14
6. Total under Treatment	1,022	1,273	2,295	77	64	141	561	397	958	253	438	691	83	231	314	32	116	148	10	20	30	6	7	13
7. Discharge Rates per 1,000 under Care	77	37	55	25	31	28	66	24	48	131	51	82	28	37	35	60	34	39	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	2	5	4	–	15	7	1	2	2	7	–	2	–	4	3	–	25	20	–	50	33	–	–	–
Not Mentally Defective:																								
1. Resident Population	61	65	126	16	2	18	29	26	55	7	19	26	6	12	18	2	4	6	1	1	2	–	1	1
2. Patients Out	17	30	47	–	–	–	7	1	8	9	14	23	1	8	9	–	7	7	–	–	–	–	–	–
3. All Discharges	11	13	24	–	2	2	5	–	5	6	3	9	–	4	4	–	4	4	–	–	–	–	–	–
4. All Deaths	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Total under Care	89	108	197	16	4	20	41	27	68	22	36	58	7	24	31	2	15	17	1	1	2	–	1	1
6. Total under Treatment	72	78	150	16	4	20	34	26	60	13	22	35	6	16	22	2	8	10	1	1	2	–	1	1
7. Discharge Rates per 1,000 under Care	123	120	121	–	500	100	121	–	73	272	83	155	–	166	129	–	266	235	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total:																								
1. Resident Population	2,461	2,672	5,133	241	223	464	1,070	792	1,862	599	808	1,407	306	473	779	158	263	421	69	81	150	18	32	50
2. Patients Out	196	268	464	12	4	16	54	28	82	93	110	203	35	77	112	1	39	40	1	8	9	–	2	2
3. All Discharges	140	97	237	8	8	16	63	24	87	58	36	94	7	17	24	3	11	14	1	–	1	–	1	1
4. All Deaths	39	26	65	7	5	12	14	4	18	9	6	15	5	4	9	–	5	5	3	2	5	1	–	1
5. Total under Care	2,836	3,063	5,899	268	240	508	1,201	848	2,049	759	960	1,719	353	571	924	162	318	480	74	91	165	19	35	54
6. Total under Treatment	2,640	2,795	5,435	256	236	492	1,147	820	1,967	666	850	1,516	318	494	812	161	279	440	73	83	156	19	33	52
7. Discharge Rates per 1,000 under Care	49	31	40	29	33	31	52	28	42	76	37	54	19	29	25	18	34	29	13	–	6	–	28	18
8. Death Rates per 1,000 under Treatment	14	9	11	27	21	24	12	4	9	13	7	9	15	8	11	–	17	11	41	24	32	52	–	19

Total under Care includes resident population, patients out, all discharges and all deaths.
Total under Treatment includes resident population, all discharges and all deaths.

Table 290. — *City or Town and County of Residence of All Patients Admitted and All Patients Resident in State Schools on September 30, 1936, by Sex*

County and City or Town	All Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Barnstable						
Barnstable	–	–	–	7	3	10
Bourne	–	1	1	4	2	6
Chatham	–	–	–	–	2	2
Dennis	–	–	–	1	3	4
Eastham	–	–	–	1	–	1
Falmouth	–	2	2	1	7	8
Harwich	–	–	–	2	3	5
Mashpee	–	–	–	1	–	1
Orleans	1	–	1	1	1	2
Provincetown	–	–	–	2	4	6
Sandwich	–	–	–	–	6	6
Wellfleet	–	–	–	–	1	1
Yarmouth	–	–	–	1	1	2
Total	1	3	4	21	33	54
Berkshire						
Adams	3	2	5	9	5	14
Alford	–	–	–	–	1	1
Becket	–	–	–	1	1	2
Cheshire	–	–	–	1	2	3
Dalton	–	–	–	3	3	6
Egremont	–	1	1	–	1	1
Great Barrington	–	–	–	1	7	8
Hinsdale	–	–	–	1	1	2
Lanesborough	–	–	–	–	2	2
Lee	–	2	2	6	10	16
Lenox	–	–	–	–	1	1
North Adams	3	1	4	12	14	26
Otis	–	–	–	–	1	1
Peru	–	–	–	1	–	1
Pittsfield	2	2	4	21	28	49
Richmond	–	–	–	1	1	2
Sandisfield	–	–	–	–	2	2
Sheffield	–	–	–	2	6	8
Stockbridge	–	–	–	1	1	2
Washington	1	–	1	1	–	1
Williamstown	–	–	–	–	3	3
Total	9	8	17	61	90	151
Bristol						
Acushnet	–	–	–	7	4	11
Attleboro	3	1	4	15	9	24
Berkley	1	–	1	1	2	3
Dartmouth	–	–	–	1	2	3
Dighton	–	–	–	3	2	5
Easton	–	–	–	4	3	7
Fairhaven	–	1	1	5	7	12
Fall River	6	9	15	58	61	119
Freetown	–	–	–	4	–	4
Mansfield	–	1	1	6	3	9
New Bedford	8	8	16	49	67	116
North Attleborough	–	–	–	11	2	13
Norton	–	–	–	6	1	7
Raynham	–	1	1	–	3	3
Rehoboth	–	1	1	2	5	7
Seekonk	–	–	–	1	–	1
Somerset	–	–	–	–	1	1
Swansea	–	–	–	1	–	1
Taunton	1	3	4	16	18	34
Westport	–	–	–	–	3	3
Total	19	25	44	190	193	383
Dukes						
Oak Bluffs	–	–	–	1	1	2
Tisbury	–	–	–	–	2	2
Total	–	–	–	1	3	4
Essex						
Amesbury	–	2	2	9	6	15
Andover	–	1	1	5	6	11
Beverly	1	–	1	9	9	18
Boxford	–	–	–	–	2	2
Danvers	–	1	1	4	7	11
Essex	–	1	1	–	1	1

Table 290. — *City or Town and County of Residence of All Patients Admitted and All Patients Resident in State Schools on September 30, 1936, by Sex* — Continued

County and City or Town	All Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Georgetown	–	–	–	–	1	1
Gloucester	–	1	1	15	15	30
Groveland	–	–	–	1	1	2
Hamilton	–	–	–	–	1	1
Haverhill	4	2	6	32	36	68
Ipswich	–	1	1	4	2	6
Lawrence	4	3	7	35	41	76
Lynn	3	5	8	39	43	82
Lynnfield	–	–	–	1	1	2
Manchester	–	–	–	1	1	2
Marblehead	–	–	–	3	3	6
Merrimac	–	–	–	1	2	3
Methuen	–	1	1	10	11	21
Middleton	–	–	–	1	–	1
Nahant	–	1	1	2	1	3
Newbury	–	–	–	1	1	2
Newburyport	1	–	1	9	9	18
North Andover	–	–	–	–	5	5
Peabody	3	1	4	13	7	20
Rockport	1	–	1	3	1	4
Rowley	–	–	–	–	1	1
Salem	1	–	1	19	19	38
Salisbury	–	–	–	1	2	3
Saugus	–	–	–	14	16	30
Swampscott	–	–	–	2	1	3
Topsfield	–	–	–	2	1	3
Total	18	20	38	236	253	489
Franklin						
Ashfield	–	–	–	3	–	3
Bernardston	–	1	1	2	3	5
Buckland	–	–	–	3	1	4
Charlemont	–	–	–	1	1	2
Colrain	–	–	–	2	–	2
Conway	–	–	–	–	1	1
Deerfield	–	–	–	3	1	4
Erving	–	1	1	–	3	3
Gill	–	1	1	–	3	3
Greenfield	–	1	1	15	8	23
Heath	–	–	–	–	1	1
Leverett	–	–	–	2	4	6
Montague	–	1	1	4	10	14
New Salem	–	–	–	–	2	2
Northfield	1	–	1	6	2	8
Orange	1	–	1	4	4	8
Rowe	1	–	1	3	1	4
Shelbourne	–	–	–	2	4	6
Shutesbury	–	–	–	1	–	1
Sunderland	–	–	–	1	1	2
Wendell	–	–	–	–	2	2
Whately	–	–	–	1	2	3
Total	3	5	8	53	54	107
Hampden						
Agawam	–	–	–	5	2	7
Brimfield	–	–	–	1	–	1
Chester	–	–	–	5	–	5
Chicopee	1	–	1	19	16	35
East Longmeadow	–	–	–	1	2	3
Hampden	–	–	–	1	–	1
Holyoke	3	4	7	36	45	81
Ludlow	–	2	2	3	7	10
Monson	–	–	–	2	5	7
Montgomery	–	–	–	6	9	15
Palmer	1	1	2	5	6	11
Russell	–	–	–	3	4	7
Southwick	–	–	–	2	1	3
Springfield	12	13	25	94	92	186
Wales	–	–	–	2	2	4
Westfield	2	3	5	21	19	40
West Springfield	1	–	1	10	8	18
Wilbraham	–	1	1	2	3	5
Total	20	24	44	218	221	439

TABLE 290. — *City or Town and County of Residence of All Patients Admitted and All Patients Resident in State Schools on September 30, 1936, by Sex* — Continued

COUNTY AND CITY OR TOWN	ALL ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Hampshire						
Amherst	1	1	2	5	7	2
Belchertown	–	2	2	5	19	24
Chesterfield	–	–	–	–	1	1
Cummington	–	–	–	–	2	2
Easthampton	–	2	2	5	14	19
Enfield	–	–	–	1	2	3
Goshen	–	–	–	–	1	1
Granby	–	–	–	1	1	2
Greenwich	–	–	–	1	–	1
Hadley	–	–	–	1	2	3
Hatfield	1	–	1	1	1	2
Huntington	–	1	1	3	4	7
Middlefield	–	–	–	1	1	2
Northampton	1	4	5	8	15	23
Pelham	–	–	–	1	–	1
Plainfield	–	–	–	2	1	3
Prescott	–	–	–	–	1	1
South Hadley	1	–	1	8	4	12
Ware	–	–	–	2	3	5
Westhampton	–	–	–	–	1	1
Williamsburg	–	2	2	–	7	7
Worthington	–	–	–	–	3	3
Total	4	12	16	45	90	135
Middlesex						
Acton	–	–	–	–	1	1
Arlington	3	2	5	21	8	29
Ashby	–	–	–	–	1	1
Ashland	–	–	–	5	1	6
Ayer	–	–	–	1	–	1
Bedford	1	–	1	2	2	4
Belmont	–	1	1	8	10	18
Billerica	–	–	–	5	2	7
Boxborough	–	–	–	3	–	3
Cambridge	3	6	9	66	125	191
Carlisle	–	–	–	1	–	1
Chelmsford	–	1	1	5	6	11
Concord	1	–	1	5	1	6
Dracut	–	–	–	3	3	6
Dunstable	–	–	–	1	–	1
Everett	–	1	1	25	27	52
Framingham	2	1	3	6	21	27
Groton	–	–	–	1	1	2
Holliston	–	–	–	5	2	7
Hopkinton	–	–	–	1	5	6
Hudson	–	1	1	7	5	12
Lexington	–	–	–	2	3	5
Littleton	–	–	–	2	–	2
Lowell	6	4	10	58	65	123
Malden	1	–	1	28	28	56
Marlborough	1	–	1	12	5	17
Maynard	1	–	1	1	3	4
Medford	1	1	2	18	26	44
Melrose	3	–	3	7	8	15
Natick	–	1	1	3	4	7
Newton	2	–	2	32	27	59
North Reading	–	–	–	1	–	1
Pepperell	–	–	–	3	2	5
Reading	–	–	–	5	19	24
Sherborn	–	–	–	–	1	1
Shirley	5	1	6	6	2	8
Somerville	3	5	8	67	45	112
Stoneham	–	–	–	5	8	13
Sudbury	–	–	–	–	2	2
Tewksbury	–	–	–	28	33	61
Townsend	–	–	–	1	1	2
Wakefield	2	1	3	8	10	18
Waltham	5	–	5	65	22	87
Watertown	–	1	1	4	11	15
Wayland	–	–	–	–	2	2
Westford	–	–	–	3	5	8
Wilmington	–	–	–	3	1	4
Winchester	–	1	1	6	3	9
Woburn	–	1	1	15	9	24
Total	40	29	69	554	566	1,120

TABLE 290. — *City or Town and County of Residence of All Patients Admitted and All Patients Resident in State Schools on September 30, 1936, by Sex* — Continued

COUNTY AND CITY OR TOWN	ALL ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Nantucket						
Nantucket	–	–	–	–	3	3
Total	–	–	–	–	3	3
Norfolk						
Bellingham	–	1	1	–	3	3
Braintree	–	2	2	9	9	18
Brookline	–	–	–	6	7	13
Canton	–	1	1	8	3	11
Cohasset	1	–	1	3	3	6
Dedham	1	–	1	8	7	15
Dover	–	–	–	1	–	1
Foxborough	–	–	–	1	4	5
Franklin	–	2	2	5	9	14
Holbrook	–	–	–	2	2	4
Medfield	–	1	1	–	2	2
Medway	–	–	–	3	5	8
Millis	–	–	–	–	1	1
Milton	–	2	2	8	5	13
Needham	–	–	–	5	1	6
Norfolk	–	–	–	1	–	1
Norwood	3	1	4	10	9	19
Plainville	–	–	–	1	–	1
Quincy	1	1	2	33	24	57
Randolph	1	–	1	3	2	5
Sharon	1	4	5	3	7	10
Stoughton	–	1	1	8	7	15
Walpole	–	–	–	6	6	12
Wellesley	–	2	2	6	27	33
Westwood	–	–	–	1	4	5
Weymouth	–	–	–	8	9	17
Wrentham	–	–	–	3	3	6
Total	8	18	26	142	159	301
Plymouth						
Abington	–	–	–	3	8	11
Bridgewater	1	–	1	2	4	6
Brockton	5	4	9	26	30	56
Carver	–	–	–	–	2	2
Duxbury	–	–	–	1	1	2
East Bridgewater	–	–	–	–	2	2
Halifax	–	–	–	–	2	2
Hanover	–	1	1	–	3	3
Hanson	–	–	–	1	1	2
Hingham	–	–	–	1	3	4
Hull	–	–	–	1	1	2
Kingston	–	–	–	2	–	2
Marion	–	–	–	–	2	2
Mattapoisett	–	–	–	–	2	2
Middleborough	–	3	3	3	5	8
Norwell	1	–	1	1	–	1
Pembroke	–	–	–	1	–	1
Plymouth	1	–	1	5	7	12
Plympton	–	–	–	1	1	2
Rockland	1	–	1	4	4	8
Scituate	1	–	1	2	2	4
Wareham	–	–	–	–	5	5
West Bridgewater	–	1	1	–	2	2
Whitman	1	–	1	4	3	7
Total	11	9	20	58	90	148
Suffolk						
Boston	58	35	93	548	557	1,105
Chelsea	7	–	7	25	21	46
Revere	5	1	6	19	16	35
Winthrop	–	–	–	6	15	21
Total	70	36	106	598	609	1,207
Worcester						
Ashburnham	1	–	1	2	3	5
Athol	1	4	5	11	19	30
Auburn	–	–	–	–	2	2
Barre	–	–	–	1	–	1
Blackstone	–	–	–	–	2	2
Bolton	–	–	–	1	–	1

Table 290 — *City or Town and County of Residence of All Patients Admitted and All Patients Resident in State Schools on September 30, 1936, by Sex* — Concluded

County and City or Town	All Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Boylston	–	–	–	1	2	3
Brookfield	–	–	–	3	1	4
Charlton	–	1	1	3	2	5
Clinton	–	1	1	–	4	4
Dana	–	–	–	1	–	1
Douglas	–	–	–	1	3	4
Dudley	–	–	–	2	–	2
East Brookfield	–	–	–	–	1	1
Fitchburg	1	1	2	17	21	38
Gardner	3	1	4	11	16	27
Grafton	–	–	–	2	–	2
Hardwick	–	–	–	3	1	4
Harvard	–	–	–	–	1	1
Holden	–	–	–	4	1	5
Hopedale	–	–	–	2	–	2
Hubbardston	–	–	–	2	–	2
Lancaster	–	–	–	–	2	2
Leicester	1	–	1	6	2	8
Leominster	2	1	3	6	9	15
Lunenberg	1	–	1	3	2	5
Milford	2	3	5	12	10	22
Millbury	–	1	1	2	3	5
Millville	–	–	–	1	–	1
Northborough	–	–	–	2	6	8
Northbridge	–	2	2	3	5	8
North Brookfield	–	–	–	4	3	7
Oxford	–	–	–	2	1	3
Petersham	–	–	–	2	1	3
Phillipston	–	–	–	1	2	3
Royalston	–	–	–	1	–	1
Rutland	–	1	1	1	1	2
Shrewsbury	–	–	–	1	2	3
Southborough	–	–	–	1	1	2
Southbridge	2	1	3	12	8	20
Spencer	1	1	2	4	3	7
Sterling	1	–	1	2	1	3
Sturbridge	–	–	–	1	1	2
Sutton	–	–	–	2	2	4
Templeton	–	–	–	4	3	7
Upton	–	–	–	3	6	9
Uxbridge	–	–	–	2	1	3
Warren	–	–	–	1	5	6
Webster	1	1	2	6	9	15
Westborough	2	–	2	8	2	10
West Boylston	–	1	1	2	1	3
West Brookfield	–	–	–	1	1	2
Westminster	–	–	–	–	2	2
Winchendon	–	–	–	5	9	14
Worcester	10	13	23	107	116	223
Total	29	33	62	275	299	574
Non-residents	1	–	1	9	9	18
Grand Total	233	222	455	2,461	2,672	5,133

DIRECTORY OF INSTITUTIONS

November 30, 1936

1. Public Institutions:
   - (a) State Hospitals for Mental Diseases.
   - (b) State Schools for Mental Defectives.
2. Private Institutions:
   - (a) For Mental and Nervous Diseases.
   - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
   - (c) For Mental Defectives.
   - (d) For Epileptics.

PUBLIC INSTITUTIONS

STATE HOSPITALS FOR MENTAL DISEASES

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M. D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie I. Felch, M. D., Boston; Mrs. Mary E. McNulty, Boston; Mr. Charles F. Rowley, Boston; Mr. Monroe Kaplan, Boston.

Trustees' meetings: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M. D.

Chief Executive Officer: Riley H. Guthrie, M. D.

Chief Medical Officer: Jackson M. Thomas, M. D.

Senior Physicians: John P. Powers, M. D.; Harry C. Solomon, M. D.; Oscar J. Raeder, M. D.; Frank C. d'Elseaux, M. D.; Whitman K. Coffin, M. D.; Paul Haun, M. D.; Robert S. Schwab, M. D.

Assistant Physicians: Mary Palmer, M. D.; Irma Bache, M. D.; H. Jackson DeShon, M. D.; Mary Hammond, M. D.; William B. Curtis, M. D.; Elvin V. Semrad, M. D.; Harry L. Kozol, M. D.

Internes: John B. Dynes, M. D.; Vincent G. Ryan, M. D.

Dentist: Peter J. Dalton, D. M. D.

Head Social Worker: Esther C. Cook, B. A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary E. Fitzgerald, R. N.

Treasurer: Anna F. Caulfield.

Staff Meetings: Every day, except Saturdays, Sundays and Holidays — 12 to 1 P. M.

Visiting days: Every day, 2 to 4 P. M. and 6 to 7 P. M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M. D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M. D., Boston; Leopold M. Goulston, Boston, Thomas F. Fallon, Boston.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M. D.

Assistant Superintendent: Gerald F. Houser, M. D.

Senior Physicians: Mary Gill Noble, M. D.; Edmund M. Pease, M. D.; Geneva Tryon, M. D.; Frederick LeDrew, M. D.; Winthrop B. Osgood, M. D.; Purcell G. Schube, M. D.; Margaret C. McManamy, M. D.; Carl E. Trapp, M. D.; Harold F. Norton, M. D.

Assistant Physicians: Florence A. Beaulieu, M. D.; Margaret R. Simpson, M. D.; Constance G. Hartwell, M. D. (School Clinic); Beatrice R. Kershaw, M. D.; Stephen Wolanske, M. D.; vacancy.

Pathologist: Naomi Raskin, M. D.

Dentist: George S. Rileigh, D. M. D.

Steward: S. Henry Franks.

Treasurer: Rose J. Siciliano.

Visiting days: 2 to 4 P. M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Mattapan; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895):—

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Arthur T. Lyman, Commissioner.

Medical Director: William T. Hanson, M. D.

First Assistant: George H. Maxfield, M. D.

Assistant Physicians: Abraham L. Schwartz, M. D.; Richard C. Cooke, M. D.

Visiting days: For relatives or friends of patients, every day; for general public, every day with the exception of Sundays and holidays.

Staff Meetings: Two or three times a week at 9:30 A. M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878):—

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M. D., Newburyport; Thomas D. Russo, Roslindale; H. C. McStay, Swampscott; Annie T. Flagg, Andover; Mary T. O'Sullivan, Lowell.

Regular meetings: Third Thursday of each month.

Superintendent: Clarence A. Bonner, M. D.

Assistant Superintendent: Edgar C. Yerbury, M. D.

Senior Physicians: William Charles Inman, M. D.; Leo Maletz, M. D.; Doris M. Sidwell, M. D.

Assistant Physicians: Velma H. Atkinson, M. D.; Lois E. Taylor, M. D.; Salvador Jacobs, M. D.; Melvin Goodman, M. D.; Flora M. Remillard, M. D.

Pathologist: Charles C. Joyce, M. D.

Resident Dentist: George W. Wheeler, D. M. D.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meetings: Daily, except Sundays and holidays, at 8:30 A. M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914):—

Trustees: Thomas J. Scanlon, M. D., Boston, chairman; Bennet B. Bristol, Foxborough; Mrs. Claire H. Gurney, Wollaston; William H. Vannon, Foxborough; William J. Bulman, Brockton; Miss Jeannette C. Chisholm, Waltham, secretary; Noel C. King, Holbrook.

Regular meetings: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M. D.

Assistant Superintendent: William C. Gaebler, M. D.

Senior Physicians: Rupert A. Chittick, M. D.; David Rothschild, M. D. (Pathologist); Grosvenor B. Pearson, M. D.

Assistant Physicians: Morris L. Sharp, M. D.; Agnes Aznive Nersessian, M. D.; vacancy.

Dentist: Edward E. Small, D. M. D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A. M. and 2 to 4 P. M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A. M.

Location: One mile north of Foxborough Center.

GARDNER STATE HOSPITAL (opened 1902):—

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Owen A. Hoban, Gardner, chairman; Miss Grace Nichols, Boston, secretary; George A. Marshall, Fitchburg; Frank W. Lyman, Fitchburg; Mrs. Grace A. Brooks, Athol; Mrs Margaret X. O'Brien, Worcester.

Regular Meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M. D.

Assistant Superintendent: Frederick P. Moore, M. D.

Senior Physicians: Harold K. Marshall, M. D.; William A. Hunter, M. D.

Assistant Physicians: Edwin J. Palmer, M. D.; Paul H. Wilcox, M.D.; Janet S. Barnes, M. D.; vacancy.

Dentist: Vacancy.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff Meetings: Daily 8–9 A. M.

Location: East Gardner, two minutes' walk from East Gardner Railroad Station. Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877):—

Trustees: Ernest L. Anderson, Worcester, chairman; Martha Ducey, Shrewsbury, secretary; Winslow P. Burhoe, Reading; Enos H. Bigelow, M. D., Framingham; Charles D. Bourcier, Grafton; Rose Herbert, Worcester.

Superintendent: Harlan L. Paine, M. D.

Assistant Superintendent: Bardwell H. Flower, M. D.

Senior Physicians: H. Wilbur Smith, M. D.; James L. McAuslan, M. D.; Benjamin Cohen, M. D.

Assistant Physicians: Mary Johnson, M. D.; Anna C. Wellington, M. D.; Richard W. Nelson, M. D.; Nathaniel Showstack, M. D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: Edward I. Naiman, D. M. D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A. M.; 1:00 to 4:00 P. M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about 8 miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton Stations of the Boston & Albany Railroad.

Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896):—

Post Office, Harding: railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M. D., Boston, chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Mrs. Eva Watson, Boston; John H. Craig, Natick.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M. D.

Assistant Superintendent: G. Allen Troxell, M. D.

Senior Physicians: Vicente A. Navarro, M. D.; John J. Slattery, M. D.; Grace T. Cragg, M. D.

Assistant Physicians: Erel Guidone, M. D.; Frank S. Broggi, M. D.; Edward Mozes, M. D.

Dentist: Elton V. Faass, D. M. D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.
Visiting days: Every day.
Staff Meetings: Daily, except Sundays and holidays, at 8:30 A. M.
Location: Two miles north of Medfield Center on Route 27.

Metropolitan State Hospital (opened October 29, 1930):—
Post Office: Waltham, Massachusetts.
Railroad Station: Waverley, Massachusetts.
Trustees: Reverend John R. McCool, East Boston, chairman; Miss Anna M. Manion, Waltham, secretary; Erwin C. Miller, M. D., Worcester; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax, M. D., Brookline; Miriam C. Regan, Esq., Roxbury.
Regular meetings: Third Wednesday of each month.
Superintendent: Roy D Halloran, M. D.
Assistant Superintendent: Salomon Gagnon, M. D.
Senior Physicians: Malcolm J. Farrell, M. D.; William Corwin, M. D.
Assistant Physicians: Clementine McKeon, M. D.; Edwin D. Lee, M. D.
Resident Dentist: John M. O'Connor, D. M. D.
Treasurer: Cora E. Norris.
Steward: Howard R. Carley.
Visiting days: Every day.
Staff Meetings: Mondays, Tuesdays, Wednesdays and Thursdays — 10:30 A. M.
Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and South Division, Boston & Maine or Boston Elevated from Harvard Square.) Bus service from Waverley Square to Hospital.

Monson State Hospital (opened 1898):—
Post Office and railroad station, Palmer (Boston & Albany).
Trustees: George A. Moore, M. D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Joseph L. Simon, Salem; Justus G. Hanson, M. D. Secretary, Northampton; C. I. Hosmer, Greenfield; John Bapst Blake, M. D., Boston.
Regular meetings: First Thursday of each month.
Superintendent: Morgan B. Hodskins, M. D.
Assistant Superintendent: H. Sinclair Tait, M. D.
Senior Physicians: Donald J. MacLean, M. D.; Samuel O. Miller, M. D.; Calvert Stein, M. D.; Rudolf Osgood, M. D.
Assistant Physicians: Lucie G. Forrer, M. D.; Leon J. Robinson, M. D.
Dentist: Arthur R. Adam, D. M. D.
Treasurer: Sarah Spalding Simonds
Steward: William H. Daly, Jr.
Visiting days: Every day.
Staff Meetings: Every day, except Sundays and holidays, at 8:30 A. M.
Location: One mile from railroad station.

Northampton State Hospital (opened 1858):—
Trustees: Albert M. Darling, Sunderland; J. C. O'Brien, M. D., Greenfield, chairman; Mrs. Emily Newton, Wellesley Hills, secretary; Mrs. Jessie Bassett, Northampton; Mrs. Anne O'Keefe Heffernan, Northampton; Samuel Michelman, Northampton; James Benson, Springfield.
Regular meetings: Second Thursday of each month.
Superintendent: Arthur N. Ball, M. D.
Assistant Superintendent: Guy C. Randall, M. D.
Senior Physicians: B. Edwin Zawacki, M. D.; Elizabeth Kundert, M. D.; Fernand Longpre, M. D.
Assistant Physicians: E. Philip Freedman, M. D.; Robert M. Jennings, M. D.; Helen M. Wiestling, M. D.
Dentist: Lucien H. Harris, D. D. S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Staff Meetings: Every day except Saturdays, Sundays and holidays at 8:30 A. M.

Location: Prince Street, Northampton, one and one-half miles from the railroad station. (Boston & Maine and New York, New Haven & Hartford railroads). Taxi-cab service from the station, bus service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Charles C. Cain, Jr., Attleboro, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; J. Vincent Thuot, M. D., New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro; Harold Fitzgibbons, Whitman.

Regular meetings: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M. D.

Assistant Superintendent: Roger C. Osterheld, M. D.

Senior Physicians: Abraham M. Stiffle, M. D.; Robert M. Bell, M. D.; Olga E. Steinecke, M. D.

Senior Physician (Pathology): Donald G. Henderson, M. D.

Assistant Physicians: Perry C. Talkington, M. D.; Stanley R. Dean, M. D.; Wilfred Seguin, M. D.

Dentist: Wilfred R. Wilson, D. M. D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff Meetings: Daily, 8:15 A. M. and 1:00 P. M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury; railroad station, Lowell.

Trustees: Frederick W. Enright, chairman, Lynn; Mrs. Mary E. Cogan, Stoneham, secretary; Mrs. Margaret M. O'Riordan, Jamaica Plain; William F. Maguire, D. M. D., Randolph; Daniel J. Coughlin, Lowell; James C. Coughlin, D. M. D., Lowell; Robert M. Beirne, Lawrence.

Regular meetings: Usually first Wednesday of each month.

Superintendent: Lawrence K. Kelley, LL. B., M. D.

Assistant Superintendent: Patrick J. Meehan, M. D.

Senior Physicians: Edward J. O'Donoghue, M. D.; Henry Spencer Glidden, M. D., (Pathologist); Charles L. Trickey, M. D. (Director of Clinical Psychiatry); Ralph Heifetz, M. D.; James F. Lawlor, M. D.; Louis N. Stern, M. D.

Assistant Physicians: Charles J. Carden, M. D.; George J. M. Grant, M. D.; C. Winthrop Houghton, M. D.; Harry B. Plunkett, M. D.; George L. Lalime, M. D.; William R. Green, M. D.

Dentist: Charles D. Broe, D. M. D.

Visiting days: Every day from 10:00 A. M. to 4:00 P. M.

Staff meetings: Monday at 1:30 P. M.

Location: About one-half mile from bus line, Lowell to Boston, via Tewksbury five miles from Lowell; twenty miles from Boston.

Steward: Thomas F. Flynn.

Chief Clerk: Robert E. Gay.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D. D. S., Southborough; Katherine L. Sullivan, Canton.

Regular meetings: Second Thursday of each month.

Superintendent: Walter E. Lang, M. D.

Assistant Superintendent: Rollin V. Hadley, M. D.

Senior Physicians: Betsy Coffin, M. D.; George E. Peatick, M. D.

Assistant Physicians: Howard T. Fiedler, M. D.; Henry M. Gardiner, M. D.; Bessie F. Brown, M. D.; Ralph Sidney Belmont, M. D.; Anthony Joseph Volante, M. D.

Pathologist: Lydia B. Pierce, M. D.

Dentist: Anthony B. Grady, D. D. S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: William J. Delahanty, M. D., Worcester, chairman; John G. Perman, D. D. S., Worcester; Mrs. Anna C. Tatman, Worcester, secretary; Mrs. Frank Dresser, Worcester; John L. Bianchi, Worcester; John T. McManus, Worcester; Robert R. Portle, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M. D.

Assistant Superintendent: Francis H. Sleeper, M. D.

Clinical Director: Morris Yorshis, M. D.

Assistant Physicians: Lonnie O. Farrar, M. D.; Walter E. Barton, M. D.; W. Everett Glass, M. D.; Benjamin Simon, M. D.; Arthur J. Gavigan, M. D.; Embrie J. Borkovic, M. D.; Conrad Wall, M. D.; Thomas O. Murray, M. D.

Pathologist: William Freeman, M. D.

Dentist: Joseph N. Finni, D. D. S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays and holidays from 9 to 11 A. M., 1:30 to 4:30 P. M.

Staff meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine.) The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, about five minutes' walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS for MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for the mentally deficient; opened 1922):—

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield, Holyoke, Amherst and Ware.)

Trustees: Frederick A. Farrar, Northampton, chairman; Edwin C. Gilbert, M. D., Springfield, secretary; Mrs. Bessie F. Dewey, Northampton; Mrs. Henry F. Nash, Greenfield; John I. Donna, Pittsfield; James L. Harrop, Worcester; James H. Dillon, Holyoke.

Regular Meetings: Second Thursday of each month.

Superintendent: George E. McPherson, M. D.

Assistant Superintendent: Raymond A. Kinmonth, M. D.

Senior Physicians: John T. Shea, M. D.; Herbert L. Flynn, M. D.; Ruth Parker, M. D.

Assistant Physician: John R. Andrews, M. D.

Dentist: Arthur E. Westwell, D. M. D.

Steward: Roger H. Littlefield.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A. M., 1:30 to 4:30 P. M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A. M.

Location: One-quarter mile from railroad station. On the state road to Holyoke and one-half mile from the center of the town.

Walter E. Fernald State School at Waltham (opened 1848):—

Post Office and railroad station, Waverley (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M. D., president, Cambridge; Theodore Chamberlin, M. D., Concord; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill; Mrs. Margaret H. Fernald, Marlborough.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Paul R. Withington, M. D., Milton; Roger S. Warner, Ipswich; Donald Gregg, M. D., Wellesley, secretary.

Quarterly Meetings: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M. D.

Assistant Superintendent: Charles S. Woodall, M. D.

Senior Physicians: Edith E. Woodill, M. D.; L. Maude Warren, M. D.; Esther S. B. Woodward, M. D.; Mary T. Muldoon, M. D.

Assistant Physicians: Fred Vere Dowling, M. D.; John D. Maloney, M. D.; Laurence P. Bowser, M. D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily at 9 A. M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

Wrentham State School (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Albert J. Sargent, Boxboro, chairman; Mrs. William A. Murray, Milford, secretary; Frank J. Nerney, Attleboro; Warren J. Swett, Canton; James A. Mulhall, Quincy; Abraham Myerson, M. D., Boston; Mrs. John M. Morrison, Brookline.

Regular meetings: Second Thursday of every month.

Superintendent: C. Stanley Raymond, M. D.

Assistant Superintendent: Henry A. Tadgell, M. D.

Senior Physicians: Mildred A. Libby, M. D.; Alice M. Patterson, M. D.; William A. Johnson, M. D.

Assistant Physicians: Anne G. Levingston, M. D.; John H. F. Connor, M. D.

Dentist: John A. Nash, D. M. D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One half mile from Winter Street stop, Boston & Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS

For the Care of Mental and Nervous Diseases

Bournewood Hospital, George H. Torney, M. D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

Channing Sanitarium, Donald Gregg, M. D., Wellesley Avenue, Wellesley.

Dr. Reeves' Sanitarium, Clarence M. Kelley, M. D., 283 Vinton Street, Melrose Highlands.

Glenside, Mabel D. Ordway, M. D., 6 Parley Vale, Jamaica Plain.

McLean Hospital. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R. R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Miss Betty Dumaine, Groton; Henry V. Morgan, Cambridge; J. Howard Bushway, West Newton; Joesph Santosuosso, M. D., Boston.

Trustees appointed by the Corporation: Henry K. Sherrill, Boston, chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston; John R. Macomber, Boston; Algernon Coolidge, M. D., Boston; Phillips Ketchum, Esq., Boston; Hans Zinsser, M. D., Boston; Francis C. Gray, Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M. D.

Director: W. Franklin Wood, M. D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M. D.

Senior Physicians: Neils L. Anthonisen, M. D.; John B. McKenna, M. D.; Rhoda U. Musgrave, M. D.; David A. Young, M. D.; Alfred O. Ludwig, M. D.

Pathologist: vacancy.

Director of Laboratories: John C. Whitehorn, M. D.

Resident Physicians: John B. Tompkins, M. D.; Milton Rosenbaum, M. D.; Hewitt I. Varney, M. D.; William B. Lytton, M. D.

Psychologist: George E. Gardner, Ph. D.

Roentgenologist: James M. Lingley, M. D.

Dental Surgeon: George O. Bartlett, D. M. D.

Visiting Internist: Wyman Richardson, M. D.

Staff Meetings: Wednesdays and Saturdays at 11:00 A. M.

Ring Sanatorium and Hospital, Inc., Hosea W. McAdoo, M. D., Arlington Heights.

Veterans' Administration Facility, No. 95, Northampton, Mass., (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; opened May 12, 1924):—

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: Gen. Frank T. Hines, Washington, D. C.

Director: Colonel George E. Ijams, Washington, D. C.

Medical Director: Charles M. Griffith, M. D., Washington, D. C.

Manager: Frank E. Leslie, M. D., Northampton, Massachusetts.

Assistant Manager and Clinical Director: Walter P. Burrier, M. D.

Ward Surgeons: Sidney Rosenbliett, M. D.; Edward S. Jones, M. D.; Bennie A. Moxness, M. D.; Frank Dwyer, M. D.; George D. Bragaw, M. D.; and Fred E. Steele, Jr., M. D.

Chief of Clinical Laboratory: B. A. Moxness, M. D.

Chief of Dental Service: Francis J. Rogers, D. M. D.

Chief of Roentgenology Laboratory: Bennie A. Moxness, M. D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M. D.

Consultant in Ophthalmology: Frank E. Dow, M. D.
Consultant in Surgery: Thomas F. Corriden, M. D.
Consultant in Roentgenology: None. (Bennie A. Moxness, M. D., Staff Roentgenologist).
Staff Meetings: Daily with the exception of Saturdays and Sundays. Time of meetings: 1:00 P. M.
Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

VETERANS' ADMINISTRATION FACILITY, No. 107, Bedford, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases, opened July 17, 1928):—
Under control of Veterans' Administration, Washington, D. C.
Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D. C.
Medical Director: Charles M. Griffith, M. D.
Manager: Winthrop Adams, M. D.
Clinical Director: Frederick H. Sims, M. D.
Pathologist and Ward Surgeon: David L. Williams, M. D.
Ward Surgeons: Aaron H. Braverman, M. D.; John F. O'Brien M. D.; Antonino Triolo, M. D.; Nat J. Wilson, M. D.; Joseph C. Fulmer, M. D.; Daniel J. Sullivan, M. D.
Chief of Dental Service: William E. Sinton, D. M. D.
Consultant in Eye, Ear, Nose and Throat: George A. Leahey, M. D.
Consultant in Roentgenology: John H. Lambert, M. D.
Consultant in Dermatology: C. Guy Lane, M. D.
Consultant in Surgery: Henry C. Marble, M. D.
Consultant in Genito-Urinary Surgery: Sylvester B. Kelley, M. D.
Consultant in Internal Medicine: G. Philip Grabfield, M. D.
Staff Meetings: Tuesdays, Wednesdays and Fridays.
Time of Meetings: 10:30 A. M.
Location: Springs Road, Bedford, Mass. One mile in from State Highway. Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M. D., Westwood.

WISWALL SANATORIUM, Edward H. Wiswall, M. D., 203 Grove Street, Wellesley.

BOSWORTH HOSPITAL, George A. Gaunt, M. D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M. D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M. D., 41 Waltham Street, Boston.

GROVE HALL INSTITUTE, George Colton Moore, M. D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES

CLARKE SCHOOL, Miss Edith G. Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M. D., Barre, (Central Massachusetts Branch, Boston & Maine).

THE FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: E. G. Watkins, Gardner; Clerk, Robert B. Greenwood, Winchendon.

Treasurer: Edgar L. Ramsdell, Mechanics National Bank, Worcester, Mass.

Trustees appointed by the Governor: U. Waldo Cutler, Worcester; Mrs. Abner S. McLaud, Greenfield; Miss Lucy Hickey, Holyoke; Miss Edith H. Sears, Boston; Mrs. Thomas H. Mahony, Waban.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Edward W. Hutchins, Boston; Edward F. Mann, Worcester; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; Robert B. Greenwood, Winchendon; J. Sidney Stone, Boston; Mrs. Thomas Allen, Jr., Boston; Edward G. Watkins, Gardner, Mrs. C. S. Dickinson, Baldwinville; William G. Lord, Athol; Mrs. Arthur D. Potter, Greenfield; Dr. Fred H. Allen, Holyoke; Francis E. Morlock, Winchendon.

Quarterly meetings: January, April, July and October.

Superintendent and Physician: E. St. John Ward, M. D., F.A.C.S., D.Sc.

Assistant Physician: Mildred J. Hausmann, M. D.

Visiting days: Every day except Sunday.

Location: Bridge Street, one mile from railroad station (Boston & Maine) and from center of Town of Baldwinville at Junction of routes 68, 32 and U. S. Route 202.

PERKINS SCHOOL OF ADJUSTMENT, Franklin H. Perkins, M. D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS

WOODLAWN SANITARIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton

"KITTREDGE FARM", Joseph Kittredge, M. D., 56 Academy Road, North Andover.

INDEX

A

Accidents in State Hospitals — (see Casualties).
Acreage — building sites and grounds, and acres under cultivation, 119
Admissions — *Mental Hospitals:* 120, 139–172, 228–236, 245–248, 306–317, 320–377, 424–427, 461–476
  State Schools: 120, 251, 252, 255–264, 295, 302–304, 477–485, 501, 504–508
  Private Hospitals: 140, 319
  Private Schools: 319
Age at Admission — *Mental Hospitals*
  Admissions: by country of birth of foreign born, 328, 329; by country of origin of native born, 333, 334; by hospital, 154, 235, 236, 343, 344; by marital status, 159, 361, 362; by mental disorder, 153, 154, 233, 234, 335–342; by nativity and parentage, 152, 321–324
  Discharges: by length of hospital stay, 197, 198, 396, 397; by mental disorder, 233, 234, 388–391
  Deaths: by length of hospital stay, 218, 413, 414; by mental disorder, 233, 234, 409–412
  Resident Population: by first and readmissions, 240, 241; by hospital, 235, 236, 439, 440; by length of hospital stay, 241, 242; by mental disorder, 233, 234, 243, 429–431, 434–436
  Cases Out: by hospital, 235, 236, 444, 445; by mental disorder, 233, 234, 432, 433, 437, 438
Age at Admission — *State Schools*
  Admissions: by clinical diagnosis, 262, 263, 483; by first and readmissions and rates per hundred thousand population, 257, 258; by mental status, 257, 482; by nativity and parentage, 261, 480
  Discharges: by length of school residence, 271, 272
  Resident Population: by clinical diagnosis, 301; by intelligence quotient, 296; by length of school residence, 287, 290; by nativity and parentage, 292–294; by school, 294, 493, 494
  Cases Out: by school, 294, 495, 496
Age at Discharge — *Mental Hospitals:* by hospital, 181, 183, 235, 236, 394, 395; by mental disorder, 181, 182, 380–387
  State Schools: by clinical diagnosis, 268, 270, 274, 486; by mental status, 265, 267, 485, 502, 503; by school, 265, 266
Age at Death — *Mental Hospitals:* by hospital, 220, 221, 235, 236, 407, 408; by mental disorder, 219, 220, 399–406
  State Schools: by clinical diagnosis, 278, 279, 286, 490; by comparison with death rates in same ages in general population, 277; by mental status, 276, 277, 281, 489, 502, 503; by school, 281
Age — Central Registry cases, 100–103
Age, Present — *Mental Hospitals*
  Discharges: rates per 1,000 under care by mental disorder, 187–192
  Deaths: rates per 1,000 under treatment by mental disorder, 201–206
  Resident Population: by first and readmissions, 242; by hospital, 235, 236, 441–443; by mental disorder, 243, 429–431, 434–436
  Cases Out: by hospital, 235, 236, 446, 447; by mental disorder, 432, 433, 437, 438
Age, Present — *State Schools*
  Resident Population: by clinical diagnosis, 301; by length of school residence, 290, 291; by mental status, 502, 503; percentage distribution, 296–298; by school, 294, 493, 494
  Cases Out: by mental status, 502, 503; by school, 294, 495, 496
Alcoholic habits — intemperance in Mental Hospital admissions, 1917–1936, 165; by mental disorder, 163, 164, 351, 352
Alcoholic psychoses, 167, 168
Aliens, 157, 318, 357

Allen, Anna M., M.D. — resignation as Pathologist, 3
Appropriations — compared with expenditures, 22; for maintenance and operation, 23; special appropriations for construction, permanent betterments, real estate and furnishings, 28–31
Associate Commissioners, D. M. D. — 1, 2
Attorney General Cases, 114
Autopsies in State Institutions, 37

B

Belchertown State School — Directory, 514
Betterments — special appropriations, 28–31
Boston Dispensary Habit Clinic, 52–60
Boston Psychopathic Hospital — Directory, 509
Boston State Hospital — Directory, 509
Bosworth Hospital — Directory, 517; transfer of license, 10
Bournewood — Directory, 516
Bridgewater State Hospital — Directory, 510
Brigg's Law Cases, 100, 101

C

Canavan, Myrtelle M., M.D. — temporary appointment as Pathologist, 3
Capability on discharge — patients leaving State Schools, 272, 273, 477–479, 487
Capacity — and overcrowding in State Hospitals and Schools, 124–128
Cases Out — *Mental Hospitals:* 135–137, 228–236, 306–317, 424–427, 432, 433, 437, 438, 444–447, 461–470
Cases Out — *State Schools:* 254, 294, 295, 477–479, 495, 496, 501–503
Casualties — State Hospitals, 39–42
Causes of Death — *Mental Hospitals:* by mental disorder, 418–423; number and percentage distribution, 217
  State Schools: by clinical diagnosis, 283, 284; by mental status, 284, 285, 492
Central Registry for mental defectives — (see Mental Defectives)
Cerebral arteriosclerosis, 166
Channing Sanatorium — Directory, 516
Child Guidance Clinic — Worcester, 71–74
Citizenship — *Mental Hospitals*
  Admissions: by first admissions, readmissions and transfers, 357; rates per 100,000 corresponding population, 156, 157
  Resident Population: by country of birth, 428
Cities and towns — Traveling School Clinic examinations, 92–97
City or Town of residence — (see County of Residence)
Clarke School — Directory, 517
Clinical Diagnoses — *State Schools*
  Admissions: by age at admission, 262, 263, 483; distribution, by number, 501; by intelligence quotient, 261, 262, 484; percentage distribution, 295; by school, 263, 485
  Discharges: by age at discharge, 486; and rates per 1,000 cases under care, 268, 270; by average age at discharge, 274; by capability on discharge, 272, 273, 487; distribution, by number, 501; by intelligence quotient, 273, 274, 486; by length of school residence, 275, 488, 489; percentage distribution, 295
  Deaths: by age at death, 286, 490; and rates per 1,000 cases under treatment, 278, 279; by cause of death, 283, 284; distribution, by number, 501; by intelligence quotient, 285, 491; by length of school residence, 286; percentage distribution, 295
  Resident Population: by admission and present age, 301; by color, 500; distribution, by number, 501; by intelligence quotient, 301, 497; by length of school residence, 302, 498, 499; percentage distribution, 295
  Cases Out: by color, 501; distribution by number, 501; percentage distribution, 295

Clinics — Habit, 52–60
  Traveling School, 74–99
  Child Guidance, 71–74
Color — *Mental Hospitals*
  Admissions: number, by first and readmissions, 461
  Discharges: number, by first and readmissions, 461
  Deaths: number, by first and readmissions, 461
  Resident Population, by mental disorder, 460; number, by first and readmissions, 461; percentage distribution, 244, 245
  Cases Out: number, by first and readmissions, 461
Color — *State Schools*
  Resident Population: by clinical diagnosis, 500
  Cases Out: by clinical diagnosis, 501
Commissioner, D.M.D. — 1, 2
Committee on Nurses' Training Schools, 15
Community Supervision of mental defectives — (see Mental Defectives)
Condition on Discharge — *Mental Hospitals, Discharges:* by mental disorder, 392, 393; percentage distribution, 178; rates per 100 admissions of same diagnosis, 174, 176
Conferences and visits to State Institutions, 8
Construction at State Hospitals and Schools — special appropriations, 28–31
Contact Sources — Central Registry cases, 100; Habit Clinic cases, 51
Costs, per capita — (see Per Capita Costs)
Country of Birth — Foreign Born admissions to *Mental Hospitals:* by age at admission, 328, 329; compared with country of origin of native born, 156; by first and readmissions, rates per 100,000 foreign born population, 155; by mental disorder, 325–327
Country of Birth — *Mental Hospitals*
  Admissions: by admission age, 321–324, 328, 329; by mental disorder, 325–327; number by first and readmissions, 320, 424–427; number and rates per 100,000 population same country of birth, 245, 246; by parentage, 320
  Discharges: number, by first and readmissions, 424–427; number and rates per 1,000 under treatment, 180, 181
  Deaths: number, by first and readmissions, 424–427; number and rates per 1,000 under treatment, 209
  Resident Population: by citizenship, 428; number, by first and readmissions, 424–427; number and rates per 100,000 population, same country of birth, 245, 246
  Cases Out: number, by first and readmissions, 424–427
Country of Birth — *State Schools*
  Admissions: by parentage, 481
Country of Origin — Native Born admissions to *Mental Hospitals:* by age at admission, 333, 334; compared with country of birth of foreign born, 156; by mental disorder, 330–332; number and rates per 100,000 population same country of origin, 155, 156
  — Native Born admissions to *State Schools:* number andrates per 100,000 population, aged 0–24 years, same country of origin, 264
County of Residence — *Mental Hospitals:* admissions and cases in residence, by city and town, 248, 471–476; rates per 100,000 population same county, 246, 247
  State Schools: admissions and cases in residence, by city and town, 504–508; rates per 100,000 population same county, 302–304
Court Commitments — *Mental Hospitals*
  Admissions: 139–173; 306–317; 320–322, 325–338, 343–358, 361, 363, 364, 367, 368, 371, 372, 375–377, 424–427
  Discharges: 173–198, 378–383, 388–397, 424–427
  Deaths: 198–201, 207–209, 212–216, 218–220, 398–402, 407–417, 424–427
  Resident Population: 224–226, 424–427
  Cases Out: 424–427

Court Commitments — *State Schools*
  Admissions: 255, 477–479
  Discharges: 477–479
  Deaths: 477–479

D

Daily Average Population in residence — Ex-service men, 138; Mental Hospitals, 306–317; State Schools, 477–479
Daily Average Population on Books — Ex-service men, 138; Mental Hospitals, 136, 306–317; State Schools, 255, 477–479
Danvers State Hospital — Directory, 510
Deaths — sudden deaths in State Institutions, 38
Deaths — *Mental Hospitals:* 198–220, 228–236, 306–317, 398–427, 461–470
  State Schools: 275–286, 295, 477–479, 489–492, 501–503
Delinquents — examination of Juveniles, 6, 7
Dementia praecox, 168
Dentists — number resident in each institution, 120
Departmental Statistics, 119–131
Deportations, 10, 116, 318
Diagnostic Service — United States Public Health Service, 9
Discharges — *Mental Hospitals:* 173–198, 228–236, 306–317, 378–397, 424–427, 461–470
  State Schools: 264–275, 295, 477–479, 485–489, 501–503
Divisional Annual Reports — Financial, 17–34; Mental Deficiency, 74–113; Mental Hygiene, 49–74; Pathologist, 35–46; Social Service, 46–49; Statistical Research, 116, 117; Statistics, 117, 118; Support, 113–116
Drug psychoses, 170
Duration of hospital residence — (see Length of Residence)

E

Economic Status — Mental Hospitals
  Admissions: compared with economic status of discharges, deaths, resident population and cases out, 228, 229; by mental disorder, 171, 367–370; by number and percentage of first and readmissions, 160
  Discharges: compared with economic status of admissions, deaths, resident population and cases out, 228, 229; by number and rates per 1,000 cases under care, 194, 195
  Deaths: compared with economic status of admissions, discharges, resident population and cases out, 228, 229; by number and rates per 1,000 cases under treatment, 207
  Resident Population: compared with economic status of admissions, discharges, deaths and cases out, 228, 229
  Cases Out: compared with economic status of admissions, discharges, deaths and resident population, 228, 229
Economic Status — *State Schools*
  Admissions: by mental status, 482; percentage distribution, by mental status, 259, 260
  Discharges: by mental status and rates per 1,000 under care, 269–270
  Deaths: by mental status and rates per 1,000 under treatment, 278, 280
Education — *Mental Hospital Admissions:* by mental disorder, 363–366; number and percentage distribution, by first and readmissions, 162, 163
Elm Hill Private School and Home for the Feebleminded — Directory, 517
Emergency Public Works Program, 9
Employees — number in institutions, 120
Environment — *Mental Hospital Admissions*, 161
Escapes — *Mental Hospitals:* general statistics, by hospital, 306–317; number and per cent, 1904–1936, 135; and returns from escape, by month, 137
  State Schools: general statistics, by school, 477–479; number and per cent, 1904–1936, 254; number and per cent, by school, 254

Expenditures — and receipts of Department, 22, 124, 131
Expenses — for maintenance and operation 23, 24
Ex-service men — number in Mental Hospitals, 138, 306–317; support cases, 114

F

Family Care Patients — general statistics, 306–317; number placed and returned, by month, 137; number under institution trustees, by hospital, 138; number under institutions and under Department, 1904–1936, 138
Farm and Garden Products — value, 33, 34
Financial Division — Annual Report, (Walter E. Boyd, Supervising Hospital Construction Engineer), 17–34
Foreign Born — *Mental Hospital Admissions:* by age at admission, 328, 329; by country of birth, rates per 100,000 population same country of birth, 155; by country of birth, compared with country of origin of native born, 156; by mental disorder, 325–327
Form of Admission — (see Legal Status)
Forty-eight hour week law, 9
Foxborough State Hospital — Directory, 510
Freer School — Directory, 517
Furnishings — special appropriations, 28–31

G

Gardner State Hospital — Directory, 511
General Statistics — *Mental Hospitals*, 306–317; *State Schools*, 477–479
Glenside — Directory, 516
Graduate Nurses — number employed in institutions, 120
Grafton State Hospital — Directory, 511
Grove Hall Institute — Directory, 517

H

Habit Clinics, 52–60
Hospital Cottages for Children — Directory, 518
Hospital Life, duration — (see Length of Residence)

I

Industrial and Educational Department, State Hospitals and Schools — number employed, 120
Intelligence Quotient — *Central Registry Cases:* by age groups, 102
Intelligence Quotient — *School Clinic Cases:* by examining clinic, first examinations, 78; by examining clinic, re-examinations, 80; by number and per cent of first and re-examinations, 1928–1936, 82; by percentage distribution of first and re-examinations, 81
Intelligence Quotient — *State Schools*
  Admissions: by clinical diagnosis, 261, 262, 484
  Discharges: by clinical diagnosis, 273, 274, 486
  Deaths: by clinical diagnosis, 285, 491
  Resident Population: by age at admission, 296; by clinical diagnosis, 301, 497; by length of school residence, 298, 299, 499, 500
Intemperate Use of Alcohol — (see Alcohol)
Investigations — Pathological Division, 39, 40; Support Division, 113

J

Juvenile Delinquents — examination, 6, 7

K

Kalesky, Samuel — reappointment as Associate Commissioner, 2
Kinmonth, Raymond A., M.D. — appointment as Assistant Superintendent at the Belchertown State School, 3
Kittredge Farm — Directory, 518

L

Law Schools — assistance in research, 7
Lawrence Habit Clinic, 52–60
Legal Status — *Mental Hospitals*
    Admissions: 143–149, 376, 377
    Discharges: 173–175, 378, 379
    Deaths: 199, 200, 398
    Resident Population: 224–226
        State Schools
    Admissions: 255
Legislation, new, 10–15
Length of Residence — *Mental Hospitals*
    Discharges: by age at admission, 197, 198, 396, 397; by certain psychoses, 186; by hospital, 197; by mental disorder, 177, 179, 184, 185; by nativity groups, 180; by year, 1929–1936, 184
    Deaths: by age at admission, 218, 413, 414; by certain psychoses, 212; by hospital, 216; by number of times admitted, 214, 215, 415–417; by mental disorder, 210–212; by year, 1928–1936, 210, 213
    Resident Population: by age at admission, 241, 242; by mental disorder, 235, 237–240, 448–459; by year, 1928–1936, 222, 224
Length of Residence — *State Schools*
    Discharges: by age at admission, 271, 272; by clinical diagnosis, 275, 488, 489; by mental status, 271, 488; by mental status and year, 1928–1936, 270
    Deaths: by clinical diagnosis, 286; by mental status, 282, 491
    Resident Population: by age at admission, 287, 290; by clinical diagnosis, 302, 498, 499; by intelligence quotient, 298, 299, 499, 500; by present age, 290, 291; by school, 294
    Cases Out: by school, 294
Licenses issued to private hospitals, 9
Lowell Habit Clinic, 52–60

M

Maintenance and operation of State Institutions, 23, 121–123, 130
Manic-depressive psychoses, 169
Marital Condition — *Mental Hospitals*
    Admissions: by age at admission, 159, 361, 362; compared with marital status of discharges, deaths, resident population and cases out, 231, 232; by mental disorder, 357–360; number and rates per 100,000 population same marital status, 157–159
    Discharges: compared with marital status of admissions, deaths, resident population and cases out, 231, 232; number and rates per 1,000 under care of same marital status, 195, 196
    Deaths: compared with marital status of admissions, discharges, resident population and cases out, 231, 232; number and rates per 1,000 under treatment of same marital status, 208
    Resident Population: compared with marital status of admissions, discharges, deaths and cases out, 231, 232
    Cases Out: compared with marital status of admissions, discharges, deaths and resident population, 231, 232
Massachusetts Traveling School Clinic System, 74–99
McLean Hospital — Directory, 516

Medfield State Hospital — Directory, 511
Mental and Physical Examination of Children — Juvenile Delinquents, 6, 7
Mental Condition of Discharges from Mental Hospitals — (see Condition on Discharge)
Mental Defectives — Central Registry, 99–104; community supervision, 104
Mental Deficiency — Divisional Annual Report, (Neil A. Dayton, M.D., Director), 74–113
Mental Deficiency — psychoses with, 169, 170
Mental Disorders — *Mental Hospitals*
  Admissions: by age at admission, 153, 154, 335–342; by age at admission compared with age at admission of discharges, deaths, resident population and cases out, 233, 234; by alcoholic habits, 351, 352; compared with percentage distribution of certain mental disorders in discharges, deaths, resident population and cases out, 230, 231; by condensed classification, all first and readmissions, 462, 463; by country of birth of foreign born, 325–327; by country of origin of native born, 330–332; by degree of education, 363–366; by detailed classification, all first and readmissions, 464–470; by economic status, 171, 367–370; by hospital, 345–350; by legal form of admission, 146–149, 376, 377; by marital condition, 357–360; by number of times admitted, 150, 375; by number and precentage classified as intemperate in the use of alcohol, 163, 164; by race, 353–355; by transfers, 172
  Discharges: by age at admission, 388–391; by age at admission compared with age at admission of admissions, deaths, resident population and cases out, 233, 234; by age at discharge 181, 182, 380–387; compared with percentage distribution in certain mental disorders in admissions, deaths, resident population and cases out, 230, 231; by condensed classification, all first and readmissions discharged, 462, 463; by detailed classification, all first and readmissions discharged, 464–470; by discharge rates per 1,000 cases under care, 187; by discharge rates per 1,000 cases under care and present age, 187–192; by legal form of admission, 174, 175, 378, 379; by length of hospital stay, 177, 179, 184, 185; by mental condition on discharge, 174, 176, 392, 393; by number of times out on visit, 193
  Deaths: by age at admission, 409–412; by age at admission, compared with age at admission of admisssions, discharges, resident population and cases out, 233, 234; by age at death, 219, 399–406; by cause of death, 418–423; compared with percentage distribution in certain mental disorders in admissions, discharges, resident population and cases out, 230, 231; by condensed classification, all first and readmissions dying, 462, 463; by death rates per 1,000 under treatment, 201; by death rates per 1,000 under treatment and present age, 201–206; by detailed classification, all first and readmissions dying, 464–470; by legal form of admission, 199, 200, 398; by length of hospital stay, 210–213
  Resident Population: by admission age and present age, 243, 429–431, 434–436; by age at admission compared with age at admission of admissions, discharges, deaths and cases out, 233, 234; by color, 244, 245, 460; compared with percentage distribution in certain mental disorders in admissions, discharges, deaths and cases out, 230, 231; by condensed classification, all first and readmissions in residence, 462, 463; by detailed classification, all first and readmissions in residence, 464–470; by legal form of admission, 224–226; by length of hospital stay, 235, 237–240, 448–459; percentage distribution, 227
  Cases Out: by admission age and present age, 432, 433, 437, 438; by age at admission compared with age at admission of admissions, discharges, deaths and resident population, 233, 234; compared with percentage distribution in certain mental disorders in admissions, discharges, deaths and resident population, 230, 231; by condensed classification, all first and readmissions out, 462, 463; by detailed classification, all first and readmissions out, 464–470
Mental Examination — Persons coming before the Courts, 5

Mental Hygiene Clinics, 47–59

Mental Hygiene — Divisional Annual Report, (Douglas A. Thom, M.D., Director), 49–74

Mental Hygiene Research Activities, 60–71

Mental Status — *State Schools*

Admissions: by age at admission, 257, 482; by economic status, 259, 260, 482; by number and percentage distribution, 256; by population of place of residence, 482; by year, 1928–1936, 255, 256

Discharges: by age at discharge, 265, 485; by age at discharge and rates per 1,000 under care, 267, 502, 503; by economic status and rates per 1,000 under care, 269, 270; by length of school stay, 271, 488; by length of school stay, 1928–1936, 270

Deaths: by age at death, 281, 489; by age at death and rates per 1,000 under treatment, 276, 277, 502, 503; by cause of death, 284, 285, 492; by economic status and rates per 1,000 under treatment, 278, 280; by length of school stay, 282, 491; by rates per 1,000 under treatment, 278

Resident Population: by population of place of residence, 299, 300, 498; by present age, 502, 503; by school, 287, 289; by year, 1929–1936, 291

Cases Out: by present age, 502, 503

Merrill, Warren A. — retirement as Business Agent, 4

Metropolitan State Hospital — Directory, 512

Monson State Hospital — Directory, 512

N

Native Born Admissions to Mental Hospitals — (see Country of Origin)

Nativity and Parentage — *Mental Hospitals*

Admissions: by age at admission, 152, 321–324; rates per 100,000 population of same nativity groups aged 15 years and over, 1930 Census, 150, 151

Discharges: by length of residence, 180

Nativity and Parentage — *State Schools*

Admissions: by age at admission, 261, 480; rates per 100,000 population of same nativity groups aged 0–24 years, 1930 Census, 260, 261

Resident Population: by age at admission, 292–294

Nativity — (see Country of Birth)

New England Hospital Habit Clinic, 52–60

North Reading Habit Clinic, 52–60

Northampton State Hospital — Directory, 512

Norwood Habit Clinic, 52–60

Nurses — number in each institution, 120; training schools, 15

O

Observation Cases — *Mental Hospitals*

Admissions: 139–149, 306–317, 377

Discharges: 173–175, 306–317, 379

Deaths: 199–201, 306–317, 398

Resident Population: 224–226, 306–317

— *State Schools*

Admissions: 255, 477–479

Discharges: 477–479

Deaths: 477–479

Officers and employees in State Institutions, 120

Overcrowding in State Institutions, 124–128

P

Parentage and Nativity — (see Nativity and Parentage)

Paroles at State Schools — number and percent, 1904–1936, 254; by School, 254, 477–479

Pathologist — Divisional Annual Report, (Myrtelle M. Canavan, M.D., Pathologist), 35–46
Patients at small private hospitals and schools, 132–134, 250, 319
Patients in Residence — *Mental Hospitals:* 120, 132–134, 220–249, 306–317, 424–431, 434–436, 439–443, 448–476
  State Schools: 120, 132–134, 250, 253, 286–304, 477–479, 493, 494, 497–508
  Public and Private Hospitals and Schools, 1904–1936: 222, 223, 286, 287
Patients on Books — *Mental Hospitals:* 135, 136, 306–317
  State Schools: 250, 254, 477–479
Patients on Visit and Escape — *Mental Hospitals:* 135, 228–236, 306–317
  State Schools: 477–479
Patients under Care — *Mental Hospitals:* 133, 187, 195, 196
  State Schools: 264, 266, 269, 502, 503
Patients under Treatment — *Mental Hospitals:* 201–210
  State Schools: 276, 280, 502, 503
Paying Patients, 32, 113–115, 122, 129
Payrolls — analysis of, 27
Per Capita Costs — *State Hospitals and Schools:* according to Massachusetts Standard of analysis, 24–26; by analysis of payrolls, by institution, 27; and appropriations and expenses for maintenance and operations, 23; for maintenance and operation, 1917–1936, 121, 130
Perkins, Clifton T., M.D. — appointment as Assistant to the Commissioner, 2
Perkins School of Adjustment — Directory, 518
Personnel — State Institutions, 120; Traveling School Clinics, 81
Physicians — number in each institution, 120
Population of Place of Residence — *Mental Hospitals*
  Admissions: by mental disorder, 371–374; rates per 100,000 of same population units, 1930 Census, 161–162
Population of Place of Residence — *State Schools*
  Admissions: by mental status, 482; rates per 100,000 of same population units, 1930 Census, 258, 259
  Resident Population: by mental status, 299, 300, 498
Present Age — (see Age)
Private Hospital — Directory, 517
Private Hospitals — number of patients, 132–134, 319; in residence, 1904–1936, 222, 223
Private Schools — number of patients, 132–134, 250, 319
Psychiatrists — Traveling School Clinic, 81
Psychological service — Division of Mental Hygiene, 58, 59
Psychologists — Traveling School Clinic, 81
Psychoneuroses, 170, 171
Psychoses — (see Mental Disorders)
Public Health Laws — Commission to study, 9
Publications — Division of Mental Deficiency, 104; Division of Mental Hygiene, 62–64; Division of Pathology, 43–46

Q

Quincy Habit Clinic, 52–60
Quinn, Karl V., M.D. — appointment as Assistant to the Commissioner, 3

R

Race — Mental Hospital admissions, 356; by mental disorder, 353–355
Rates per hundred thousand State Population — *Mental Hospitals*
  Admissions: by country of birth of first admissions and resident population, 245, 246; by county of residence of all admissions and resident population, 246–249; by citizenship, 156, 157; by environment, 161; first and readmissions, 1904–1936, 140; foreign born, by country of birth, 155; by marital status, 157–159; native born, by country of origin, 155, 156;

by nativity and parentage of first and readmissions, 150, 151; by population of place of residence, 161, 162; voluntary admissions to public and private institutions, 1911–1936, 142

Resident Population: by country of birth of first admissions and resident population, 245, 246; by county of residence of all admissions and resident population, 246–249; by number and annual increase, 1904–1936, 134; number and rates, state hospitals and other mental hospitals, 1904–1936, 222, 223

Rates per hundred thousand State Population — *State Schools*

Admissions: by age at admission, 257, 258; by country of origin of native born, 264; by county of residence of admissions and resident population, 302–304; by mental status, 1928–1936, 255, 256; by nativity and parentage, 260, 261; by number, 1904–1936, 251, 252; by population of place of residence, 258, 259

Resident Population: by county of residence of admissions and resident population, 302–304; by mental status, 1929–1936, 291; by mental status and population of place of residence, 299, 300; by number, 1904–1936, 253; by number and annual increase, 1904–1936, 134

Rates per hundred thousand State Population — *Private Institutions:* by first and readmissions, 1904–1936, 140; by number and annual increase of resident population, 1904–1936, 134

Reading Habit Clinic, 52–60

Real Estate — special appropriation, 28–31

Reasons for referral, School Clinic examinations, 77

Receipts — and expenditures of Department, 22; collected from paying patients, 32; support division, 115

Recommendations — Division of Mental Deficiency, 112, 113; Traveling School Clinic cases, 82

Reeves Sanatorium — Directory, 516; transfer of license, 9

Reimbursing cases — board rates, 32, 116; State Institutions, 115

Religious instruction in State Institutions — expenses, 24

Reports — (see Divisional Annual Reports)

Research Activities — departmental committee, 5; mental deficiency, 104; mental hygiene, 60–71; Boston State (Dr. Myerson), 60–64; Boston Psychopathic (Dr. Solomon), 64–66; Worcester (Dr. Sleeper), 66–71; pathological, 39–42; statistical, 116

Residence — (see Length of Residence)

Residence — of cases examined by Traveling School Clinics, 92–97

Resident Population — (see Patients in Residence)

Retardation — incidence in public school children of Massachusetts, 91–97

Ring Sanatorium and Hospital, Inc. — Directory, 516; transfer of license, 10

Rockefeller Fund, Laura Spelman, 116

Rotation in Service — persons employed in institutions, 27

S

Schizophrenia — publications, 71; research, 66–70

Senile psychoses, 165, 166

Service rendered — Habit Clinics, 54

Social Service — Divisional Annual Report, (Hannah M. Curtis, Director), 46–49; Division of Mental Deficiency, 104–109

Social Workers — number in each institution, 120; Traveling School Clinic, 81

Sources of contact — Central Registry cases, 100, 101; Habit Clinic cases, 53

Special classes — retarded children in public schools, 98, 99

Standish Manor — Directory, 518

State Infirmary, Mental Wards — Directory, 513

State Institutions as training centers for personnel, 4

Statistical Research — Divisional Annual Report, (Neil A. Dayton, M.D., Director), 116, 117

Statistical Review — Mental Diseases, 132–249; Mental Defect, 250–304

Statistics — Departmental, 119–131; Financial, 22–34; General, 306–317; Mental Diseases, 132–249; Mental Deficiency, 250–304; Mental Hygiene Habit Clinics, 72, 73; Divisional Annual Report, (Neil A. Dayton, M.D., Director), 117, 118
Sudden Deaths in State Hospitals, 38
Suicides in State Hospitals, 38
Support of patient population — *State Hospitals*, 306–317; *State Schools*, 477–479
Support Division — Divisional Annual Report, (Paul A. Green, Supervisor), 113–116
Syphilitic meningo-encephalitis, 167

T

Taunton State Hospital — Directory, 513
Temporary Care Cases — *Mental Hospitals*
  Admissions: 139–149, 306–317, 377
  Discharges: 173–175, 306–317, 379
  Deaths: 199–201, 306–317, 398
  Resident Population: 224–226, 306–317
Times Admitted — *Mental Hospitals*
  Admissions: 149, 150, 375
  Discharges: 194
  Deaths: 210, 214, 215, 415–417
Times Out on Visit, etc., — *Mental Hospitals*, by mental disorder, 193
  State Schools, 272, 487
Transfers — *Mental Hospitals*
  Admissions: by citizenship, 357; general statistics by institution, 306–317; by mental disorder, 146–148, 172, 377
  Discharges: general statistics by institution, 306–317; by mental disorder, 174, 175, 379
Transfers — *State Schools*
  Admissions: general statistics by school, 477–479; number, by first and re-admissions, 255
  Discharges: general statistics by school, 477–479
Traveling School Clinics, 74–99
Trust Funds, 32
Trustees of State Institutions — semi-annual meetings, 8

V

Valuation — land, buildings and betterments, personal property, farm and garden products, industrial, 119
Value — farm and garden products, 33
Veterans — number in mental hospitals, 138, 306–317
Veterans' Administration Facility No. 95 — Directory, 516
Veterans' Administration Facility No. 107 — Directory, 517
Visits — *Mental Hospitals:* general statistics by hospital, 306–317; number and percent, 1904–1936, 135; number placed and number returned, by month, 137; rates per 1,000 daily average population, by institution, 136
Visits — *State Schools:* general statistics by school, 477–479; number and percent, 1904–1936, 254; rates per 1,000 daily average population, by school, 255; by school, 254, 487
Voluntary Care Cases — *Mental Hospitals*
  Admissions: 139–149, 306–317, 377
  Discharges: 173–175, 306–317, 379
  Deaths: 199–201, 306–317, 398
  Resident Population: 224–226, 306–317
Voluntary Care Cases — *Public and Private Institutions:* 1911–1936, 142

Voluntary Care Cases — *State Schools*
    Admissions: 255, 477–479
    Discharges: 477–479
    Deaths: 477–479

W

Waiting Lists of patients to State Schools, 109–111
Walter E. Fernald State School — Directory, 515
Washingtonian Home — Directory, 517
West End Habit Clinic, 52–60
Westborough State Hospital — Directory, 514
Westwood Lodge — Directory, 517
Wiswall Sanatorium — Directory, 517
Woodlawn Sanatorium — Directory, 518
Worcester Child Guidance Clinic, 71–74
Worcester State Hospital — Directory, 514
Wrentham State School — Directory, 515

The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES
NOVEMBER 30, 1937

COMMISSIONER
DAVID L. WILLIAMS, M.D. . . . . Jamaica Plain

ASSOCIATE COMMISSIONERS
HENRY M. POLLOCK, M.D. . . . . Brookline
A. WARREN STEARNS, M.D. . . . . Billerica
SAMUEL KALESKY . . . . Brookline
TIMOTHY W. FITZGERALD . . . . Salem

ASSISTANT COMMISSIONER
CLIFTON T. PERKINS, M.D. . . . . Brookline

Table of Contents

PAGE
Duties and Proceedings of the Department 2
Changes in Personnel 2
Activities of the Department:
1. Mental Examination of Persons Coming Before the Courts . . 6
2. Examination of Juvenile Delinquents 7
General Matters:
1. Special Commission on Mental Diseases. 7
2. Conferences and Visits to State Institutions 7
3. Semi-Annual Meetings of the Department with the Trustees of State Institutions 7
4. New Quarters for Department 9
5. Changes in Private Institutions 9
6. Deportations 9
7. Legislation for the Year 9
Report of the Committee of Training Schools for Nurses 12
Report of the Financial Division 14
Report of the Pathologist 34
Report of the Social Service Division 48
Report of the Division of Mental Hygiene 50
Report of the Division of Mental Deficiency 79
Report of the Support Division 118
Report of the Division of Statistical Research 121
Report of the Division of Statistics:
(a) Table of Contents 122
(b) Departmental Statistics, Tables and Graphs 125
(c) Statistical Review: Text, Tables and Graphs
Mental Diseases 137
Mental Deficiency 238
Epileptics, Non-Psychotic 290
(d) Detailed Tables:
Mental Diseases 300
Mental Deficiency 437
Directory of Department and Institutions 467
Index 477

The Commonwealth of Massachusetts

100 Nashua Street
Boston, Massachusetts

To His Excellency the Governor and Honorable Council:

The eighteenth annual report of the Massachusetts Department of Mental Diseases for the year ending November 30, 1937 is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

David L. Williams,
Commissioner.

Henry M. Pollock, M.D.
A. Warren Stearns, M.D.
Samuel Kalesky
Timothy W. Fitzgerald
Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

DUTIES OF THE DEPARTMENT

The Department of Mental Diseases consists, by law, of a commissioner and four associate commissioners who are appointed by the Governor.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, and the determination within statutory limits of the amount to be charged for the support of patients in institutions.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

CHANGES IN PERSONNEL

Mr. Timothy W. Fitzgerald

Mr. Timothy W. Fitzgerald, whose term as Associate Commissioner expired on September 30, 1937, was reappointed for another term of four years.

David L. Williams, M.D.

Dr. David Lawrence Williams was appointed Commissioner of the Department of Mental Diseases on December 9, 1936. Dr. Williams was educated at Harvard University and Boston College, receiving the degree of A.B. from the latter institution in 1901. In 1906 he received the degree of M.D. from Tufts College Medical School, and in 1915 the degree of M.A. from Boston College. During the years 1906-1908 Dr. Williams did post-graduate work at Harvard University, Department of Pharmacology; from 1908-1912 he was associated with Dr. Frany Pfaff; and from 1917-1918 he acted as Associate in the Department of Pathology of Tufts College Medical School. From 1918-1921 he occupied the position of Assistant Director of the Division of Biological Laboratories, Massachusetts Department of Public Health, resigning to enter the United States Public Health Service. In 1916 he went to the Texas Border as First Lieutenant in the National Guard. During the World War he served as Captain in the Medical Corps of the United States Army and after the cessation of hostilities he became a reserve surgeon in the United States Public Health Service. Since 1926 Dr. Williams has been a Medical Expert in the United States Veterans Bureau, serving in North Carolina, and at the Veterans Hospitals in Rutland, West Roxbury and Bedford, Massachusetts. At the time of his appointment, Dr. Williams was Chief of the Laboratory Service at the Bedford Veterans Facility No. 107, a Government hospital devoted to the care of patients with mental disorders.

WINFRED OVERHOLSER, M.D.

On December 9, 1936, Dr. Winfred Overholser, Commissioner of Mental Diseases since June 21, 1934, left the service. His term as Commissioner expired on July 28, 1936, but he remained in office until the appointment of his successor on December 9, 1936.

Dr. Overholser was born in Worcester, Massachusetts. He was educated in the public schools of Wellesley, Massachusetts; he received the degree of A.B., cum laude, from Harvard College in 1912, and the degree of M.D. from Boston University School of Medicine in 1916. From 1916–1917 he served as Resident Physician at the Evans Memorial Hospital, Boston; 1917-1918, Assistant Physician, Westborough State Hospital, Westborough, Massachusetts; 1918–1919. Lieutenant in the Neuro-Psychiatric Section of the United States Army Medical Corps; 1919–1920, Assistant Physician, Westborough State Hospital; 1920–1921, Assistant Superintendent, Gardner State Hospital, Gardner, Massachusetts; 1921–1924, Assistant Superintendent, Medfield State Hospital; 1924–1925. Assistant to the Commissioner, Massachusetts Department of Mental Diseases, 1925–1930, Director, Division for Examination of Prisoners, Massachusetts Department of Mental Diseases; 1930–1934, Assistant Commissioner, Massachusetts Department of Mental Diseases; June 21, 1934, to December 9, 1936, Commissioner of Mental Diseases, Massachusetts Department of Mental Diseases.

Dr. Overholser is a Diplomate of the American Board of Psychiatry and Neurology, Incorporated. He holds membership in the Massachusetts Psychiatric Society (Secretary 1925–32, Vice-President 1932–1933, President 1933–1934, Councillor); New England Society of Psychiatry (Pres. 1936–37); Massachusetts Medical Society (Committee on Post-graduate Instruction); American Psychiatric Association (Councillor and member of Executive Committee; Chairman, Committee on Legal Aspects of Psychiatry); American Medical Association (Committee on Psychiatric Jurisprudence); National Committee for Mental Hygiene (Committee on Scientific Administration); American Legion (Department of Massachusetts Hospitalization Committee 1922–1936, Chairman, 1935–36; National Rehabilitation Committee, Vice-Chairman Area A, 1930–33; Commander Beckwith Post, Medfield, Massachusetts, 1922–24); Executive Committee of Cooperative Committee for National Survey of Public Mental Hospital Services in United States, 1936; Massachusetts Chapter American Institute of Criminal Law and Criminology (Sec. 1925); Chairman, Committee on Delinquents and Prisons, First International Congress of Mental Hygiene, 1930; Executive Committee, Massachusetts State Conference of Social Work, 1932–33; Boston City Club; Alethean Club; Alpha Sigma Phi Fraternity. He served as State Expert for Examination of Insane Criminals, 1928–33; Professor of Psychiatry, Boston University School of Medicine; Lecturer, Boston University School of Law; Consultant in Psychiatry in the United States Public Health Service; Consultant, Medical Aspects of Crime, National Crime Commission. He is the author of numerous articles in medical and legal journals on the legal aspects of psychiatry.

HENRY M. POLLOCK, M.D.

In the absence of both the Commissioner (illness of Dr. Williams), and Assistant Commissioner (resignation of Dr. Barrett), Dr. Henry M. Pollock, Associate Commissioner, was appointed Chairman, pro tem, at a regular meeting of the Department held on June 3, 1937. Dr. Pollock has served continuously as Associate Commissioner since the organization of the original Commission on Mental Diseases in 1916, and he is the only member remaining of the original Board.

CLIFTON T. PERKINS, M.D.

On June 23, 1937, Dr. Clifton T. Perkins was promoted from the position of Assistant to the Commissioner to the position of Assistant Commissioner, to succeed Dr. Joseph E. Barrett, resigned. Dr. Perkins has been in the Massachusetts State service since February, 1928. He is a Diplomate of the American Board of Psychiatry and Neurology, Inc.

JOSEPH E. BARRETT, M.D.

Dr. Joseph E. Barrett, Assistant Commissioner of the Department since 1934, resigned on June 1, 1937.

Dr. Barrett was born in Brookland, Arkansas. He was graduated cum laude from the Medical Department of the University of Tennessee in 1922, following which he served as resident interne at the City Hospital in St. Louis, Missouri. From 1923 to 1928 he was Assistant Physician at the State Hospital for Nervous Diseases at Little Rock, Arkansas, and on March 30, 1928 he came to the Taunton State Hospital, Taunton, Massachusetts, as Assistant Superintendent. On September 8, 1931 he was appointed an Assistant to the Commissioner in the Department of Mental Diseases, and on June 30, 1934 he was promoted to Assistant Commissioner. Previous to entering medical school Dr. Barrett was a pharmacist and in that capacity served in the United States Naval Reserve Forces during the World War, doing considerable overseas duty.

Dr. Barrett is a Diplomate of the American Board of Psychiatry and Neurology, Inc. He held membership in the American Psychiatric Association; Massachusetts Psychiatric Society; American Medical Association; Massachusetts Medical Society; Massachusetts Society for Mental Hygiene; New England Society of Psychiatry; Bristol County Medical Society; Taunton Doctors' Club; also, the Taunton Post, No. 103, The American Legion; and the Segregansett Country Club of Taunton

KARL V. QUINN, M.D.

Dr. Karl V. Quinn, Assistant to the Commissioner since January 6, 1936, resigned on February 11, 1937.

Dr. Quinn received his education in the schools of Kingston, Ontario, Regipolis College, and Queens University, Canada, graduating with the degree of M. D. C. M. in 1924. After over two years' internship in the general hospitals of Kingston and Hamilton, Ontario, he was appointed Assistant Physician at the Belchertown State School on May 20, 1926; on June 1, 1927, he was promoted to Senior Physician and on December 1, 1931, he was made Assistant Superintendent, which position he held until January 6, 1936, when he was appointed an Assistant to the Commissioner in the Department.

Dr. Quinn held membership in the Ontario College of Physicians and Surgeons; American Medical Association; Massachusetts Medical Society; Hampshire County Medical Society; Massachusetts Psychiatric Society; New England Society of Psychiatry; American Association on Mental Deficiency; and is a Fellow of the American Psychiatric Association

MR. WILLIAM I. ROSE

On December 14, 1936 Mr. William I. Rose was appointed Business Agent of the Department, to succeed Mr. Warren A. Merrill who retired from the service on November 8, 1936. Prior to this appointment Mr. Rose was Adjutant General of the Commonwealth.

MISS MAUDE F. FREETHY

On July 19, 1937, Miss Maude F. Freethy, Investigator of Settlement and Support Claims in the Division of Settlement and Support of the Department, retired from the service. Miss Freethy entered the service of the Department on November 23, 1903.

The following resolutions on the retirement of Miss Freethy were adopted by the Department on July 12, 1937:

> "In 1900 legislation was enacted in Massachusetts establishing State care and support of the dependent insane, to become operative January 1, 1904, and as a result of this forward step in the care of the mentally ill, a Support

> Division was established within the Department in the latter part of 1903. Miss Maude F. Freethy was appointed as secretary to Mr. Francis B. Gardner, the first head of the Division and in her he found a person on whom he could depend — one whose accurate knowledge of the Division's policies and problems made her a most valued employee. During her service as secretary, Miss Freethy was graduated from the Portia Law School, and was promoted to the position of Investigator of Settlement and Support Claims, where her legal training was of great benefit to the Division. Her poise and quiet dignity won for her the confidence of her superiors and associates. The Commissioners of the Department of Mental Diseases desire to record their recognition of the long and efficient service given by Miss Freethy — covering a period of almost thirty-four years — and to extend to her their best wishes for the future."

MISS HANNAH CURTIS

On August 22, 1937, Miss Hannah Curtis, Supervisor of Social Service in the Department since 1918, retired from the service. Miss Curtis first entered the Massachusetts State service on May 28, 1913 as Social Service Worker at the Danvers State Hospital, and on June 17, 1918 she was appointed Supervisor of Social Service in the Department.

The following resolutions on the retirement of Miss Curtis were adopted by the Department on July 12, 1937:

> "It is with a sincere sense of obligation, from an intimate knowledge of her record of twenty-four years in the service of the Commonwealth of Massachusetts, that the Commissioners of the Department of Mental Diseases hereby express their appreciation for the able manner in which Miss Hannah Curtis initiated and has developed social service in the Department and its institutions since 1918. Five years earlier, she was made Head Social Worker at the Danvers State Hospital — at a time when only one other mental hospital in this State was engaged in this work. A graduate of the Simmons College School for Social Work, her unusual qualities commanded the attention of that leader and progressive spirit, Dr. George M. Kline, while he was Superintendent of the hospital at Danvers. As Commissioner of the Department, in appointing Miss Curtis as the first Director of Social Work, he was assured that she was equipped by character, training and experience to administer so important an undertaking in the almost unexplored field of psychiatric social service. It was her personality, her patience, her submergence of self, the purpose which she had in mind, and the goal to be attained which kept her ever on the path through the innumerable difficulties which beset the way. As she now retires to private life, the Commissioners hope she may enjoy the fruitful years which she has so well earned — secure in the knowledge that she is leaving a sound foundation in social work which should be a source of inspiration to those who carry on."

JAMES V. MAY, M.D.

Dr. James V. May, Superintendent of the Boston State Hospital, retired from the service on December 19, 1936.

Dr. May was born in Lawrence, Kansas. He was graduated from the University of Kansas with the degree of A. B. in 1894, and from the University of Pennsylvania with the degree of M. D. in 1897.

Since graduation from medical school he held the following positions:

1897–1898	Resident Physician, Philadelphia Hospital, Philadelphia, Pennsylvania
1899–1900	Assistant Physician, Brigham Hall Hospital, Canandaigua, New York.
1900–1902	(1½ years) Acting Assistant Surgeon, United States Army, stationed in Philippine Islands.
1902	Assistant Physician, Central Islip State Hospital, Central Islip, New York.
1902–1911	First Assistant Physician, Binghamton State Hospital, Binghamton, New York.
1911	Medical Superintendent, Matteawan State Hospital, Matteawan, New York.

1911–1916 Medical Member and Chairman, New York State Hospital Commission.
May 8, 1916–Dec. 1, 1917 Superintendent, Grafton State Hospital, Grafton, Mass.
Dec. 1, 1917–Jan. 12, 1933 Superintendent, Boston State Hospital, Boston Mass.
Jan. 12, 1933–June 20, 1934 Commissioner of Mental Diseases, Commonwealth of Massachusetts.
June 20, 1934–Dec. 19, 1936 Superintendent, Boston State Hospital, Boston, Mass.

During the World War Dr. May served as First Lieutenant, Captain, and Major in the Medical Reserve Corps of the United States Army. From 1933 to 1934 he was Lecturer on Mental Hygiene in the School of Public Health, Harvard University. He is a Diplomate of the American Board of Psychiatry and Neurology, Incorporated, and a member of the Board of Directors of the following organizations: Massachusetts Society for Mental Hygiene, Massachusetts Society for Social Hygiene, and the Boston School of Occupational Therapy; Fellow of the American Psychiatric Association (Pres. 1932–1933), American Medical Association, Massachusetts Psychiatric Society (Pres. 1927–1928), American Association for the Advancement of Science, and the American Adademy of Arts and Sciences; and a member of The National Committee for Mental Hygiene; International Committee for Mental Hygiene (member of the Council), National Social Science Honor Society, New England Society of Psychiatry (Pres. 1933–1934), corresponding member of the Royal Medico-Psychological Association of Great Britain, and Foreign Associate Member of the Societe Medico-Psychologique of Paris. He is a member of the American Legion, United Spanish War Veterans, Pi Gamma Mu and the Boston CityClub. He is the author of the book entitled "Mental Diseases, a Public Health Problem," published in 1922; and he has made numerous contributions to medical and psychiatric literature.

Harold F. Norton, M.D.

Dr. Harold F. Norton was appointed Superintendent of the Boston State Hospital on January 6, 1937, to succeed Dr. James V. May.

Dr. Norton was born in Hyde Park, Massachusetts, April 5, 1901. He attended St. Raphael's Parochial School and was graduated from Boston College High School, Boston, Massachusetts, in 1920. In 1925 Dr. Norton received the degree of D.M.D from the Tufts College Dental School, and in 1931 he received the degree of M.D. from the Harvard University Medical School. He served a one-year rotating internship in the Beverly Hospital, Beverly, Massachusetts, during 1931–1932; from 1933–1934 he was on the staff of the Connecticut State Hospital, Middletown, Connecticut; and on October 22, 1934 he was appointed to the staff of the Boston State Hospital; one year later he was appointed Senior Physician and held this position until his appointment as Superintendent.

Henry M. Baker, M.D.

Dr. Henry M. Baker was appointed for a period of one year from July 26, 1937, as an expert to examine prisoners in the State Prison, State Prison Colony, the Massachusetts Reformatory, the Prison Camp and Hospital or the Reformatory for Women, who are alleged to be insane, as provided by Section 102, Chapter 123, of the General Laws, amended by Chapter 15 of the Acts of 1934. Dr. Baker succeeded Dr. Clifton T. Perkins.

ACTIVITIES OF THE DEPARTMENT

Mental Examination of Persons Coming before the Courts

During the year, seven hundred and forty-five cases have been examined under the so-called "Briggs Laws," Section 100-A, Chapter 123, General Laws.

Seventy-one cases were examined under Section 99, Chapter 123, General Laws, during the year. It is interesting to note that the number of cases examined during the year 1937 constitutes an increase of 56% over the number of cases examined during the year 1936.

EXAMINATION OF JUVENILE DELINQUENTS

The examination of juvenile delinquents prior to commitment (Section 58-A, Chapter 119, General Laws, Ter. Ed.) was conducted by the following clinics:

Boston Psychopathic Hospital
Boston State Hospital
Danvers State Hospital
Foxborough State Hospital
Gardner State Hospital
Grafton State Hospital
Medfield State Hospital
Monson State Hospital
Northampton State Hospital
Taunton State Hospital
Westborough State Hospital
Worcester State Hospital
Walter E. Fernald State School
Wrentham State School
Belchertown State School
Dr. Henry M. Baker
Judge Baker Guidance Center

During the year 1936–1937 there was an increase of approximately 15% in the number of cases examined over the previous year. A total of 1,226 children were examined, compared with 1,064 the previous year . Of those examined this year, 44% or 540 children were classified as normal, 35% or 424 children were classified as subnormal, 20% or 246 children were classified as feebleminded, 10% or 12 children were classified as psychotic and 3% or 4 children were classified as psychotic with feeblemindedness. In other words about 56% of the children examined this year were found to be abnormal. The percentage of abnormal children last year was 69%.

Most of the clinics report that the courts are very much interested in these examinations and are cooperative. Probation officers and judges use data furnished by hospital clinics to fullest extent; are guided by the findings and do satisfactory and cooperative follow-up work. There are still one or two communities, however, in which courts request examinations merely in order to comply with the letter of the law; where examinations are made under unsatisfactory conditions, after the child has been sentenced and is on his way to an institution.

In general, however, the courts are increasingly aware of the value of these clinics and bemoan the fact that facilities for properly carrying out recommendations are inadequate. (See table on page 8.)

GENERAL MATTERS

SPECIAL COMMISSION ON MENTAL DISEASES

Under Chapter 7, Resolves of 1937, there was created by the Legislature, a Special Commission to investigate and study the whole matter of the mentally diseased in their relation to the Commonwealth, including all phases of the work of the Department of Mental Diseases. This Commission is made up of seven members, appointed by His Excellency Charles F. Hurley, as follows: Hon. John Forbes Perkins, Chairman; Hon. Erland F. Fish, Vice-Chairman; Hon. Joseph W. Monahan; Reverend Otis F. Kelly; Dr. L. Vernon Briggs; Representative Thomas P. Dillon; and Mr. John M. Gray. Mr. William J. Griffin is Secretary of the Commission. This Special Commission has worked on a cooperative basis with the Department of Mental Diseases and the institutions coming under its jurisdiction. The results of the study of this Special Commission will undoubtedly form the basis of a special report at a later date.

CONFERENCES AND VISITS TO STATE INSTITUTIONS

Eleven regular meetings, and twenty-one special meetings, of the Commissioner, Assistant Commissioner, and Associate Commissioners were held during the year.

Five conferences of the Commissioner and Assistant Commissioner with the Superintendents of the State institutions under the Department were held.

SEMI-ANNUAL MEETINGS OF THE DEPARTMENT WITH THE TRUSTEES OF STATE INSTITUTIONS

A semi-annual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Wrentham State School on Saturday, April 17, 1937.

Luncheon was served at 1:00 o'clock in the Officers' Dining Room. Following the luncheon the meeting was called to order by Dr. David L. Williams, Commissioner of Mental Diseaes, and a welcome was extended to those present. Dr. C.

Examination of Juvenile Delinquents
October 1, 1936–October 1, 1937

AGE GROUPS	TOTAL			NORMAL			SUB-NORMAL			FEEBLEMINDED			PSYCHOTIC			PSYCHOSIS WITH FEEBLEMINDEDNESS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 12	120	12	132	55	3	58	41	9	50	21	–	21	2	–	2	1	–	1
12–15	528	97	625	265	35	300	166	37	203	95	23	118	3	–	3	–	2	2
15–18	356	113	469	145	37	182	123	48	171	79	28	107	7	–	7	1	–	1
Totals	1,004	222	1,226	465	75	540	330	94	424	195	51	246	12	–	12	2	2	4
Per cent				46.31	33.79	44.05	32.87	42.34	34.58	19.42	22.97	20.06	1.20	–	.98	.20	.90	.33
Per cent 1935–1936				31.21	26.62	30.54	51.10	51.30	51.13	16.15	21.43	16.92	1.21	.65	1.13	.33	–	.28
Per cent 1934–1935				36.48	26.51	34.80	44.70	48.38	45.34	17.94	25.11	19.20	.58	–	.50	.20	–	.16

Stanley Raymond, Superintendent of the School, was then introduced, and gave an address on "The Aims of a Research Program Concerning Causes of Mental Deficiency and Methods of Prevention."

Following the address a visit was made to the various buildings of the school.

A semi-annual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Taunton State Hospital, Taunton, Massachusetts, on October 27, 1937.

Luncheon was served at 1:00 o'clock in the Administration Building. A word of welcome was extended to those present by Dr. Clifton T. Perkins, Assistant Commissioner of the Department. Dr. Ralph M. Chambers, Superintendent of the hospital, gave a short talk regarding the hospital and its activities. In the absence of Hon. John Forbes Perkins, Chairman of the Special Commission on Mental Diseases appointed by His Excellency, Governor Charles F. Hurley, to investigate the Department and institutions thereunder, the Reverend Otis F. Kelly, a member of the Special Commission, gave an address dealing with the duties of Trustees of State institutions. Other members of the Special Commission present at this meeting were, Mr. John M. Gray, Hon. Joseph W. Monahan, and Mr. William J. Griffin, Secretary. Dr. Henry M. Pollock and Mr. Samuel Kalesky, Associate Commissioners, and Dr. Clifton T. Perkins, Assistant Commissioner, represented the Department.

New Quarters for Department

On November 27, 1937, the Department was moved from Room 167, State House, to the seventh floor of the Public Works Building at 100 Nashua Street, Boston.

Changes in Private Institutions

Mrs. O'Keefe's Nursery Home

On January 1, 1937 a license was issued to Dr. Richard Cannon Eley to conduct a private institution for the care of epileptic and feeble-minded children under the age of 12 years, located at 36 Surrey Road, Arlington Heights, Massachusetts, and known as Mrs. O'Keefe's Nursery Home. Later on in the year this Nursery Home was moved to 1557 Massachusetts Avenue, Lexington, Massachusetts, and the name was changed to The Lila Sanatorium.

Kittredge Farm

The license issued to Dr. Joseph Kittredge in 1932 to conduct a private sanitarium for the care and treatment of epileptic patients at 56 Academy Road in North Andover, Massachusetts, was not renewed this year.

Deportations

One hundred sixty-five cases were considered for deportation during 1937, in comparison to 134 cases in 1936. The Department deported 85 to other states and 5 to other countries and, in addition, the United State Department of Labor deported 5 to other countries: in all, 95.

Since October 1, 1898, 4,779 patients have been deported by this Department.

Details of the disposition of cases under consideration for deportation are shown in Table 174.

Legislation — 1937

Chapter 136. — *An Act relative to the Wilful Participation by any Person in Conspiracies to Commit, or in the Commitment, to Institutions for the Insane or Persons who are not Insane.*

Section one hundred and ten of chapter one hundred and twenty-three of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by striking out, in the first line, the words "A physician who" and inserting in place thereof the word: — Whoever, — and by inserting after the word "insane" in the third line the words: — or wilfully assists in or connives at such a commitment, — so as to read as follows: — *Section 110.* Whoever wilfully conspires with a person unlawfully or improperly to commit to an institution for the insane a person who is not insane or wilfully assists in or connives at such a commitment shall be punished by fine or imprisonment, at the discretion of the court. (*Approved March 25, 1937.*)

CHAPTER 157. — *An Act providing for Enforcement of Certain Provisions of Law relative to State Finance.*

Whereas, The deferred operation of this act would tend to defeat its purpose, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Chapter twenty-nine of the General Laws is hereby amended by inserting after section sixty-two, as appearing in the Tercentenary Edition, the following new section: — *Section 63.* If a department, commission, board, officer, employee or agent of the commonwealth is about to expend money or incur obligations purporting to bind the commonwealth for any purpose or object or in any manner other than that for and in which such department, commission, board, officer, employee or agent has the legal and constitutional right and power to expend money or incur obligations, the supreme judicial or superior court may, upon the petition of not less than twenty-four taxable inhabitants of the commonwealth, not more than six of whom shall be from any one county, determine the same in equity, and may, before the final determination of the cause, restrain the unlawful exercise or abuse of such right and power. (*Approved April 1, 1937.*)

CHAPTER 329. — *An Act authorizing the Trustees of Medfield State Hospital to Convey certain land to Alice W. Saltonstall of Newton.*

The trustees of the Medfield state hospital, on behalf of the commonwealth, are hereby authorized and directed to convey by a sufficient deed, in such form and containing such provisions binding on the grantee as to such trustees shall seem best and approved as to its form by the attorney general, to Alice W. Saltonstall of Newton, in consideration of four hundred and eighteen dollars, a certain parcel of land in Dover in the county of Norfolk shown on plan entitled "Plan of Land in Dover, Mass." dated April first, nineteen hundred and thirty-seven, by C. H. Gannett Co., Civil Engineers, and bounded and described as follows: — Westerly by land of said Alice W. Saltonstall, six hundred forty-two and four one-hundredths feet; Northerly by land of said Saltonstall, five hundred sixty-eight and ninety one-hundredths feet; Southeasterly by other land of the commonwealth of Massachusetts, eight hundred twenty-one and eighty-three one-hundredths feet, and containing according to said plan four and eighteen one-hundredths acres. (*Approved May 20, 1937.*)

CAHPTER 355. — *An Act relative to the Retirement allowance of Mary Alice McMahon under the State Retirement system.*

Mary Alice McMahon, employed by the commonwealth in the Boston state hospital as superintendent of nurses shall receive, on her retirement under the state retirement system, in addition to the retirement allowance to which she may otherwise be entitled under said system, an extra pension for life equal to the annuity that could have been purchased under paragraph (*2*) *B* (*a*) of section five of chapter thirty-two of the General Laws if amounts equal to five per cent contributions from the salary paid to her by the city of Boston for service as an employee at the Boston city hospital had been paid into the state retirement fund from time to time in the manner provided by paragraph (2) *A* of section four of said chapter thirty-two with respect to salaries payable by the commonwealth from June first, nineteen hundred and twelve, up to the date of her membership in the state retirement association, and if such contributions had been accumulated with regular interest, as defined in section one of said chapter thirty-two, up to the date of her retirement. For the purpose of computing the pension for prior service provided under paragraph (*2*) *C* (*b*) of section five of said chapter thirty-two service rendered by said McMahon for the city of Boston prior to June first, nineteen hundred and twelve, shall be counted as state service. (*Approved May 26, 1937.*)

Chapter 359. — *An Act extending to all State Officers and Boards certain provisions of Law relative to State Finances.*

Section twenty-seven of chapter twenty-nine of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by striking out, in the first line the word "public", — so as to read as follows: — *Section 27.* No officer or board shall incur a new or unusual expense, make a permanent contract, increase a salary or employ a new clerk, assistant or other subordinate unless a sufficient appropriation to cover the expense thereof has been made by the general court, except that prior to the effective date of the general appropriation act the department of public works, in anticipation of appropriations therefor, may, in any fiscal year, with the approval of the governor and council, make contracts for the construction and reconstruction of state highways binding the commonwealth to an amount not in excess of twenty-five per cent of the amount appropriated during the preceeding fiscal year for the same purposes, such contracts to provide for the completion of the work thereunder within the fiscal year in which they are made. (*Approved May 26, 1937.*)

Chapter 7. — *Resolve providing for an Investigation and Study by a Special Commission of the whole matter of the Mentally Diseased in their relation to the Commonwealth, including All Phases of the work of the Department of Mental Diseases.*

Resolved, That an unpaid special commission, consisting of seven persons to be appointed by the governor, is hereby established for the purpose of making an investigation and study of the whole matter of the mentally diseased in their relation to the commonwealth, including all phases of the work of the department of mental diseases, particularly as set forth in so much of the address of His Excellency, the Governor, printed as current senate document number one, as relates to mental diseases. Said commission shall hold hearings, may require of the department of mental diseases and such other departments and such commissions or officers of the commonwealth as have or can obtain information in relation to the subject matter of this resolve such assistance as may be helpful in the course of its investigation and study, may require by summons the attendance and testimony of witnesses and the production of such books and papers as relate to the matter under investigation. Said commission shall be provided with quarters in the state house or elsewhere and may expend for legal, clerical and other services and expenses, such sums, not exceeding in the aggregate, seven thousand dollars, as may hereafter be appropriated. Said commission shall report to the general court the results of its investigation and study and its recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerk of the house of representatives not later than the first Wednesday of December in the current year. (*Approved April 7, 1937.*)

Chapter 12. — *Resolve increasing the scope of the investigation to be made by the Special Commission on Taxation and Public Expenditures.*

Resolved, That the special commission on taxation and public expenditures, established by chapter three of the resolves of the current year to investigate and study relative to the problems of taxation and of public expenditures, shall, in carrying out its work under said resolve, consider the subject matter of current house document numbered fifteen hundred and ninety-four, being the report of the special commission established by chapter seventy-two of the resolves of nineteen hundred and thirty-six to investigate and study said problems, and also the subject matter of current house document numbered seven hundred and seventy-six, relative to the collection of water rates, and of current house document numbered nine hundred and nine, relative to the partial exemption of certain dwelling houses from taxation. (*Approved April 16, 1937.*)

Chpater 25. — *Resolve providing for an Investigation by a Special Commission relative to the matter of requiring the Approval by the General Court of Rules and Regulations of State Departments, Commissions, Boards and Officials.*

Resolved, That a special unpaid commission, to consist of one member of the senate to be designated by the president thereof, three members of the house of representatives to be designated by the speaker thereof, two persons to be appointed by the governor, and the chairman of the commission on administration and finance, is hereby established for the purpose of investigating the subject matter of current senate document numbered fifty-nine, relative to requiring the approval by the general court of rules and regulations of state departments, commissions, boards and officials. Said commission shall report to the general court the results of its investigation, and its recommendations, if any, together with drafts of legislation necessary to carry said recommendations into effect, by filing the same with the clerk of the house of representatives on or before the first Wednesday of December in the current year. (*Approved May 12, 1937.*)

CHAPTER 48. — *Resolve in Favor of the Parents of Francis S. Murphy.*

Resolved, That, for the purpose of discharging the moral obligation of the commonwealth in the premises, and after an appropriation has been made therefor, there be allowed and paid out of the treasury of the commonwealth to James P. Murphy and Annie Murphy of Melrose, the sum of two thousand dollars on account of the death of their son, Francis S. Murphy, who died April twelfth, nineteen hundred and thirty-five, in consequence of injuries sustained at the Wrentham state school. Said amount shall be paid in weekly instalments of twenty-five dollars each. No payment shall be made hereunder until there shall have been filed with the state treasurer an agreement signed by said James P. Murphy and Annie Murphy that the amount, if any, to be paid for legal services rendered in connection with the passage of this resolve shall not exceed ten per cent of said sum. (*Approved May 28, 1937.*)

CHAPTER 53. — *Resolve further increasing the Scope of the Investigation to be made by the Special Commission on Taxation and Public Expenditures.*

Resolved, That the special commission on taxation and public expenditures, established by chapter three of the resolves of the current year to investigate and study relative to the problems of taxation and of public expenditures, shall, in carrying out its work, consider the subject matter of the bill accompanying a message of the governor to the general court, printed as current house document numbered nineteen hundred and fifty-one, relative to the establishment, powers and duties of housing authorities in the commonwealth. (*Approved May 28, 1937.*)

CHAPTER 58. — *Resolve further increasing the Scope of the Investigation to be made by the Special Commission on Taxation and Public Expenditures.*

Resolved, That the special commission on taxation and public expenditures, established by chapter three of the resolves of the current year to investigate and study relative to the problems of taxation and of public expenditures, shall, in carrying out its work, consider the subject matter of current house documents numbered one hundred, one hundred and three, one hundred and four, one hundred and six, two hundred and three, four hundred and sixty-four, four hundred and sixty-six, fourteen hundred and ninety-two and sixteen hundred and eighty-one, relative to certain corporation, income and other taxes, certain excises and certain state and municipal finance matters, and also the subject matter of current house document numbered seventeen hundred and twenty-one, relative to the term of office of certain state officers, of current house document numbered two hundred and eighteen, relative to making the payment of a motor vehicle excise tax previously assessed a prerequisite to the registration of certain motor vehicles, and of current house document numbered four hundred and fifty-eight, relative to an excise on registered trailers in lieu of a local tax. (*Approved May 28, 1937.*)

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of Mental Diseases:

We take pleasure in submitting our report on the Nurses' Training Schools for the year ending November 30, 1937.

There have been no changes in the membership during the past year except for the resignation of Dr. Karl V. Quinn, Secretary, and the appointment of Dr. Edgar C. Yerbury on July 26. Dr. William A. Bryan has continued to act as chairman with Dr. Ralph M. Chambers and Dr. Roderick B. Dexter as members.

The Committee on Nurses' Training Schools has held three meetings during the year for the purpose of discussing routine matters as well as discussing the various problems arising from time to time pertaining to the administration of training schools in mental hospitals under supervision of the Department of Mental Diseases.

During the year the following training schools conducted the regular three-year course of instruction in the art of nursing:

Danvers State Hospital	Taunton State Hospital
Medfield State Hospital	Westborough State Hospital

The following hospitals have continued to give the two-year psychiatric nursing course:

Boston State Hospital	Grafton State Hospital
Foxborough State Hospital	Northampton State Hospital
Gardner State Hospital	

The Boston Psychopathic Hospital, Danvers State Hospital, Taunton State Hospital and the Worcester State Hospital have continued their training of affiliate nurses, and post-graduate instruction has been given to several nurses at the Worcester State Hospital.

The results of training in both the regular and psychiatric schools are indicated by the following table:

TRAINING SCHOOLS	JUNIORS			SENIORS		
	Passed	Failed	Percent failed	Passed	Failed	Percent failed
Regular	23	0	0	15	0	0
Psychiatric	52	13	20	46	1	2.1

While the results of training in the psychiatric-type of school would indicate a reduction in the number of failures this year over that of a year ago, these results are still far from gratifying. The high percentage of these failures occurred in the same institution where many students have failed during the previous year.

On November 30, 1937 the total enrollment of regular, affiliate and post graduate students as well as the psychiatric students in the accredited and psychiatric training schools were as follows:

Accredited Training Schools

	Preliminary	Intermediate	Senior	Affiliate	Post-graduate
Danvers State Hospital	6	8	12	8	0
Medfield State Hospital	17	3	4	0	0
Taunton State Hospital	6	4	7	5	0
Westborough State Hospital	6	7	7	0	0
Worcester State Hospital	0	0	0	7	4
Boston Psychopathic Hospital	0	0	0	15	0
	35	22	30	35	4

Psychiatric Training Schools

	Junior	Senior	Affiliates
Boston State Hospital	0	14	0
Foxborough State Hospital	15	8	0
Gardner State Hospital	27	16	0
Grafton State Hospital	11	3	2
Northampton State Hospital	14	4	0
	67	45	2

The Massachusetts State Board of Registration in Nursing has further indicated that psychiatric nursing affiliation should be a requisite for eligibility for examination for registration. It was the desire that this be enforced by 1940. It would seem, however, that the problem of housing some three hundred additional students quarterly presented the greatest obstacle which could not be overcome under the present housing conditions. Recommendations for the additional necessary quarters were made by this committee to the Committee on Housing.

Although it has been recommended by this committee on two previous occasions that steps be taken to discontinue the psychiatric training schools giving the two-year course, no action has yet been taken by the Department of Mental Diseases. We, therefore, again recommend that some definite action be taken in the very near future.

The problem of nursing the mentally ill is an exceedingly important one and every effort should be made by the state hospitals to encourage interested and suitable persons to enter the training schools. There has been an increasing shortage of graduate nurses who have had psychiatric training and it would appear that if something is not done to stimulate interest in this very highly specialized nursing subject, there would be a definite reaction upon our mentally ill patients

Respectfully submitted,
William A. Bryan, M.D., *Chairman*
Ralph M. Chambers, M.D.
Roderick B. Dexter, M.D.
Edgar C. Yerbury, M.D., *Secretary.*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1937. Tables 1 to 11, inclusive, immediately follow this report).

To the Commissioner of Mental Diseases:

The report of the activities for the Financial Division is submitted for the fiscal year ending November 30, 1937. This report has embodied in it the finances of the department, the institutions under its financial control, report of the Engineering and Farm sub-divisions, information relating to the work of the division on appropriations for special purposes, supervision of major repairs, and various tables dealing with these activities.

Meetings of the institution stewards, head farmers, head laundrymen and maintenance foremen were held throughout the year. The main objective of these meetings was standardization, discussion of current problems, and to create closer cooperation with other State departments.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives. The total expenditures show a decrease of $426,665.79, but under Personal Services there is an increase over 1936 of $273,980.75, an increase under Maintenance and Operation of $760,274.07 and a decrease under New Construction amounting to $1,460,920.61. This decrease mainly is due to the completion of the large Public Works Administration program.

The expenditures of the Department itself, given in Table 2, amount to the sum of $286,390.34, an increase over 1936 of $4,489.14. Moving the Department increased Expenses, the higher cost of board per patient increased Persons Boarded in Hospital Cottages, and additional money was spent for research for Investigation of Mental Diseases and Defects.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities for indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expenses, then the receipts which are for sales only. Receipts for board of patients are shown in Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next are shown the expenses arrived at by deducting sales from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is $8.440; that for schools for defectives is $7.216 with an average of $8.206 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1936, the average weekly per capita cost for the twelve mental hospitals was $7.755 or $.685 less than 1937. For the schools for mental defectives for the fiscal year 1936 the average weekly per capita cost was $6.895 or $.321 less than the average per capita cost for the fiscal year 1937. Taking the total of the sixteen institutions for 1936, the average weeky per capita cost was $7.59 as compared with the average per capita cost of 1937 of $8.206 or $.616 less than the average of 1937. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that for the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital for 1937 is $8.245, and the average per capita cost for the fifteen institutions computed without the Boston Psychopathic Hospital is $8.047.

Table 4 gives in detail the expenses and weekly per capita costs grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1936, increases are shown under all classifications, due to increase in patient population and to the rise in prices of commodities.

The average weekly per capita cost per patient for personnel for 1936 was $4.368 and for 1937, $4.491, an increase of $.123 from 1936. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a total decrease per person for 1937. (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the legislature. Under chapter 365 of the Acts of 1933 and the Emergency Relief Appropriation Act of 1935, appropriations were made in conjunction with the National Recovery Act on the basis of 30% furnished by the Federal Government and 70% by the Commonwealth. These appropriations run until the completion of the project. Detail of all special appropriations is given in the report of the Engineering division and in Table 7 where are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances, and more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures. In its budget request for 1937 the Department asked for $16,947,363. The amount appropriated was $1,253,647.53.

Receipts during the year from paying patients, collected under the direction of the Division of Legal Settlement and Support Claims, amounted to $783,498.17, an increase over the receipts of 1936 of $8,700.04. The per capita amount received in 1937, based on average daily patient population was $29.20. The receipts from paying patients were 6.85% of the total cost of maintenance. (Table 8.)

Section 27, chapter 123 of the General Laws reads as follows: "The Trustees of each state hospital shall be a corporation for the purpose of taking and holding by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof."

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Hospital, is carried on as occupational therapy for the benefit of patients, and at the same time meets the printing needs of the Department and its institutions. During the year approximately the following material was printed: 325,500 letterheads; 104,500 envelopes; 37,500 each Christmas folders and envelopes; 39,700 Christmas labels; 73,650 triplicate order blanks; 3,726,313 medical and other forms and cards of 325 varieties; 141,608 payroll checks; 100 booklets; 200 bulletins and books; 10,450 annual reports for department and institutions, and 1,100 reprints. The total cost of these forms was $5,655.45 which does not include charges for typesetting for the annual reports.

The reports of the Engineering and Farm sub-divisions follow.

Report of Supervising Hospital Construction Engineer — Walter E. Boyd

The PWA program was being completed rapidly during this period. There were no new projects started but a project for the erection of a Ward Building and extension of dining and kitchen facilities in the Pines Group at the Grafton State Hospital was revived and a Federal Grant obtained.

A sprinkler system was completed at the Boston State Hospital giving added fire protection in all of the non-fireproof buildings. The boiler plant alterations at the Danvers State Hospital were completed. This alteration consisted of the extending of the boiler room, raising the roof trusses and replacing the wooden construction with fireproof material, replacing the horizontal return tubular boilers with water-tube boilers of higher steam pressure. The fuel was changed from coal to oil. The plant is modern and up-to-date and with the installation of generating equipment capable of utilizing the higher pressures, the plant will be capable of a very high efficiency. A fire alarm system was completed at the Danvers State Hospital connecting the institution with the Danvers Fire Department, thereby giving all parts of the institution the benefit of modern fire alarm protection. The power house alterations at the Foxborough State Hospital were completed. This project consisted of the installation of new water tube boilers with oil burners, a turbine driven alternating generator replacing the old engines and motor generating set, and new refrigerating equipment replacing a worn out ammonia system. The project eliminated the coal pile which was located directly behind the ward buildings and was the cause of a coal-dust nuisance whenever the windows were opened or the wind was in the right direction. The sprinkler system at Medfield State Hospital was completed giving that institution the benefit of sprinkler protection.

At the Taunton State Hospital two water-tube boilers were installed replacing four old return tubular boilers. Oil burning equipment was installed under all four boilers changing from coal. The boiler room now is thoroughly up-to-date and consists of four boilers of greater capacity in place of the six boilers formerly required.

A new kitchen and dining-room was opened at the Westborough State Hospital. This was built by remodeling the old laundry building and building additions extending over the former coal pocket. It is connected to the wards by corridors. The dining-rooms are operated on the cafeteria basis. This project results in a great improvement in the food preparation and service at the institution. The new kitchen and dining-rooms at Monson State Hospital also were opened and proved very satisfactory.

A project for renewing plumbing in many of the older buildings at Boston State Hospital was carried out greatly improving the services. A plumbing renovation project was carried out in E building at the Foxborough State Hospital. Continuous baths and hydrotherapy was installed in Elms A Building at Grafton State Hospital. A modern X-ray installation also was purchased. Plans were completed for a new ward building with a capacity of 300 beds, to be erected in the Pines group, and bids were taken and contracts were awarded for the foundations at the end of the year. Plans also were being prepared for a kitchen and dining-room to care for the increased patients in this group.

At the Medfield State Hospital temperature control valves were installed in each building on the circulating hot water system thereby increasing the safety and producing more uniform temperatures throughout the entire institution. Two new electric elevators were installed in the Northampton State Hospital doing away with a large number of obsolete hydraulic lifts. The exterior walls and woodwork of the main group at the Westborough State Hospital were caulked, pointed and repainted. The sewer beds at the same institution were resurfaced. Mechanical refrigeration was installed at Worcester State Hospital on the wards and in the dairy, doing away to a large extent, with the necessity of hauling ice. At the Belchertown State School, a project was started for replacing brass pipe, which has failed to stand up under existing water conditions, with copper tubing. This will improve the hot water system and reduce costly maintenance.

Many other projects were carried out to improve the services at the institutions, some of them with the aid of WPA labor such as roadwork at the Metropolitan State Hospital.

Inspections of the various projects under way, of the requests for special appropriations, and for fire protection were made at the institutions.

Report of the Senior Structural Engineer — Clarence D. Maynard

Budget requests of the institutions under the Repairs and Renewals, Repairs Ordinary and Garage and Grounds sections were studied carefully and investigated by personal visits and conferences with the Budget Commissioner. Important items were included in the lists which were approved in the appropriations passed by the Lesislature.

Soundproofing of the seclusion rooms together with the installation of a new type of detention window was included in the repairs to the Boston Psychopathic Hospital. The program was continued for the better serving of food at the Boston State Hospital with the conversion of the Patients' Dining Room into a cafeteria. A new flat work ironer was installed also, together with the renovation of the plumbing and painting.

At Danvers State Hospital the program of reshingling the Middleton Colony roofs was continued. Automatic fire extinguishers were installed in closets and clothesrooms, new silos were erected and a new tumbler added to the laundry equipment. A start was made on the much needed renewal of the kitchen equipment at the Foxborough State Hospital.

At the Gardner State Hospital, the program of replacing the kitchen floor with tile was continued. The major portion of the cafeteria equipment for the patients dining-room was purchased. With the completion of this project in 1938, greatly improved food service will result. Replacement of steam jacketed kettles was continued, new bakery machinery was installed and the renovation of ward pantries was continued at the Medfield State Hospital.

The electrical transmission line was repainted, waterproofing of walls continued, and a water supply to the root cellar installed at the Metropolitan State Hospital. At the Northampton State Hospital the replacement of shower stalls was continued and additions and repairs to Home No. 2 were made. A renewal of plastering and painting was made in the third floor of the South Infirmary. A washer was added to the laundry equipment. Exterior fire doors on stairways were changed at the Taunton State Hospital and the hen houses were relocated due to the construction of the hospital buildings. An extension from the new tunnel to the Male Home was made.

An addition to the bakery at the Westborough State Hospital was made necessary due to lack of sufficient space in the Rear Center Building, erected under the PWA program. The fire mains in the main group were renewed and boilers were retubed. At the Worcester State Hospital shelving for clothing was installed in the Phillips and Lincoln Wards. Cafeteria equipment was installed in the basement of the recently renovated Quimby Building. New bull pens were built at the Monson State Hospital, replacing old and inadequate facilities. The program of the replacement of hot water storage tanks was continued. New silos also were built.

Automatic fire extinguishers were installed in the Girls' Industrial Building. The program of the replacement of worn out asphalt shingle roofs on the employees' cottages was continued with the installation of a slate roof on Employees' Cottage No. 3. At the Wrentham State School a chain link fence was installed at the K building, thus allowing the patients supervised recreation space. The serving room equipment in the E building was replaced and toilet facilities in the A & K Buildings were renovated.

The preparation of detailed specifications for furnishings for buildings constructed under the Federal PWA grants was carried on. Forty-five visits were made to the institutions during the year in connection with the maintenance and special appropriation projects.

REPORT OF ASSISTANT ENGINEER STATE HOSPITALS — JOSEPH P. GENTILE

During the year one hundred twenty-five visits were made to institutions for surveys and inspections. A survey of kitchen and dining facilities at thirteen institutions, started the previous year, was completed. Nine institutions were inspected for fire protection and fire hazards, in accordance with routine inspection of department engineers. Supervision of projects at institutions was maintained by periodic inspections of the projects during their progress.

Projects completed during the year were: the conversion of an employees' dining-hall to a cafeteria at the Boston State Hospital; a dairy barn, retaining wall for the coal pocket, and a section of tunnel which will permit underground traffic to all of the buildings of the main group, at the Gardner State Hospital; pointing and painting of the main group at the Westborough State Hospital.

Weatherstripping the administration building and two attendants' homes; reconstruction of the administration building porch; installation of oil burners in the bakery; and installation of mechanical refrigeration at the Worcester State Hospital.

Plans were drawn and specifications written for converting a patients' dining-hall to a cafeteria at the Boston State Hospital; for pointing and painting the main group at the Westborough State Hospital; for weatherstripping the attendants' homes, the installation of a fire alarm system, and electric wiring of the mechanical refrigeration at the Worcester State Hospital.

REPORT OF ASSISTANT ENGINEER STATE HOSPITALS — FRANCIS D. KIRBY

During the year general alterations and installations of new plumbing in the various hospitals were started or completed, including plans and specifications, by this division of the Department.

General alterations of the plumbing at the Boston State Hospital were completed in the amount of $20,000. Additions to the plumbing at the Summer Street buildings of the Worcester State Hospital were made amounting to $2,300. Additional equipment was installed in the hydrotherapeutic suite at the Foxborough State Hospital, and plans and specifications prepared and all work completed for renovation of bath and toilet rooms in the "E" building.

Plans and specifications were prepared for a new hydrotherapy suite at the Grafton State Hospital, which included all plumbing, heating, electric wiring, plastering, tile and general work and one third of the work completed. Complete installation was made of water temperature control apparatus at the Medfield State Hospital, for which the sum of $7,000 was appropriated. Plans and specications were prepared and work started for the renovation of toilets and baths in Building C4 at this institution, which included plumbing, heating, electric wiring, plastering, tile and general work, for which $10,000 was appropriated.

Installation was started on twelve additional continuous-flow bath tubs in the men's and women's hydrotherapy suites at the Danvers State Hospital, for which an appropriation of $8,000 was made. Plans and specifications were prepared and the work started for the renovation of toilets and baths in Choate Building, male section, at the Taunton State Hospital. The project included plumbing, heating, electric wiring, plastering, tile work, painting, and general work, from an appropriation of $10,000.

For the safety of patients $10,000 was appropriated for installing anti-scald valves at the Boston, Foxborough and Grafton State Hospitals and the Walter E. Fernald and Wrentham State Schools. The appropriation is exhausted but there still is a great deal more work to be done in this field at all of the institutions.

REPORT OF SENIOR ENGINEERING AID — LLOYD C. LATIMER

During the year plans were prepared for toilet and bath renovations at the Boston, Foxborough, Medfield and Taunton State Hospitals and a Hydrotherapy suite at the Grafton State Hospital and assistance given to the engineer in charge of these projects during construction.

Surveys were made of the topography in connection with the construction of the Elms C building at the Grafton State Hospital. Plans were prepared and the work supervised for the WPA project at the Walter E. Fernald State School for a concrete driveway and parking space. The usual annual check-up of patient space in connection with the housing survey was made at the institutions.

The necessary information was secured and description of boundaries made to allow the transfer of property opposite the Summer Street branch of the Worcester State Hospital to the Military Department. Many tables, plans, graphs and charts were prepared generally.

REPORT OF THE FARM COORDINATOR — WALLACE F. GARRETT

Continued costly commodity markets have retarded somewhat rapid numerical increases in livestock inventories. The latter two months of the year prices decreased, allowing a more liberal policy to be followed so that on November 30 the inventories were in the majority normal.

The Department has approved an increase in the milk ration for institutions, necessitating in the future larger milking herds where building facilities will permit. The additional animals all will be reared to maturity at the institutions, eliminating the purchase from commercial breeders. Such a procedure assists in disease control and allows a furtherance of the established breeding program.

All breeding males in the dairy herds were indexed, allowing definite knowledge to be available as to their reproducing ability. The material tabulated was of such value that the index will now be made on annual comparison. Vaccination of young dairy animals for the prevention of Bang's disease in cooperation with the United States Department of Animal Industry continued with satisfactory results in certain herds. All animals so vaccinated are blood tested semi-annually and the majority are testing negative. Mature animals in positive herds have likewise received vaccine with acceptable results.

Following are tabulated the costs (net) of producing certain commodities during the year: $.069 per quart of milk; $.263 per dozen of eggs ; $.104 per pound of pork. Grain delivery sampling continued with testing by Mr. Philip Smith of the Massachusetts State College. Several rejections have been made as the result of such testing, assuring the receivers of a product equal to purchased quality.

Research by members of Massachusetts State College progressed using institution animals for certain experimental work. Results will be published in the near future. Monthly meetings of institution head farmers were held frequently during the year and valuable information was obtained by those attending each meeting. Seeds were purchased by the Department and all deliveries tested at the State College, thus assuring the farm department a definite product available for planting.

Vegetable and field crop production other than in western Massachusetts and certain sections of Worcester county was of exceptional quantity and quality. In several locations surplus products were consigned to institutions not producing sufficient vegetables, thus effecting a net financial saving to the Commonwealth. Surplus equipment as it appeared has been relocated during the year, thus eliminating the necessity of purchasing new machines.

The farm coordinator made a total of 172 visits to institutions during the year, or an average of approximately 11 visits.

Respectfully submitted,
WILLIAM I. ROSE,
Business Agent.

Financial Statistics for the Year Ended November 30, 1937

Table 1. *Total Expenditures of Department and Institutions*

Department and Institutions	Personal Services	Maintenance and Operation (net) [1]	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases	$227,578.59	$58,770.22	$9,362.95	$295,711.76
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	$176,697.14	$75,742.33	–	$252,439.47
Boston State Hospital	632,770.47	585,614.74	29,745.18	1,248,130.39
Danvers State Hospital	469,186.56	430,482.85	47,082.11	946,751.52
Foxborough State Hospital	317,573.66	269,022.79	43,419.93	630,016.38
Gardner State Hospital	309,545.63	293,978.81	5,436.85	608,961.29
Grafton State Hospital	392,897.14	272,783.52	2,940.21	668,620.87
Medfield State Hospital	417,294.35	312,220.42	27,532.41	757,047.18
Metropolitan State Hospital	359,118.01	322,634.94	25,449.40	707,202.35
Northampton State Hospital	395,974.74	340,116.74	313,524.43	1,049,615.91
Taunton State Hospital	380,524.30	307,651.40	365,940.00	1,054,115.70
Westborough State Hospital	379,989.04	300,476.65	30,388.56	710,854.25
Worcester State Hospital	594,944.61	471,167.38	242,464.65	1,308,576.64
Monson State Hospital (epileptic)	387,026.61	307,345.68	39,071.56	733,443.85
Total Hospitals	$5,213,542.26	$4,289,238.25	$1,172,995.29	$10,675,775.80
Schools for Mental Defectives:				
Belchertown State School	$283,528.30	$250,663.69	$1,866.38	$536,058.37
Walter E. Fernald State School	408,236.54	322,090.84	36,562.26	767,889.64
Wrentham State School	347,546.23	312,203.43	13,737.01	673,486.67
Total Schools	$1,039,311.07	$885,957.96	$52,165.65	$1,977,434.68
Grand Total	$6,480,431.92	$5,233,966.43	$1,234,523.89	$12,948,922.24

[1] Less sales.

Table 2. *Departmental Receipts and Expenditures*

Expenditures

	Appropriations			Expenditures (net)	Balance
	Appropriation 1937	Brought Forward from 1936 Appropriation	Total Available		
Personal Services	$158,000.00	–	$158,000.00	$144,804.06	$13,195.94
Expenses	29,000.00	$16.00	29,016.00	24,861.83	4,154.17
Transportation	6,000.00	–	6,000.00	3,603.88	2,396.12
Persons Boarded in Family Care	–	–	–	–	–
Persons Boarded, Hospital Cottages	19,500.00	–	19,500.00	19,135.97	364.03
Investigation of Mental Diseases	96,350.00	2,959.98	99,309.98	93,984.60	5,325.38
Total	$308,850.00	$2,975.98	$311,825.98	$286,390.34	$25,435.64

Receipts

Payable to State Treasurer:	
Licenses, Private Hospitals	$900.00
Board in Hospital Cottages	250.05
Sales:	
Forms	41.53
Other Receipts	119.54
Total	$1,311.12

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institutions*

(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated in 1937	Balance from 1936	Total Appropriation	Gross Expenses	Receipts[1]	Gross Expenses (Less Sales)	Daily Average Number of Patients	Weekly Per Capita Cost[2]
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$255,600.00	$4,766.77	$260,366.77	$252,663.55	$296.44	$252,367.11	$76.06	$63.632
Boston State Hospital	1,272,080.00	27,641.13	1,299,721.13	1,219,336.87	1,260.77	1,218,076.10	2,356.16	9.914
Danvers State Hospital	923,490.00	159.09	923,649.09	905,221.10	5,799.08	899,422.02	2,263.00	7.622
Foxborough State Hospital	589,260.00	2,981.49	592,241.49	587,830.10	1,386.88	586,443.22	1,310.32	8.583
Gardner State Hospital	624,060.00	16,294.79	640,354.79	605,984.15	2,619.32	603,364.83	1,517.13	7.627
Grafton State Hospital	701,240.00	1,252.54	702,492.54	667,373.07	1,911.61	665,461.46	1,459.53	8.744
Medfield State Hospital	741,080.00	826.89	741,906.89	731,738.53	2,455.20	729,701.35	1,874.85	7.464
Metropolitan State Hospital	730,640.00	16,748.06	747,388.06	696,447.40	14,859.91	681,587.49	1,692.00	7.725
Northampton State Hospital	737,620.00	19,393.59	757,013.59	737,194.07	1,319.13	735,874.94	1,917.98	7.358
Taunton State Hospital	694,805.00	3,564.09	698,369.09	690,075.37	2,097.59	687,977.78	1,649.00	8.001
Westborough State Hospital	701,960.00	6,803.39	708,763.39	684,547.34	4,279.57	680,267.77	1,508.09	8.650
Worcester State Hospital	1,079,880.00	25,602.37	1,105,482.37	1,069,790.57	3,954.17	1,065,836.40	2,453.10	8.332
Monson State Hospital	699,186.00	17,497.99	716,683.99	696,300.26	2,151.05	694,149.21	1,509.85	8.817
Total	$9,750,901.00	$143,532.19	$9,894,433.19	$9,544,502.38	$44,390.72	$9,500,529.66	21,587.07	$8.440
Schools for Mental Defectives:								
Belchertown State School	$543,145.00	$371.82	$543,516.82	$535,015.03	$977.33	$534,037.70	1,286.17	$7.963
Walter E. Fernald State School	747,367.50	6,059.21	753,426.71	733,241.00	2,138.14	731,102.86	1,910.09	7.340
Wrentham State School	671,000.00	12,986.69	683,986.69	661,284.15	1,716.45	659,567.70	1,918.37	6.594
Total	$1,961,512.50	$19,417.72	$1,980,930.22	$1,929,540.18	$4,831.92	$1,924,708.26	5,114.63	$7.216
Grand Total	$11,712,413.50	$162,949.91	$11,875,363.41	$11,474,042.56	$49,222.64	$11,425,237.92	26,701.70	$8.206

[1] Receipts from Sales only.

[2] Based on expenditures from appropriations, less Sales made on account of appropriation expenditures.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institutions*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$176,624.78	$44.534	$1,199.96	$ .302	$4,731.43	$1.193	$30,130.84	$7.597
Boston State Hospital	632,461.36	5.147	2,079.98	.016	8,949.21	.072	266,494.54	2.169
Danvers State Hospital	468,939.17	3.974	2,041.47	.017	8,940.08	.075	135,554.38	1.148
Foxborough State Hospital	317,420.43	4.645	1,360.00	.019	5,944.60	.087	99,294.36	1.453
Gardner State Hospital	309,386.02	3.910	1,466.75	.018	5,295.97	.066	82,353.91	1.041
Grafton State Hospital	392,677.94	5.159	1,592.00	.020	5,156.89	.067	88,393.10	1.161
Medfield State Hospital	417,062.91	4.266	2,080.00	.021	5,813.32	.059	130,884.76	1.338
Metropolitan State Hospital	358,952.55	4.068	2,040.00	.023	4,962.87	.056	157,104.50	1.780
Northampton State Hospital	395,758.20	3.957	1,410.00	.014	5,357.95	.053	140,407.25	1.403
Taunton State Hospital	380,326.38	4.423	2,165.00	.025	6,908.53	.080	126,724.88	1.473
Westborough State Hospital	379,791.12	4.829	1,540.03	.019	6,693.24	.085	113,569.94	1.444
Worcester State Hospital	594,669.02	4.649	2,960.00	.023	10,385.41	.081	196,563.41	1.536
Monson State Hospital (epileptic)	386,803.53	4.913	1,525.92	.019	6,488.96	.082	112,789.35	1.432
Total	$5,210,873.41	$4.629	$23,461.11	$.020	$85,628.46	$.076	$1,680,265.22	$1.492
Schools for Mental Defectives:								
Belchertown State School	$283,374.01	$4.225	$1,530.00	$.022	$5,542.53	$.082	$91,489.82	$1.364
Walter E. Fernald State School	408,012.02	4.096	2,750.00	.027	6,752.29	.067	113,674.18	1.141
Wrentham State School	347,364.27	3.473	1,787.50	.017	5,578.42	.055	120,142.01	1.201
Total	$1,038,750.30	$3.894	$6,067.50	$.022	$17,873.24	$.067	$325,306.01	$1.219
Grand Total	$6,249,623.71	$4.488	$29,528.61	$.021	$103,501.70	$.074	$2,005,571.23	$1.440

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institutions* — Continued

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	$652.84	$.164	$4,038.22	$1.018	$14,676.76	$3.700	$11,830.95	$2.983
Boston State Hospital	45,485.05	.370	62,463.87	.508	27,225.46	.221	93,643.01	.762
Danvers State Hospital	34,645.34	.293	40,327.33	.341	16,753.88	.141	112,897.50	.956
Foxborough State Hospital	16,458.91	.240	23,417.42	.342	10,368.64	.151	55,508.31	.812
Gardner State Hospital	18,385.92	.232	23,502.83	.297	37,003.97	.467	62,010.76	.783
Grafton State Hospital	23,472.73	.308	21,971.99	.288	13,252.83	.174	51,684.18	.679
Medfield State Hospital	22,824.95	.233	28,597.14	.292	13,372.94	.136	51,155.16	.523
Metropolitan State Hospital	26,792.23	.303	24,509.22	.277	18,085.50	.204	64,725.60	.733
Northampton State Hospital	13,892.98	.138	28,421.38	.284	16,139.31	.161	69,865.57	.698
Taunton State Hospital	11,676.45	.135	28,415.96	.330	11,532.85	.134	59,456.79	.691
Westborough State Hospital	18,488.86	.235	27,257.37	.346	12,463.47	.158	62,056.97	.789
Worcester State Hospital	21,495.06	.168	37,266.89	.291	42,423.32	.331	92,865.36	.726
Monson State Hospital (epileptic)	14,612.51	.185	24,655.37	.313	8,927.08	.113	72,109.93	.915
Total	$268,883.83	$.238	$374,844.99	$.333	$242,226.01	$.215	$859,810.09	$.763
Schools for Mental Defectives:								
Belchertown State School	$19,242.99	$.286	$22,941.48	$.342	$8,577.35	$.127	$39,238.18	$.585
Walter E. Fernald State School	24,398.34	.244	27,002.67	.271	12,246.25	.122	73,319.54	.736
Wrentham State School	27,472.83	.274	24,081.34	.240	9,996.73	.099	53,879.73	.538
Total	$71,114.16	$.266	$74,025.49	$.277	$30,820.33	$.115	$166,437.45	$.624
Grand Total	$339,997.99	$.244	$448,870.48	$.322	$273,046.34	$.196	$1,026,247.54	$.737

Table 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institutions* — Concluded

Institutions	Farm		Garage and Grounds		Repairs Ordinary		Repairs and Renewals	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	–	–	$795.31	$.200	$3,034.99	$.765	$4,651.03	$1.172
Boston State Hospital	$4,222.76	$.034	8,621.86	.070	36,347.62	.295	30,081.38	.248
Danvers State Hospital	34,756.87	.294	4,978.73	.042	17,716.93	.150	21,870.34	.185
Foxborough State Hospital	25,554.68	.374	4,499.85	.065	10,989.50	.160	15,626.52	.228
Gardner State Hospital	34,556.99	.436	8,871.92	.112	14,809.03	.187	5,720.76	.072
Grafton State Hospital	37,834.95	.497	6,297.10	.082	11,487.26	.150	11,640.49	.152
Medfield State Hospital	28,446.18	.290	3,176.54	.032	13,939.41	.142	12,348.02	.126
Metropolitan State Hospital	3,655.74	.041	6,809.37	.077	9,645.43	.109	4,304.48	.048
Northampton State Hospital	27,959.34	.279	3,921.98	.039	12,776.56	.127	19,964.42	.199
Taunton State Hospital	27,117.29	.315	4,662.41	.054	12,289.19	.143	16,702.05	.194
Westborough State Hospital	27,715.45	.352	6,375.12	.081	12,378.84	.157	11,937.36	.151
Worcester State Hospital	28,137.40	.219	6,998.56	.054	16,131.42	.126	15,940.55	.124
Monson State Hospital (epileptic)	23,734.57	.301	5,604.68	.071	11,703.07	.148	25,194.24	.320
Total	$303,692.22	$.269	$71,613.43	$.063	$183,249.25	$.162	$195,981.64	$.174
Schools for Mental Defectives:								
Belchertown State School	$31,290.00	$.466	$6,650.48	$.099	$ 13,018.56	$.194	$11,142.30	$.166
Walter E. Fernald State School	31,968.50	.320	6,194.14	.062	11,919.74	.119	12,865.19	.129
Wrentham State School	38,579.25	.385	6,649.85	.066	12,483.62	.124	11,552.15	.115
Total	$101,837.75	$.381	$19,494.47	$.073	$37,421.92	$.140	$35,559.64	$.133
Grand Total	$405,529.97	$.291	$91,107.90	$.067	$220,671.17	$.160	$231,541.28	$.168

TABLE 5. *Analysis of Pay Rolls — By Institutions*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All Others	Total
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	$10.024	$12.056	$.601	$21.871	$44.553
Boston State Hospital	.284	2.868	.139	1.858	5.158
Danvers State Hospital	.276	2.048	.064	1.588	3.976
Foxborough State Hospital	.369	2.146	.101	2.030	4.648
Gardner State Hospital	.295	1.826	.127	1.662	3.913
Grafton State Hospital	.382	2.162	.108	2.508	5.162
Medfield State Hospital	.264	1.059	.110	2.834	4.268
Metropolitan State Hospital	.287	2.228	.061	1.492	4.070
Northampton State Hospital	.296	2.056	.056	1.549	3.959
Taunton State Hospital	.369	2.100	.094	1.861	4.425
Westborough State Hospital	.372	2.106	.080	2.272	4.832
Worcester State Hospital	.292	2.382	.091	1.885	4.651
Monson State Hospital (epileptic)	.351	2.616	.080	1.867	4.916
Averages	$.348	$2.185	$.094	$2.002	$4.631
Schools for Mental Defectives:					
Belchertown State School	.329	1.836	.299	1.760	4.227
Walter E. Fernald State School	.268	2.017	.329	1.465	4.098
Wrentham State School	.264	1.724	.259	1.226	3.474
Averages	$.288	$1.8618	$.296	$1.450	$3.897
Grand Averages	$.336	$2.077	$.133	$1.896	$4.491

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	1.33	1.64	2.00	1.37	1.47
Boston State Hospital	1.53	1.64	1.11	1.23	1.63
Danvers State Hospital	1.28	1.62	1.50	1.35	1.51
Foxborough State Hospital	1.44	1.55	1.17	1.35	1.46
Gardner State Hospital	1.20	1.47	1.40	1.22	1.36
Grafton State Hospital	1.14	1.51	1.14	1.20	1.36
Medfield State Hospital	.73	1.57	1.00	1.49	1.48
Metropolitan State Hospital	1.07	1.57	1.33	1.22	1.43
Northampton State Hospital	1.00	1.61	1.00	1.26	1.46
Taunton State Hospital	1.31	1.57	1.00	1.24	1.43
Westborough State Hospital	1.08	2.19	1.00	1.32	1.77
Worcester State Hospital	1.29	2.10	1.20	2.04	1.79
Monson State Hospital (epileptic)	1.22	1.46	1.20	1.18	1.35
Average	1.21	1.67	1.19	1.32	1.52
Schools for Mental Defectives:					
Belchertown State School	1.43	1.38	1.49	1.23	1.34
Walter E. Fernald State School	1.00	1.52	1.18	1.11	1.37
Wrentham State School	1.18	1.65	1.15	1.25	1.49
Average	1.17	1.53	1.25	1.20	1.41
Total Average	1.21	1.65	1.22	1.31	1.50

TABLE 7. *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings*

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1937	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–
Boston State Hospital								
Laundry Equipment	304	1936	$1,500.00	–	–	$1,294.38	$1,294.38	$205.62
Materials for W.P.A. Projects	304	1936	30,000.00	–	$29,628.66	297.97	29,926.63	73.37
Iron Fence	249 434	1935 1937	13,000.00	reappropriated	8,686.91	–	8,686.91	4,313.09
Sterilization Equipment	234	1937	–	3,000.00	–	2,977.57	2,977.57	22.43
Reception Building	268	1931	400,000.00	–	399,356.10	643.90	400,000.00	–
Power Plant M-2	NIRA & 365	1933	422,000.00	–	383,503.40	–	383,503.40	38,496.60
Fire Protection	234	1937	–	62,200.00	–	–	–	62,200.00
Tuberculosis Pavilion M-3	NIRA & 365	1933	173,000.00	–	171,817.88	–	171,817.88	1,182.12
Renewing and Renovating Plumbing	234	1937	–	20,000.00	–	19,766.40	19,766.40	233.60
Furnishing and Equipment — M-4A and 5A	NIRA & 365	1933	43,000.00	–	42,404.10	–	42,404.10	595.90
Three Officers' Cottages M-6	NIRA & 365	1933	52,000.00	–	46,954.81	–	46,954.81	5,045.19
Laboratory and Mortuary Building M-29	NIRA & 365	1933	72,500.00	–	64,489.85	–	64,489.85	8,010.15
Sprinklers — M-111	ERA & 365*	33 & 35	79,000.00	–	76,094.90	2,697.65	78,792.55	207.45
Danvers State Hospital								
Tubs for Continuous Baths	234	1937	–	8,000.00	–	7,645.30	7,645.30	354.70
Laundry Equipment	304	1936	6,000.00	–	5,327.21	637.72	5,964.93	35.07
Flooring Covering	304	1936	4,300.00	–	3,770.47	525.00	4,295.47	4.53
Canning Equipment	249	1935	2,400.00	–	2,396.04	–	2,396.04	3.96
Flat-Work Ironer	249	1935	8,850.00	–	8,847.33	–	8,847.33	2.67
Equipment — Power Plant	249	1935	3,000.00	–	44.73	44.73[1]	–	3,000.00
Equipment and Repair to Boiler Room	249	1935	19,500.00	–	19,500.00	–	19,500.00	–
Remodelling Grove Hall	249	1935	6,000.00	–	5,991.75	–	5,991.75	8.25
Three Boilers M-101	ERA & 365*	33 & 35	152,000.00	–	149,895.71	500.95	150,396.66	1,603.34
Fire Alarm M-112	ERA & 365*	33 & 35	30,000.00	–	27,819.06	791.65[1]	27,027.41	2,972.59
Hydrotherapy Building M-7	NIRA & 365	1933	145,000.00	–	144,964.49	–	144,964.49	35.51
Sprinklers, rewiring and Fireproof Stairs M-42	NIRA & 365	1933	122,000.00	–	121,195.89	–	121,195.89	804.11
Foxborough State Hospital								
Window Guards	304	1936	9,000.00	–	4,139.18	2,572.02	6,711.20	2,288.80
Equipment — Hydrotherapeutic Suite	249 234	1935 1937	10,000.00	2,500.00	9,811.02	2,658.31	12,469.33	30.67
Fire Protection	249	1935	8,000.00	–	7,032.80	896.39	7,929.19	70.81
Sewer Beds M-102	ERA & 365	33 & 35	50,000.00	–	49,868.21	–	49,868.21	131.79
Laundry Building M-8	NIRA & 365	1933	105,000.00	–	104,987.77	–	104,987.77	12.23
Tuberculosis Pavilion, Verandas and Day-Space M-9 and 30	NIRA & 365	1933	229,000.00	–	226,582.92	–	226,582.92	2,417.08
Relocating "E" Building Toilets	234	1937	–	8,000.00	–	1,780.54	1,780.54	6,219.46
Power Plant M-32	NIRA & 365	1933	184,000.00	1,358.59	181,775.66	3,582.93	185,358.59	–

Gardner State Hospital								
Two Bake Ovens	234	1937	–	8,500.00	–	1.50	1.50	8,498.50
Fire Protection	249	1935	15,200.00	–	13,599.95	1,396.20	14,996.15	203.85
Laundry Equipment	249	1935	4,000.00	–	3,313.52	–	3,313.52	686.48
Hay and Grain Barn	249	1935	5,000.00	–	4,995.73	–	4,995.73	4.27
Barn destroyed by Fire	497	1935	8,000.00	–	7,955.07	43.58	7,998.65	1.35
Laundry Building	304	1936	6,000.00	–	4,169.00	1,769.62	5,938.62	61.38
Electrical Refrigeration	234	1937	–	3,000.00	–	2.37	2.37	2,997.63
Shop Building M-43	NIRA & 365	1933	47,750.00	–	44,582.38	–	44,582.38	3,167.62
Grafton State Hospital								
Equipment — Continuous Baths	234	1937	–	14,300.00	–	4,866.69	4,866.69	9,433.31
Laundry Equipment	249	1935	6,600.00	–	6,011.96	548.15	6,560.11	39.89
Heating Plant Alterations	249	1935	3,000.00	–	2,990.26	–	2,990.26	9.74
Equipment for Morgue	304	1936	2,500.00	–	1,470.00	343.00	1,813.00	687.00
Purchase of Land	304	1936	650.00	–	–	–	–	650.00
Ward Building, Porches and Dining and Service Bldg.	234	1937	–	400,000.00	–	23.36	23.36	399,976.64
Oil Burning Equipment	234	1937	–	23,000.00	–	–	–	23,000.00
Boiler Plant Alterations M-11	NIRA & 365	1933	132,000.00	–	117,700.92	–	117,700.92	14,299.08
Sprinkler System M-44	NIRA & 365	1933	57,000.00	–	42,647.58	–	42,647.58	14,352.42
X-Ray Equipment	234	1937	–	4,700.00	–	4,629.93	4,629.93	70.07
Medfield State Hospital								
Fire Protection	234	1937	–	7,000.00	–	–	–	7,000.00
Laundry Equipment	304	1936	6,000.00	–	–	5,695.25	5,695.25	304.75
Temperature Control Valves	304	1936	7,000.00	–	–	6,295.16	6,295.16	704.84
Renovation of Toilets and Baths	249 234	1935 1937	12,000.00	10,000.00	11,351.18	61.49[1]	11,289.69	10,710.31
Steel Stairways — Male Home	249	1935	3,415.00	–	3,404.24	–	3,404.24	10.76
Sprinklers — Nurses' Home	249	1935	6,000.00	–	5,992.41	–	5,992.41	7.59
Enlarging Tunnels	234	1937	–	22,000.00	–	–	–	22,000.00
Sprinkler System M-109	ERA & 365*	33 & 35	77,000.00	311.56	74,480.77	2,830.79	77,311.56	–
Power Plant — Changes M-12	NIRA & 365	1933	209,822.50	–	207,201.37	1,138.16	208,339.53	1,482.97
Metropolitan State Hospital								
Cables in Tunnels	234	1937	–	5,000.00	–	2,174.65	2,174.65	2,825.35
Landscaping, Grading and Construction of Road	304	1936	20,000.00	–	10,270.74	4,432.93	14,703.67	5,296.33
W.P.A. Project	234	1937	–	5,000.00	–	996.49	996.49	4,003.51
Laundry Equipment	304	1936	3,800.00	–	2,240.00	555.20	2,795.20	1,004.80
Psychiatric Building M-105	ERA & 365*	33 & 35	8,000.00	–	7,674.92	–	7,674.92	325.08
Electric Distribution Cables M-13	NIRA & 365	1933	11,731.95	–	9,539.33	–	9,539.33	2,192.62
Boiler Room Equipment	234	1937	–	10,000.00	–	45.85	45.85	9,954.15
Wings — Medical and Surgical Building M-33	NIRA & 365	1933	642,000.00	840.00	607,772.49	840.00	608,612.49	34,227.51
Laboratory and Mortuary Building M-34	NIRA & 365	1933	59,000.00	–	55,557.63	801.72	56,359.35	2,640.65
Northampton State Hospital								
Food Elevators	304 434	1936 1937	20,000.00	3,500.00	–	22,673.96	22,673.96	826.04
Passenger Elevator	249	1935	12,000.00	–	11,549.90	334.20	11,884.10	115.90
Sprinklers and Incidental Work	249	1935	4,000.00	–	3,733.81	–	3,733.81	266.19
Fire Protection	234	1937	–	40,000.00	–	–	–	40,000.00
Remodeling Rhodes Cottage	249	1935	3,000.00	–	2,905.15	3.66[1]	2,901.49	98.51
Additional Land	115	1930	75,000.00	reappropriated	53,656.98	3,797.15	57,454.13	17,545.87
Traffic Light	234	1937	–	2,500.00	–	24.41	24.41	2,475.59
Additional Sprinklers	234	1937	–	10,000.00	–	–	–	10,000.00

TABLE 7. *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings*— Continued

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1937	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
Storehouse M-45	NIRA & 365	1933	90,000.00	–	89,056.21	–	89,056.21	943.79
Power Plant M-14	NIRA & 365	1933	377,000.00	–	369,536.39	–	369,536.39	7,463.61
Ward Building M-15	NIRA & 365	1933	233,000.00	–	206,829.13	–	206,829.13	26,170.87
Dining and Service Building M-16	NIRA & 365	1933	106,000.00	–	105,796.96	–	105,796.96	203.04
Rear Center M-108	ERA & 365*	33 & 35						
	304	1936	240,000.00	146,077.00	282,950.88	134,237.90	417,188.78	31,111.78[2]
	234	1937						
Taunton State Hospital								
Laundry Equipment	304	1936	3,645.00	–	–	3,565.98	3,565.98	79.02
Renovation of Baths and Toilets	304	1936						
	234	1937	10,000.00	10,000.00	–	9,607.32	9,607.32	10,392.68
Laundry Equipment	249	1935	6,100.00	–	5,866.30	226.97	6,093.27	6.73
Purchase of Morse Property	249	1935	300.00	–	277.41	–	277.41	22.59
Purchase of Staples Property	249	1935	3,100.00	–	3,077.41	–	3,077.41	22.59
Two Boilers and Equipment M-106	ERA & 365*	33 & 35	99,000.00	–	90,530.47	5,902.06	96,432.53	2,567.47
Nurses' Home M-107	ERA & 365*	33 & 35	319,100.00	9,900.00	7,173.13	303,358.36	310,531.49	18,468.51
Sprinklers M-46	NIRA & 365	1933	21,000.00	–	16,015.70	–	16,015.70	4,984.30
Land for Raynham Colony	234	1937	–	450.00	–	–	–	450.00
Hospital Building M-47	NIRA & 365	1933	1,046,000.00	3,252.83[3]	1,003,918.34	38,576.00	1,042,494.34	252.83
Renovating Infirmaries	434	1937	–	100,000.00	–	–	–	100,000.00
Materials W.P.A. Projects	434	1937	–	15,000.00	–	4,323.05	4,323.05	10,676.95
Westborough State Hospital								
Refrigerator Boxes and Compressors	234	1937	–	11,400.00	–	–	–	11,400.00
Completion of Garage	234	1937	–	2,500.00	–	1,174.32	1,174.32	1,325.68
Addition to Garage	249	1935	2,500.00	–	2,495.09	–	2,495.09	4.91
Fire Protection	234	1937	–	5,000.00	–	–	–	5,000.00
Change of Water Supply	249	1935	5,300.00	–	4,972.89	324.35	5,297.24	2.76
Resurfacing Sewer Beds	249	1935						
	434	1937	4,500.00	5,500.00	33.50	7,568.30	7,601.80	2,398.20
Renovation of Plumbing — Talbot Building	249	1935	6,500.00	–	6,431.30	–	6,431.30	68.70
Coal Saving Equipment	497	1935	12,000.00	–	11,916.08	–	11,916.08	83.92
Painting Main Group	304	1936						
	234	1937	5,000.00	5,000.00	–	7,424.24	7,424.24	2,575.76
Renovation of Richmond Sanitarium	304	1936						
	234	1937	8,400.00	3,000.00	–	8.51	8.51	11,391.49
Laundry Building M-18	NIRA & 365	1933	62,000.00	–	60,860.53	–	60,860.53	1,139.47
Equipment Laundry Building and Rear Center M-18A and M-19A	NIRA & 365	1933	47,000.00	5,614.38[3]	41,431.85	46.23[1]	41,385.62	–
Development of Rear Center M-19	NIRA & 365	1933	283,000.00	2,107.97	281,442.53	3,665.44	285,107.97	–
Tunnel to Assembly Building M-36	NIRA & 365	1933	6,000.00	–	4,148.71	–	4,148.71	1,851.29
Nurses' Home M-35	NIRA & 365	1933	263,000.00	–	261,632.00	–	261,632.00	1,368.00

Shop Building M-37	NIRA & 365	1933	32,000.00	–	31,729.11	–	31,729.11	270.89
Vegetable Storage M-38	NIRA & 365	1933	21,500.00	–	20,477.49	–	20,477.49	1,022.51
Worcester State Hospital								
Porch — Administration Building	304	1936	5,500.00	–	.67	4,819.14	4,819.81	680.19
Plumbing — Summer Street Hospital	304	1936						
	234	1937	10,000.00	2,300.00	8,833.68	3,438.11	12,271.79	28.21
New Boilers, Stokers, etc.	304	1936	270,000.00	–	63,985.56	200,625.92	264,611.48	5,388.52
Window Calking, etc.	249	1935	5,000.00	–	1,848.67	2,929.15	4,777.82	222.18
Roof Repairs	249	1935	7,700.00	–	7,697.38	–	7,697.38	2.62
Quimby Ward Building	249	1935	18,000.00	–	16,254.15	1,741.02	17,995.17	4.83
Mechanical Refrigeration	249	1935	14,400.00	–	–	13,773.83	13,773.83	626.17
Alterations for Fire Protection M-20	NIRA & 365	1933	90,000.00	–	89,404.87	–	89,404.87	595.13
Standpipe M-39	NIRA & 365	1933	42,000.00	–	40,966.13	–	40,966.13	1,033.87
Fireproof Balconies M-48	NIRA & 365	1933	138,000.00	–	109,765.03	–	109,765.03	28,234.97
Fire Alarm System	434	1937	–	9,000.00	–	4.46	4.46	8,995.54
Hydrotherapy Building M-50	NIRA & 365	1933	125,000.00	2,173.41	124,937.14	2,236.27	127,173.41	–
Monson State Hospital								
Laundry Equipment	304	1936	4,000.00	–	–	3,987.63	3,987.63	12.37
Construction of Roads	304	1936						
	234	1937	15,000.00	15,000.00	357.51	12,994.37	13,351.88	16,648.12
Completion of Garage	249	1935	2,000.00	–	1,200.36	497.28	1,697.64	302.36
Additional Fire Protection	249	1935	9,000.00	–	8,646.20	41.53[1]	8,604.67	395.33
Fire Protection	234	1937	–	10,000.00	–	–	–	10,000.00
Kitchen and Dining Room M-51	NIRA & 365	1933	323,500.00	42,399.39[3]	282,445.12	1,344.51[1]	281,100.61	–
Storehouse and Cold Storage M-21	NIRA & 365	1933	112,000.00	–	110,721.09	–	110,721.09	1,278.91
Steam and Hot Water Lines M-22	NIRA & 365	1933	100,000.00	–	98,107.74	–	98,107.74	1,892.26
Total for Hospitals			$8,451,564.45	$977,851.93	$7,487,424.85	$879,413.53	$8,366,838.38	$1,062,578.00

---

*as amended

[1] returned to appropriation

[2] deficit to be paid by Federal funds

[3] decrease

TABLE 7. *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings* — Concluded

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1937	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
SCHOOLS FOR MENTAL DEFECTIVES								
Belchertown State School								
Replacing Brass Pipe	234	1937	–	$5,000.00	–	$4,320.25	$4,320.25	$679.75
Additional Filter Beds	234	1937	–	30,000.00	–	1,281.82	1,281.82	28,718.18
Purchase of Land	304	1936	$5,000.00	–	–	–	–	5,000.00
Additional Oven	249	1935	4,500.00	–	$3,895.96	200.19	4,096.15	403.85
Metal Shelving	249	1935	2,500.00	–	2,458.92	37.83	2,496.75	3.25
Addition to Service Building M-40	NIRA & 365	1933	102,000.00	–	101,451.08	–	101,451.08	548.92
Walter E. Fernald State School								
Construction of Roads	304	1936	4,000.00	–	1.41	1,875.87	1,877.28	2,122.72
Improvements, Recreation Room	304	1936	2,300.00	–	–	2,044.69	2,044.69	255.31
Boiler House Improvements	249	1935	21,000.00					
	304	1936	6,000.00	–	25,959.70	693.10	26,652.80	347.20
Water Supply Templeton	234	1937	–	2,500.00	–	1,370.56	1,370.56	1,129.44
Walks, Roads and Grading	234	1937	–	1,500.00	–	1,388.24	1,388.24	111.76
Fire Protection	234	1937	–	10,000.00	–	–	–	10,000.00
Renovating and Furnishing Cottage	249	1935	10,000.00	–	9,285.48	573.42	9,858.90	141.10
Furnishing Cardinal House	234	1937	–	2,500.00	–	2,487.66	2,487.66	12.34
Recreational Equipment	249	1935	1,600.00	–	1,450.68	–	1,450.68	149.32
Administration Building M-104	ERA & 365*	33 & 35	137,000.00	12,000.00[3]	120,503.35	3,659.94	124,163.29	836.71
Infirmary Building M-25	NIRA & 365	1933	302,500.00	–	299,787.31	–	299,787.31	2,712.69
Hot Water System M-41	NIRA & 365	1933	105,500.00	–	105,336.60	–	105,336.60	163.40
Trunk Sewer M-52	NIRA & 365	1933	42,000.00	–	33,706.29	–	33,706.29	8,293.71
Wrentham State School								
Clinical Building Furnishings	304	1936	12,650.00	–	5,042.89	5,598.01	10,640.90	2,009.10
X-Ray Equipment	249	1935	4,500.00	–	4,499.75	–	4,499.75	.25
Reconstruction of Sewer Beds	249	1935	21,000.00	–	20,347.74	254.80	20,602.54	397.46
Laundry Equipment	249	1935	4,400.00	–	3,628.16	–	3,628.16	771.84
Total for Schools			$788,450.00	$39,500.00	$737,355.32	$25,786.38	$763,141.70	$64,808.30
Anti-Scald Valves	437	1936	10,000.00	–	–	9,798.47	9,798.47	201.53
Grand Total			$9,250,014.45	$1,017,351.93	$8,224,780.17	$914,998.38	$9,139,778.55	$1,127,587.83

*as amended

[1] returned to appropriation

[2] deficit to be paid by Federal funds

[3] decrease

TABLE 8. *Receipts from Paying Patients — By Institutions*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
Hospitals for Mental Diseases:			
Boston Psychopathic Hospital	393	$12,739.96	$32.417
Boston State Hospital	244	77,714.46	318.501
Danvers State Hospital	341	110,616.68	324.389
Foxborough State Hospital	141	48,601.04	344.688
Gardner State Hospital	90	39,848.28	442.758
Grafton State Hospital	45	15,229.64	338.436
Medfield State Hospital	107	39,479.05	368.963
Metropolitan State Hospital	131	36,823.10	281.092
Northampton State Hospital	259	90,780.88	350.505
Taunton State Hospital	157	64,683.86	411.999
Westborough State Hospital	292	111,937.16	383.346
Worcester State Hospital	195	71,597.26	367.114
Monson State Hospital (epileptic)	69	15,097.86	218.809
Total	2,464	$735,149.23	$298.356
Schools for Mental Defectives:			
Belchertown State School	41	$7,220.87	$176.117
Walter E. Fernald State School	90	24,949.08	277.212
Wrentham State School	79	12,463.78	157.769
Total	210	$44,633.73	$212.541
State Farm*	5	2,094.62	$418.924
State Infirmary*	10	1,370.54	137.054
Hospital Cottages for Children*	5	250.05	50.010
Total	20	$3,715.21	$185.76
Grand Total	2,694	$783,498.17	$290.830

*The State Farm which is under the Department of Correction, and the State Infirmary which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. *Trust Funds — By Institutions*

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1936	Received during Year	Payments	On Hand November 30, 1937
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	–	–	–	–
Boston State Hospital	–	–	–	–
Danvers State Hospital	–	–	–	–
Foxborough State Hospital	–	–	–	–
Gardner State Hospital	–	–	–	–
Grafton State Hospital	–	–	–	–
Medfield State Hospital	$456.45	$13.48	–	$469.93
Metropolitan State Hospital	–	–	–	–
Northampton State Hospital	1,182.70	26.66	$132.90	1,076.46
Taunton State Hospital	–	–	–	–
Westborough State Hospital	4,661.39	60.68	4.00	4,718.07
Worcester State Hospital	4,452.48	107.62	25.00	4,535.10
Monson State Hospital (epileptic)	–	–	–	–
Total	$10,753.02	$208.44	$161.90	$10,799.56
Schools for Mental Defectives:				
Belchertown State School	–	–	–	–
Walter E. Fernald State School	$99,468.12	$3,692.89	$4,001.30	$99,159.71
Wrentham State School	1,994.27	205.61	97.33	2,102.55
Total	$101,462.39	$3,898.50	$4,098.63	$101,262.26
Grand Total	$112,215.41	$4,106.94	$4,260.53	$112,061.82

Table 10. *Value of Farm and Garden Products per Acre under Cultivation — By Institutions*

Institutions	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
Hospitals for Mental Diseases:									
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–	–
Boston State Hospital	12.00	$1,548.89	$129.07	46.96	$1,220.00	–	–	–	–
Danvers State Hospital	68.00	12,832.94	188.71	135.50	6,659.61	$49.14	36.00	$3,592.59	$99.79
Foxborough State Hospital	45.50	9,104.25	200.09	18.00	375.15	20.80	–	–	–
Gardner State Hospital	90.00	14,690.65	163.22	241.45	7,109.50	29.44	15.00	2,850.00	190.00
Grafton State Hospital	56.50	11,923.75	211.03	53.68	2,838.21	52.87	31.45	3,485.22	110.81
Medfield State Hospital	54.00	10,892.95	201.72	76.20	5,703.80	74.85	38.00	4,050.52	106.59
Metropolitan State Hospital	63.32	11,204.73	176.95	16.48	570.00	34.58	–	–	–
Northampton State Hospital	36.00	8,403.96	233.44	124.00	8,763.81	70.67	31.00	4,639.41	149.65
Taunton State Hospital	51.75	9,762.13	188.63	38.00	1,608.56	42.33	28.00	3,192.01	114.00
Westborough State Hospital	44.25	8,599.87	194.34	100.70	7,519.61	74.67	47.00	4,703.37	100.07
Worcester State Hospital	79.00	16,419.52	207.84	35.00	2,490.63	71.16	30.00	2,850.00	95.00
Monson State Hospital (epileptic)	38.56	3,997.22	103.66	39.47	986.52	24.99	18.40	1,941.18	105.49
Total	638.88	$119,380.86	$186.85	925.44	$45,845.40	$49.53	274.85	$31,304.30	$113.89
Schools for Mental Defectives:									
Belchertown State School	54.00	$8,078.86	$149.60	19.00	$814.10	$42.84	25.00	$1,957.00	$78.28
Walter E. Fernald State School	100.44	27,030.34	269.11	164.31	5,585.25	33.99	5.00	712.93	142.58
Wrentham State School	65.00	11,290.66	173.70	66.00	2,480.26	37.58	29.00	4,113.50	141.84
Total	219.44	$46,399.86	$211.44	249.31	$8,879.61	$35.61	59.00	$6,783.43	$114.97
Grand Total	858.32	$165,780.72	$193.14	1,174.75	$54,725.01	$46.58	333.85	$38,087.73	$114.08

TABLE 11. *Value of Farm Products — By Institutions*

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
Hospitals for Mental Diseases:										
Boston Psychopathic Hospital	–	–	–	–	–	–	–	–	–	–
Boston State Hospital . .	$1,548.59	–	–	$1,332.50	–	–	–	–	–	$2,881.39
Danvers State Hospital .	12,790.11	–	$370.48	10,305.03	$36,796.23	$5,984.30	$2,818.41	$8,440.46	$2,714.52	$80,219.54
Foxborough State Hospital	9,104.25	–	747.45	1,010.62	22,324.85	2,414.46	1,190.23	8,470.79	1,094.46	46,357.11
Gardner State Hospital .	10,187.75	$4,434.64	2,582.77	10,708.26	35,256.12	7,017.38	3,928.82	9,008.80	1,048.23	84,172.77
Grafton State Hospital .	11,271.70	–	4,044.38	8,168.28	31,426.28	6,223.95	2,732.24	9,502.22	1,025.89	74,394.94
Medfield State Hospital .	10,892.95	–	3,338.05	9,799.57	35,038.88	3,937.26	1,962.53	6,238.60	928.80	72,136.64
Metropolitan State Hospital	11,204.73	–	186.32	590.00	–	–	–	–	–	11,981.05
Northampton State Hospital	8,403.96	–	578.53	13,403.22	32,741.15	4,292.60	1,755.88	14,108.02	1,111.35	76,394.71
Taunton State Hospital .	9,264.13	–	1,651.55	6,645.92	25,864.76	5,236.67	2,135.59	9,437.89	1,826.53	62,063.04
Westborough State Hospital	8,599.87	–	835.51	13,523.16	31,239.11	–	–	11,338.34	1,420.99	66,956.98
Worcester State Hospital .	16,226.47	–	–	6,353.06	34,865.39	–	–	5,764.18	2,301.56	65,510.66
Monson State Hospital (epil.)	3,997.22	–	883.93	2,967.70	25,615.53	–	–	5,127.16	1,201.91	39,793.45
Total	$113,492.03	$4,434.64	$15,218.97	$84,807.32	$311,168.30	$35,106.62	$16,523.70	$87,436.46	$14,674.24	$682,862.28
Schools for Mental Defectives:										
Belchertown State School .	$8,006.95	–	$1,834.40	$2,843.01	$28,867.86	$7,752.44	$3,579.97	$4,231.82	$943.58	$58,060.03
W. E. Fernald State School	23,158.60	3,871.74	6,097.58	6,313.18	35,133.94	–	–	5,232.22	2,297.63	82,104.89
Wrentham State School .	10,988.45	–	4,011.95	7,751.07	40,006.63	6,123.64	2,670.73	6,183.52	1,669.40	79,405.39
Total	$42,154.00	$3,871.74	$11,943.93	$16,907.26	$104,008.43	$13,876.08	$6,250.70	$15,647.56	$4,910.61	$219,570.31
Grand Total . . .	$155,646.03	$8,306.38	$27,162.90	$101,714.58	$415,176.73	$48,982.70	$22,774.40	$103,084.02	$19,584.85	$902,432.59

REPORT OF THE PATHOLOGIST

To the Commissioner of Mental Diseases:

The following is the twenty-ninth report of the Pathologist and the twenty-eighth to cover a full year's work.

General

The pathologist functions as an unbiased agent in reporting to the Department facts regarding patients dying suddenly, unexpectedly or from exogenous causes, in the hospitals for Mental Diseases or defect in the Commonwealth under the Department's jurisdiction.

Medfield. Dr. Vincente A. Navarro, through his own interest, turned from being a clinician (1926) to pathologist in 1931, preparing himself by reading, working and by outside instruction from Dr. David Rothschild at Foxborough, during a nine month period. Since 1932 he has not only done the autopsies (40% of the deaths in 1937) and supervised all the technical work, but has also carried out the syphilis treatment with its attendant number of venous and lumbar punctures, reviewed the reports and followed the patients' progress. In addition, he has done all the X-ray examinations after installation of the new apparatus (machine, tanks, filing cabinet for films, etc.), this last year totaling 1,360. This relieves the hospital of the necessity of sending out patients to other hospitals for diagnostic X-ray, but it puts a severe burden on one person. Every specialty impinges upon another and while one does one thing, keeping other sets of interests waiting the result, makes for hurried attention to all. Add to all this, a loss of skilled assistants, delayed replacements, and installation of bits of equipment and the wonder is that interest in any line is preserved. One technician is the pathologist's sole skilled helper, and preliminary laboratory studies are done on all new patients and employees as well.

It would seem that more assistants, or division of the work was needed even to complete a day's work, not to mention fostering research.

Taunton. Two changes occurred in the laboratory this year. Dr. Donald G. Henderson, pathologist, resigned June 19, 1937, after a four year service, to continue his interest in clinical pathology. Dr. Chambers has been able to secure able, well trained men in general pathology to fill his post of pathologist and Dr. Robert Lewis came July 1, 1937, in time to have the supervision of the moving into the laboratory's new quarters in the new Infirmary building. Electric refrigeration for the bodies, new autopsy table, sink, cupboard and scales, are assembled in one room, chemical equipment and that for technical work in others. Dr. Lewis recommends a *micro-method for determining blood sugar which takes but a small amount of blood from pricking a finger or ear.* This is especially comforting to the patient when frequent determinations are advisable, as in diabetes.

There has been an increase in the number of chemical studies of the blood, and in bacteriological cultures, and more surgical pathology is being prepared for because of the added facilities for operations. The number of autopsies was a little lower than last year, but the percent remained about the same — (48%). The new quarters are much appreciated.

Westborough. Dr. Lydia B. Pierce, who has been at Westborough since 1921 as Pathologist, has made the clinico-pathological service very secure and dependable. She operates the X-ray (542 pictures this year) and develops and reads the films. The routine and special examinations necessary for general information and special emergencies (blood grouping for transfusions) run into the thousands. A special warm stage for aid in detecting parasites has been developed in this laboratory and mechanized by the hospital engineer. Cooperation with the Department of Public Health in sputum examinations has taken time, as well as repeated search for the tubercle bacillus in cases under suspicion of this disease. Renal function tests and basal metabolism determinations have also been applied on request. Specimens from surgical operations also have been examined from the considerable number of operations done in this hospital.

One of the extra functions is in doing confirmatory tests on the patients' serum and fluid to determine syphilis. This is probably unique in the State Hospitals, where it has been customary only to send such specimens to the State Wassermann Laboratory and get a report without a check in their own laboratory.

Sixty-five hours have been spent in lectures for nurses in the training school (in chemistry, pathology, urinalysis and X-ray), beside table-side demonstrations of lesions at autopsy to them, thus rounding out a year with the 20% of autopsies to deaths. Dr. Pierce reports the pathological findings at staff conferences and encourages staff attendance at autopsies. The question of assistance is pressing; such gaps occur when a technician leaves, and since the process of training is slow, much time elapses between adequate assistance. Besides the two assistants she has, a third would be very welcome for technical relief in X-ray and to do histological work.

Wrentham, is the first of the State Schools to build and equip a morgue and a laboratory and secure a man to coordinate the laboratory work. On January 1, 1937, Dr. Clemens E. Benda was appointed, and the task of selecting equipment was of first importance for the Biochemical and Pathological work. Establishment always takes more time than is anticipated, but eleven autopsies were done and 1,850 slides prepared. The special stress has been the histological study of the endocrine glands of the Mongolian types of patients.

Danvers. Dr. Salvator Jacobs was a clinical assistant from May 7, 1934. In May 1936 he added the X-ray department to his labors and the Basal Metabolism Rate determination. In February 1937 a change to pathology from clinical work was begun and eight months later he was made a senior in pathology, having the care of the laboratory, the autopsies, teaching students and nurses, doing the X-ray and basal metabolism work. While thus engaged he was preparing for the grading examination in neurology, beside a research with Dr. Yakovlev on the nervous system of cats. Dr. Jacobs sees the need for dividing the types of work. A full time pathologist can be very busy without doing X-ray, (1,086 films in 1937) fluoroscopy and basal metabolism work. If any clinical work is done, he would rather undertake treatment of patients than doing diagnostic chores for them.

With his budding museum and interesting autopsy material, he plans in the near future to inaugurate clinico-pathological conferences for the benefit of all, and to stimulate research. He would profit by making hospital visits where these correlations occur.

His staff consists of one technician for routine clinical examinations and one man who helps with the autopsies, whom he hopes to train for histological technique. Dr. Jacobs displays courage and ambition to forward his department.

Walter E. Fernald State School, Belchertown State School and *Grafton,* are now the only loci where no refrigeration exists. Perhaps Grafton is unique in having to depend on the local undertaker's rooms for autopsy purposes. This particular undertaker outdoes himself in putting forth helpful room furnishings, though the instruments have to be transported as well as the helpers. No scales are available, thus giving the protocols an unfinished and less valuable appearance, as well as a less objective account of organs. Inquiring members of the staff conduct autopsies when there is no official inquiry. At the State Schools fewer autopsies are done though the material is of prime interest. The cooperation in all points with your Pathologist is most amiable.

Worcester. Dr. William Freeman began supervising clinico-pathological, histological and postmortem work on Sept. 1, 1931. Due to his own temperament and enthusiasm, a lively staff, the presence of many patients and research interests emphasized, the work has mounted each year until it has developed from snowball size to a snowman, with the same number of workers to fashion it. From a pre-1931 number of 70 autopsies (30%), they have risen to a 1937 level of 134 — or 49% of the deaths. For three years he has had practically no hope of seeing a section from his autopsied tissues, except those extra-selected for the clinico-pathological conference, which occurs once a month. This is because one technician cannot do bacteriological examinations, turn out surgical specimens and keep up with the tissues saved from autopsy material. It has become apparent to Dr. Freeman that such a prideful number of autopsies presents a preformance problem that is in itself too great for one person. In general hospitals (where brain and cord is rarely removed) there is a rotating group of post-mortem workers who share the honors. Dr. Freeman finds difficulty in finding properly qualified internes or assistant workers, even when official sanction is given.

With the aid of two W.P.A. workers, a cross index file of surgical and autopsy material (gross and microscopic) was started, beginning in 1895 — and completed to 1925 — the gross index to 1935.

Beside the named activities, clinico-pathological examinations are carried out for the staff on their patients whose progress is watched, and in a gratifying number of problem cases, help has been given.

For the Research service, the blood analyses are still being carried out on dementia praecox patients under special therapies and in association animal experimentation for bio-assaying of sex hormones is done. This is to be later applied to blood and urine of the patients.

With vitamins in mind, an intensive study of ascorbic acid levels of the blood of patients and employees has been made. It was found that more patients had subnormal vitamin C level than the employees. Foods supposed to contain ascorbic acid have been found to contain less than the expected amount. It was decided it would be more effective to feed synthetic "C" to all, than to raise the fruit and vegetable ration. No relation could be found to the low level of vitamin C in any age groups, the sexes, psychoses or states of nutrition, hospital residence or in blood studies. Finally, those with low level of C in the blood had central softening in the adrenals at autopsy regardless of the number of hours postmortem.

In preventive medicine, a system of periodic physical and laboratory examination is made of all food handlers and dairy workers. Milk is examined for counts, pathological organisms and for the organisms causing mastitis, and when discovered autogenous vaccines are prepared. More recently "prontisyl" has been used and seems more effective than the vaccine. Also the semen from bulls and bears has been studied to determine the source of the possible impotence. (In one large dairy in England ovarian cysts in the cows are thought to be at the base of the non-impregnation and massage is undertaken through the rectum for breaking up of ovarian cysts and liberating the ova.)

There has been installed in the autopsy room this fall an incinerator for caring for laboratory and autopsy refuse. It saves steps in disposing of waste. An automatic control turns off the gas. The cost was moderate ($135), and there have been no replacement charges.

This account of work is reminiscent of commercial concerns which take more orders than they can fill, or order more stock than they can house. Hearty cooperation is one thing, but the slogan is not "how much can a man do in a day?", but "how much can he do in a day and thrive?"

Boston. Dr. Naomi Raskin reports a decrease in autopsies and an increase of technical assistants, interesting experimental work, and new equipment. The clinicopathological works keeps up and preventive medicine examinations have been made; throat cultures, X-ray and serum Wassermann reaction on all food handlers, (employees and patients alike).

Metropolitan. Dr. Paul I. Yakovlev, was transferred from the Monson State Hospital at Palmer, where he had been occupied nine years, to the Metropolitan State Hospital in May 1936. The newest separate building for laboratory purposes was opened here May 20, 1936, and while not fully equipped at this time, it was a source of pride since at least autopsies could be done in the well lighted, furnished and ventilated autopsy room, connected with the electrically cooled morgue. Of necessity no other work could be done in the building until equipment was selected, ordered, received, unpacked, approved and placed. During that time important routine work was carried on in a small room in the medical and surgical building, which was of necessity limited to the barest varieties that could be put up with for the patients' welfare. Even after the new building was equipped, it is found time saving and convenient to preserve this small laboratory for emergency work, especially when one notes how much time one person needs to transfer paraphanalia over a hill, unlock doors, go through the building corridors, to collect say a drop of blood, and make the return journey to examine it.

Bacteriological work for clinical purposes got under way in March 1937, and the cultures of blood, spinal fluid and feces have been done on request from the clinical staff. Later that year, in June, the accepted tests for changes in the spinal fluid were possible. Again a wish for more technical aid is stressed for clinical tests, both because of the amount of work and the distances between buildings.

If Dr. Yakovlev is to continue conducting a balanced review course for physicians in New England wishing to qualify for the annual examinations in neuro-psychiatry and to demonstrate what the end picture is in a given case at clinico-pathological conferences for the home staff, technical help is needed, especially as Dr. Yakovlev prepares material for publication, (two workers would be better than one, to provide for absences, illness or vacations). Three technicians then and a photographer would also be most agreeable to expand the work. Two new microscopes, a covered walk to the nearest building, a hut for gross specimens and storage space for slides would complete the present wishes of the pathologist.

Gardner. The recent reviews in neuro-anatomy conducted at the Metropolitan State Hospital has stimulated the staff's interest in the structures in the brain and on such cases as are seen officially the cutting of the brain is followed by grave attention and eager discussion. When Toledo Scales, constructed 4,000 grams in grams, replace the present weights-on-pan-type, a great step will have been taken to lighten the labor of performing autopsies. A wider table would be most agreeable and overhead water supply is much needed.

Northampton. The present morgue operating room is seeing its last days, likewise the old style ice cake refrigeration in a wooden box. A new autopsy room and laboratory is just about to emerge. Negotiations are on the way for securing a pathologist to increase the autopsy percentage and work with the staff to more final analysis of the cases. Clinicopathologic work has already stepped up with the employment of a technician.

Monson. Dr. Rudolf Osgood, an experienced general pathologist, came here Aug. 3, 1936 to the position of Pathologist. He has taken time and pains to become conversant with the literature on and the problems of epilepsy and is preserving brains from the autopsies to add to the evidences, when seen, of gross lesions in this age old syndrome. He has taken an active interest in and a part of the brilliant "vital red" therapy indicated by Dr. Stanley Cobb, as an anticonvulsant on a series of patients. One has come to autopsy, probably the first known. He will photograph the brains and study the tissues when a technician can be procured. Besides this, a study is being made of calcium phosphorus ratio in the blood of a group of epileptic patients. Both projects were sponsored by the Department of Mental Diseases. Another plan is the examination of the hypothalamic nuclei in epilepsy, but this too must wait a proper microtome and a technician.

Dr. Osgood has been given another room for his work and is somewhat removed from the centers of activity and noise in the building. This has been furnished as an individual workroom and study. An electro-encephalographic apparatus has been procured for the experimental clinical work undertaken by Drs. Robinson and Osgood.

Dr. Osgood looks forward to two well trained technicians, one for clinical work, one for tissue preparation. He also hopes for bacteriological equipment so that blood and other cultures could be made. Eventually, he looks to histological work that would be helpful, interesting and convincing in the study of epileptic phenomena.

Boston Psychopathic. The arrangement of having the Department's Pathologist perform the autopsies and examine histologically the major trunk organs for the completion of the protocol for the record, continues. The interweaving of the duties of the Department's staff (pathologist, student interne, secretary) for the Hospital offsets the technical work done on important cases in the wider service to the state-preparing surgical specimens and embedding tissues from all autopsies keeping up the fixing fluids, etc. Dr. Epstein has garnered the brains of the majority of the eleven autopsies done at the hospital for further study in the laboratory of Dr. Solomon's department now located at the Harvard Medical School.

The autopsy room has been moved from the undesirable location on the street side of the hospital to the rear of the building, where it will probably remain since it is ideal for the purpose.

Foxborough. This station is fortunate in having a well trained man who is interested in the hospital care of the patient as well as in furthering psychiatric and pathological research. Dr. David Rothschild came to Foxborough in June

1927 and after being on the clinical service two years was appointed to head the laboratory. He at once instituted more comprehensive laboratory examinations for each patient, feeling that five urine analyses, a complete blood count, a Wassermann reaction or Hinton test (performed at the central State laboratory) and determination of the sugar and non-protein nitrogen content of the blood was a minimum service for the mentally ill, other tests being done when indicated and spinal fluid examined whenever permission was obtained for a puncture.

For preventive medicine, the bacterial count of the milk supply is done every week, and throat cultures and smears are taken on each new member of the kitchen employees. (One large hospital in Boston does for every food handler, an X-ray of the chest, a Wassermann reaction on the serum, and a Widal reaction.)

Such specimens as accrue from the surgery done are examined histologically, and autopsy percentage to deaths, for some years low, is now gaining.

The program of research has been chiefly on the chemical content of blood and spinal fluid and recovery of chemicals after injection, the object being to study the blood — spinal fluid barrier in common types of mental disorder, and the results have been published. Other substances are being measured and more recently an inquiry as to the Vitamin C content of blood and spinal fluid has been instituted.

For an histologic attack much interest has centered around the study of the brain damage in organic psychoses, particuarly in the senile psychoses, chronic progressive chorea and arteriosclerosis in relation to the psychiatric problems involved, which is where the emphasis should seemingly occur. Clinicopathologic conferences occur during the winter months, with projection demonstration of slides twice a month. Attendance is voluntary.

The laboratory space, equipment and personnel has from 1919 been growing in size and numbers and within Dr. Rothchild's incumbency electric refrigeration, an automatic water still, a projection apparatus, a centrifuge and a freezing microtome have been added, together with usual replacements and repairs. Microphotography, gas, and more storage space would be highly desirable. Two paid and one volunteer technicians, beside char helpers, assist.

The atmosphere created by library and director's office somewhat separated from the laboratory activities gives at once the suggestion of peace and contemplation necessary for advanced planning and evaluation of work done.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies

From the establishment of the Pathological Service on July 1, 1914, to November 30, 1937 — 3,422 autopsies have been performed. The protocols of these have been bound up to and including January 19, 1936.

During the year ending November 30, 1937, 106 autopsies have been performed; 62 were done for hospitals without resident pathologists or where the pathologist was ill or absent. The remaining 44 were done to determine the cause of death in patients who died suddenly or unexpectedly.

Danvers State Hospital	27	Wrentham State School	2
Boston Psychopathic Hospital	11	Veterans Adm. Facility, Bedford	2
Westborough State Hospital	11	McLean Hospital	2
Boston State Hospital	8	Worcester State Hospital	2
Walter E. Fernald State School	8	Monson State Hospital	1
Foxborough State Hospital	7	Grafton State Hospital	1
Taunton State Hospital	7	Belchertown State School	1
Gardner State Hospital	6	Metropolitan State Hospital	1
Medfield State Hospital	4	Ring Sanatorium and Hospital	1
Miscellaneous	3	Channing Sanitarium	1
Total			106

Besides these 106 autopsies (44 of which were sudden death cases), there were 204 which required investigation. Some of the 204 were subjects of post-mortem examination by others, some were delegated to save time on delivery of the body, etc. In all cases a report reached your pathologist, if the visit was not made personally. The hospital officers have been most considerate and helpful in those matters.

Proportion of Autopsies to Deaths in Institutions

	Deaths	*Autopsies*	*Per cent*
Hospital Cottages for Children	4	4	100
Metropolitan State Hospital	53	37	69
Worcester State Hospital	268	132	49
Taunton State Hospital	193	93	48
Boston State Hospital	297	135	45
Gardner State Hospital	63	27	43
Wrentham State School	34	14	41
Medfield State Hospital	102	42	41
Walter E. Fernald State School	23	8	35
Boston Psychopathic Hospital	31	11	35
Monson State Hospital	88	29	28
Danvers State Hospital	274	73	27
Westborough State Hospital	143	28	20
Foxborough State Hospital	89	15	17
Veterans Administration, Bedford	19	3	16
Northampton State Hospital	143	21	15
State Infirmary, Mental Wards	20	3	15
Grafton State Hospital	64	8	13
Belchertown State School	13	1	8
Veterans Administration, Northampton	25	2	8
Totals	1,946	686	35

Total number of deaths in State Hospitals in Massachusetts in 1937, fiscal year 1,946
Total number of autopsies performed (35%) 686
(a) By laboratories independent of Department 580
(b) Department 106

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in State Hospitals in 1937:

Sudden deaths reported to Department* * 247
Number autopsied 99
Number autopsied by service 44

Analysis of the Autopsied Sudden Death Cases in 1937

Acute infections	25*^{6}	Dementia Paralytica	2
Fractures	10	Pulmonary tuberculosis	2
Heart disease	8*^{1}	Cerebral thrombosis	1
Coronary disease	8*^{1}	General arteriosclerosis	1
Ruptured heart	3	Cardiorenal vascular disease	1
Epilepsy	6*^{1}	Cirrhosis liver	1
Suicide	6	Brain tumor	1
Multiple injuries	3*^{3}	Asphyxiation by regurgitated food	1*
Subdural hemorrhage	3*^{1}	Chronic pyelonephritis	1
Cerebral hemorrhage	3*^{2}	Lung abscess	1
Intestinal obstruction	2	Cerebral arteriosclerosis	1
Alcoholism	2	Adrenal hemorrhage	1
Asphyxia, spasm of glottis	2		

* — complicated by fractures.

**One additional patient was found and reported in 1937 who disappeared in November 1936, and would have been countable in that year had his body been found.

The sudden deaths in the State Hospitals in twenty-four years are herewith presented (either autopsied or non-autopsied):

Year	*Deaths*	*Year*	*Deaths*	*Year*	*Deaths*	*Year*	*Deaths*
1914	69	1920	84	1926	136	1932	215
1915	85	1921	87	1927	126	1933	232
1916	74	1922	89	1928	177	1934	225
1917	83	1923	122	1929	148	1935	243
1918	117	1924	121	1930	170	1936	234
1919	77	1925	129	1931	175	1937	247

a total of 3,465 of which 1,525, or 44%, have been autopsied.

Analysis of Autopsies of Sudden Death Cases

Two hundred and forty-seven cases in which death occurred suddenly were reported to the Department in 1937, an increase of thirteen and an all time high number — the nearest being 243 in 1935. The exogenous causes in the autopsied cases (99), are fractures 10, suicide 6, multiple injuries 3, alcoholism 2, asphyxiation by food 1, a total of 22. If one adds cases in which fractures were included in the cause of death, 16 others would be added. Of the endogenous causes, acute infections as always lead in numbers (29), followed by heart disease 19, epilepsy 6, intracranial hemorrhage 6, other causes scattered. The rarest was adrenal hemorrhage.

Suicides in State Hospitals

Year	*Suicides*	*Year*	*Suicides*	*Year*	*Suicides*	*Year*	*Suicides*
1914	9	1920	13	1926	14	1932	23
1915	6	1921	12	1927	19	1933	13
1916	9	1922	10	1928	19	1934	15
1917	12	1923	14	1929	13	1935	19
1918	18	1924	10	1930	13	1936	12
1919	13	1925	15	1931	26	1937	27*

Analysis of Suicides Autopsied and Non-Autopsied

Twenty-seven suicidal deaths occurred during the year ending November 30, 1937. This figure as before includes those who made the attempt before admission to the hospitals, those on leave, on escape, and others happening in hospitals. This year the females exceeded the males (14–13) by one, (one was colored). The ages ranged from 29 to 69. By manner, poisoning 10 and hanging occurred in 8, slashing 3 and burns 3, drowning in 1, and carbon monoxide 1, and jumping, causing fatal head injury, 1.

As to diagnosis the depressions led — 14, undiagnosed 4, schizophrenics 2, psychosis with cerebral arteriosclerosis 2, alcoholics 3, drugs 1, paranoid 1.

The total 27 is an all time high since these reports began (1914), the nearest to this number (26) occurring in 1931. Why they should have so suddenly increased this year (last year 12) is difficult to determine. (15 were extramural, 12 intramural).

One other case came to his death by the *homicidal attack* of another patient in an unguarded moment in a basement room.

Casualties

This year, there has been a drop in the number of casualties, there being in 1937 a total of 702. And the fractures, 486, (Table B) show a distinct drop in number from 1936, when the number was 517; The total severe injuries are lower by 45 than in 1936, being 529 in 1937. The less severe injuries increased in number from 219 in 1936 — to 254 in 1937. Are we dealing with fewer infirm patients, more vigilance, less bathroom privileges, or is it just one of those fortunate years?

---

*An additional one was reported as having drowned but he had disappeared November 1936, so that he should be considered as in previous year.

*Another patient was ? suicide: the circumstances made the intent debatable.

Casualties in State Hospital

Year	*Casualties*	*Year*	*Casualties*	*Year*	*Casualties*	*Year*	*Casualties*
1914	346	1920	240	1926	351	1932	688
1915	320	1921	257	1927	314	1933	667
1916	304	1922	258	1928	387	1934	679
1917	237	1923	292	1929	503	1935	669
1918	221	1924	297	1930	557	1936	723
1919	208	1925	275	1931	537	1937	702

In the manner of injury, (Table C) as usual, "Unavoidable Natural Causes" lead by a heavy majority followed by "Asocial Acts of Another Patient," "Unknown," "Impulsive Act" and "Epileptic Seizures," which make up the major number of the happenings. It is to be remembered these are not lethal in themselves, though in some death may follow from complications.

In considering the distribution of injuries by hospitals (Table A), the same hospital (Danvers) leads, though two follow closely. Again the Veterans Hospitals show a variation, 68 in one and none in the other. Men in hospitals exceed women in accidents in totals by nearly 100, but in many hospitals they nearly balance and sometimes the women exceed the males.

INVESTIGATIONS

While not strictly a type of activity usually listed under this head, the following item is mentioned because of the supreme importance of having records available from which to conduct inquiries. From July 19th to November 1st, we were able to have a temporary assistant to type autopsy protocols for binding. We rejoice that we have emerged from the unavoidable state of being behind since one secretary is not enough for the volume of work carried on in this laboratory. Our records will thus soon be available in bound volumes — 58 in Series A, (to Sept. 23, 1937), 10 in Series B, a total of 3,400 autopsy protocols. Our next aim is to bind "Anatomical Diagnoses" of these protocols to have a quick summary of the objective descriptions for statistical studies. It has been a hope that we may have a statistical worker assigned on W.P.A. funds to complete our lesion index which would be a valuable "back log" for purposes of frequency of given lesions. Only this summer an inquiry was made concerning the frequency of arthritis deformans in mental cases. I was able to say I had never seen one in mental hospitals at postmortem. Having been active in the pathological departments of the various hospitals for the most part of 30 years — (since October 14, 1907), and having performed more than 3,000 postmortems, it would seem that I should have seen a fair number of the common lesions. I believe there are not many cases of advanced arthritis in our hospitals.

Considerable headway has been made on a paper to stress the importance of cord lesions in the insane. In the analysis of some 555 — stained sections, about 10% are shown to have major lesions — an important point in clearing up obscure neurological symptoms. Of the type of lesion the subacute combined degeneration of the cord leads in numbers. Further work will extend and expand these figures.

Pictures of brains have been taken in three cases, totaling 28.

One of the associated activities was in response to a request for an autopsy on a Gnu at the local zoo. The animal had been in perfect health at the evening inspection, but was found dead in the morning. A satisfactory cause of death was demonstrated in a superior mesenteric thrombosis. The varied anatomy seen in a wild beast from Africa added zest even to a humid day.

From a public health point of view, interest centered on a patient dying of typhoid fever (1937.18). The patient came to the hospital with a fever and died in 8 days. Swollen Peyer's patches were found at autopsy, also confirmatory microscopic changes in the liver. The unusual time of the year for typhoid fever and its rarity now (happily) made the clinical diagnosis only tentative.

Three patients with tumors of the brain (1937.4, 1937.25, 1937.42) were in two cases unknown to have one, but one had been operated upon at the Massachusetts General Hospital. One of the three was a meningioma, two glioblastoma. Another patient (1937.81) had a large pituitary, which was found to contain a chromophobe adenoma. This might have been predicted, (she was obese, had loss of hair and had been in a hypersexual state).

Seven patients had Dementia Paralytica, but only one with tuberculosis came to autopsy.

Permission has been obtained to select a research technician for total brain sections and other special techniques. It may be that a major feature of next year's report will be the revival of the Waverley Researches, done in the style of 1918 and 1921, when the first and second ten cases were published.

The following table shows the routine work of the investigative staff of the Department:

Visits to institutions . . .	198	Less severe injuries . . .	254
Autopsies in cases of sudden deaths	44	Total injuries	783
Severe injuries in institutions .	529	Publications by state officers .	84

Table A. *Casualties arranged by Institution*

	Males	Females	Patients	Accidents	Injuries
Danvers Hospital	33	40	73	74[1, 8]	87
Walter E. Fernald State School . . .	60	19	79	80[1, 5]	86
Foxborough Hospital	26	39	65	73[3, 4, 7]	83
Worcester Hospital	41	27	68	68[5]	77
Veterans' Adm. Facility, Bedford . .	63	–	63	65[2]	68
Metropolitan Hospital	21	22	43	43	50
Boston Hospital	16	25	41	42[1]	48
Wrentham State School	20	15	35	35	41
Medfield Hospital	12	20	32	32	39
Northampton Hospital	13	20	33	34[1, 6]	36
Monson Hospital	14	16	30	31[1]	32
Taunton Hospital	10	15	25	25[7]	27
Grafton Hospital	12	8	20	20	23
Westborough Hospital	10	12	22	22	22
Gardner Hospital	9	7	16	16	17
Belchertown State School	13	1	14	14	14
McLean Hospital	6	3	9	9	9
Boston Psychopathic Hospital . . .	3	1	4	4	7
State Infirmary, Mental Wards . . .	1	4	5	5	6
Bridgewater State Farm	3	–	3	3	4
Hospital Cottages for Children . . .	2	1	3	3	3
Channing Sanitarium	1	–	1	1	1
Glenside Hospital	–	1	1	1	1
The Reeves' Sanatorium	–	1	1	1	1
Ring Sanatorium and Hospital . . .	1	–	1	1	1
Totals	390	297	687	702	783

[1] Two accidents to one patient.
[2] Two accidents to two patients.
[3] Two accidents to four patients.
[4] Three accidents to two patients.
[5] Accident prior to admission.
[6] Three accidents prior to admission.
[7] Four accidents prior to admission.
[8] Ten accidents prior to admission.

TABLE B. *Casualties arranged by Institutions and Severity of Injury*

INSTITUTIONS	Fractures	Dislocations	Gunshot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries	Total Injuries
Receiving Institutions							
Boston Psychopathic Hospital	5	–	–	–	5	2	7
Boston Hospital	38	–	–	1	39	9	48
Danvers Hospital	76	1	–	4	81	6	87
Foxborough Hospital	22	1	–	–	23	60	83
Northampton Hospital	30	–	–	2	32	4	36
Taunton Hospital	18	–	–	5	23	4	27
Westborough Hospital	19	2	–	–	21	1	22
Worcester Hospital	54	3	–	5	62	15	87
Institutions chiefly for Transfers							
Grafton Hospital	10	3	–	1	14	9	23
Medfield Hospital	28	–	–	–	28	11	39
Gardner Hospital	16	–	–	–	16	1	17
State Infirmary, Mental Wards	4	–	–	–	4	2	6
Metropolitan Hospital	29	3	–	–	32	18	50
Institutions for the Feeble-Minded							
Walter E. Fernald School	41	2	–	3	46	40	86
Wrentham School	24	1	–	4	29	12	31
Belchertown School	13	–	–	–	13	1	14
Special Public Institutions							
Monson Hospital	28	–	–	–	28	4	32
Bridgewater State Farm	4	–	–	–	4	–	4
Veterans' Adm. Facility, Bedford	17	–	–	–	17	51	68
Special Private Institutions							
Glenside Hospital	1	–	–	–	1	–	1
Hospital Cottages for Children	3	–	–	–	3	–	3
Channing Sanitarium	–	–	–	–	–	1	1
McLean Hospital	6	–	–	1	7	2	9
Ring Sanatorium and Hospital	–	–	–	1	1	–	1
The Reeves' Sanatorium	–	–	–	–	–	1	1
	486	16	–	27	529	254	783

TABLE C. *Accidents arranged by Manner of Injury and Institution*

MANNER OF INJURY	TOTAL	Belchertown State School	Boston State Hospital	Bridgewater State Farm	Channing Sanitarium	Danvers State Hospital	Walter E. Fernald State School	Foxborough State Hospital	Gardner State Hospital	Glenside Hospital	Grafton State Hospital	Hospital Cottages for Children	McLean Hospital	Medfield State Hospital	Metropolitan State Hospital	Monson State Hospital	Northampton State Hospital	Boston Psychopathic Hospital	The Reeves' Sanatorium	Ring Sanatorium and Hospital	Mental Wards, State Infirmary	Taunton State Hospital	Vet. Adm. Facility, Bedford	Westborough State Hospital	Worcester State Hospital	Wrentham State School
Unknown	50	1	4	–	–	11	5	2	1	–	–	–	1	2	3	1	6	–	–	–	–	1	1	–	6	5
Medical Accidents	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–
Suicidal	23	–	1	–	–	4	1	5	–	–	–	–	1	–	2	–	2	1	–	1	1	3	–	1	–	–
Homicidal	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Self-mutilation	4	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–
Sex-assault	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Motivated Act	4	–	1	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–
Impulsive Act	81	1	2	–	–	3	2	18	1	–	2	–	1	5	5	2	5	–	–	–	–	3	21	1	8	1
Reaction to Hallucination	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–
Psychomotor Excitement	6	–	–	–	–	–	1	3	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–
Motor Restlessness	7	–	1	–	–	–	–	5	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–
Paralysis	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
Arteriosclerotic Seizure	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–
Ataxia	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–
Muscular Weakness	2	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sense Defect	3	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–
Paretic Seizure	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Epileptic Seizure	36	–	2	–	–	–	–	4	–	–	3	–	–	–	–	13	–	–	–	–	–	2	8	–	3	1
Epileptiform Seizure	3	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Seizure of Other Nature	11	–	2	–	–	2	–	–	–	–	1	–	–	1	–	–	1	–	–	–	–	3	–	–	1	–
Habitual Dislocation	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Asocial Acts:																										
Of Another Patient	82	2	4	1	–	13	4	12	1	–	1	–	1	5	4	3	4	1	–	–	–	1	2	5	15	3
Of Attendant	2	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–
Scuffle of Patients	18	2	1	–	–	–	2	–	1	–	1	–	–	1	1	4	–	–	–	–	–	–	2	–	3	–
Scuffle with Attendant, Male	7	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	2	–	1	1
Scuffle with Attendant, Female	3	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Self Defense	2	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Retaliation	25	1	2	–	–	2	2	2	1	–	3	–	–	1	2	–	1	–	–	–	–	–	3	–	4	1
Mayhem	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poisoning	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Occupational:																										
Machinery	7	–	–	–	–	1	2	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	1
Farming	16	–	–	–	–	–	8	1	1	–	–	–	–	–	1	–	–	–	–	–	–	–	2	1	–	2
Other	30	2	2	–	–	1	9	–	2	–	–	–	–	1	2	–	–	–	–	–	–	–	7	1	1	2
Unavoidable Natural Causes	269	5	18	1	1	35	42	15	6	1	9	3	5	12	16	8	10	1	–	–	4	11	14	12	22	18
Total Accidents	702	14	42	3	1	74	80	73	16	1	20	3	9	32	43	31	34	4	1	1	5	25	65	22	68	35

PUBLICATIONS

ALEXANDER, L. — The neurone as studied by microincineration. Anat. Rec. 67, 1937.

ALEXANDER, L., CAMPBELL, A. C. P. — Local anaphylactic lesions of the brain in guinea-pigs. Am. J. Path. 13, 2:229–248, March 1937.

ALEXANDER, L. AND MYERSON, A. — The mineral content of various cerebral lesions as demonstrated by the micro-incineration method. Am. J. Path. 13, 3:405–439, May 1937.

ALTMAN, CHARLOTTE HALL and SHAKOW, David — A comparison of the performance of matched groups of schizophrenic patients, normal subjects and delinquent subjects on some aspects of the Stanford-Binet. Jour. Ed. Psych. *28*, 519, Oct. 1937.

ANGYAL, ANDRAS — Disturbances of activity in a case of schizophrenia. Arch. Neur. and Psychiat. *38:* 1047, Nov. 1937.

ATWELL, C. R. — Relationship of Scores and Errors on the Army Alpha Test. Journ. of Applied Psychology, 21, 451–455, 1937.

BRYAN, WILLIAM A. — Administrative Psychiatry. Published by W. W. Norton, New York, 1936, 349 pp.

CAMERON, D. EWEN and HOSKINS, R. G. — Experiences in the insulin-hypoglycemia treatment of schizophrenia. J.A.M.A. *109:* 1246, October 16, 1937.

CAMERON, D. EWEN and HOSKINS, R. G. — Some observations on Sakel's insulin-hypoglycemia treatment of schizophrenia. Schweizer Archiv. fur Neur. u. Psychiat. *39:* 180, October 1937.

CAMPBELL, C. MACFIE — The Diet of Psyche. Journ. of Am. Dietetic Assoc. 12, 6, March 1937.

CAMPBELL, C. MACFIE — Adolf Meyer. Arch. of Neur. and Psychiat., 37, 715–724, April 1937.

CAMPBELL, C. MACFIE — Perspectives in Psychiatry. Am. Journ. of Psychiat., 94, 1, July 1937.

CAMPBELL, C. MACFIE — Les Tendances Actuelles de la Psychiatric aux Etats-Unis. Annales Medico-Psychologiques, 5, May 1937.

COHEN, BENJAMIN — Repression and Communicability in Catatonic Stupor. Arch. Neur. and Psychiatry, Vol. 38, No. 3, Sept. 1937.

COHEN, LOUIS H. and GAVIGAN, ARTHUR J. — Psychiatric manifestations associated with disease of the central nervous system with special reference to multiple sclerosis. A point of view. Jour. Nerv. & Ment. Dis., *85:* 266, March 1937.

COHEN, LOUIS H. and PATTERSON, MERVIN — The effect of pain on the heart rate of normal and schizophrenic individuals. Jour. Gen. Psych. *17:* 273, Oct. 1937.

DAMESHEK, W. and FEINSILVER, O. — Human Autonomic Pharmacology. XIV. The use of acetyl-beta-methylcholine chloride (mecholyl) as a diagnostic test for poisoning by the atropine series of drugs. J.A.M.A. 109, 8:561–564, Aug. 21, 1937.

DAYTON, N. A. — Height, Weight, Intelligence and Country of Origin in 31,939 Retarded Children. Proc. Am. Assn. on Mental Deficiency, Vol. XLII, No. 2, 1937.

DAYTON, N. A. — What Massachusetts Does for Its Mental Defectives. Radio talk over Station WEEI on November 17, 1937, This is to be published at a later date.

DEAN, STANLEY R. — The Institutional Management of Syphilis. Jour. Nerv. & Ment. Dis., Vol. 85, No. 5, May 1937.

FERTIG, JOHN W. — The testing of certain hypotheses by means of lambda criteria with particular reference to physiological research. Part I. The drawing of one or more samples from completely or partially specified populations. Biometric Bulletin *1:* 45, Dec. 1936.

FREEMAN, H. and CARMICHAEL, H. T. — A pharmacodynamic study of the autonomic nervous system in normal men. The effects of intravenous injections of epinephrine, atropin, ergotmine and physostigmine upon the blood pressure and pulse rate. Jour. Pharm. & Exper. Ther. *58:* 409, Dec. 1936.

Freeman, H., Linder, F. E., and Nickerson, R. F. — The bilateral symmetry of skin temperature. Journal of Nutrition, *13:* 34, Jan. 1937.

Freeman, William, Melick, J. M. and McClusky, D. D. — Suprarenal cortex therapy in vomiting of pregnancy. II. The results in 78 cases. Amer. Jour. Obs. & Gyn., *33:* 618., April 1937.

Guthrie, Riley H. and Dayton, Neil A. — The Incidence of the Alcoholic Psychoses in Massachusetts, 1917–1935. The New England Journal of Medicine, 216, 5, 193–199, Feb. 4, 1937.

Hanfmann, Eugenia and Kasanin, Jacob — A method for the study of concept formation. Jour. of Psych. *3:* 521, April 1937.

Harris, Albert J. and Shakow, David. — The clinical significance of numerical measures of scatter on the Stanford-Binet. Psychological Bulletin *34:* 134, March 1937.

Hoagland, Hudson, Rubin, Morton A. and Cameron, D. Ewen — Electrical brain waves in schizophrenics during insulin treatments. Jour. of Psych. *3:* 513, April 1937.

Hoagland, Hudson, Cameron, D. Ewen and Rubin, Morton A. — The encephalograms of schizophrenics during insulin treatments. Am. Jour. Psychiatry, *94:* 183, July 1937.

Hoagland, Hudson, Cameron, D. Ewen and Rubin, Morton A. — The "delta index" of the electro-encephalograms in relation to insulin treatments of schizophrenia. Psych. Rec. *1:* 196, Aug. 1937.

Hoagland, Hudson, Rubin, Morton A. and Cameron, D. Ewen — The electroencephalogram of schizophrenics during insulin hypoglycemia and recovery. Amer. Jour. Physiol. *120:* 559, Nov. 1937.

Hoskins, R. G. and Fierman, J. H. — The pressor effects of prolonged administration of glycerin extract of adrenal cortex. Endocrinology *21:* 119, January 1937.

Huston, P. E., Shakow, D. and Riggs, L. A. — Studies of Motor Function in Schizophrenia. II. Reaction Time. Jour. Gen. Psych., *16:* 39, January, 1937.

Jellinek, E. Morton — Estimates of intra-individual and inter-individual variation of the erythrocyte and leukocyte counts in man. Human Biology *8:* 581, Dec. 1936.

Jellinek, E. Morton and Looney, J. M. — Studies in seasonal variation of physiological functions. I. The seasonal variation of blood cholesterol. Biometric Bulletin *1:* 83, December 1936.

Kirkpatrick, Milton E. — Some significant factors in juvenile recidivism. Jour. of Orthopsychiat., *7:* 349, July 1937.

Kopp, Israel and Solomon, H. C. — Shock Syndrome in Therapeutic Hyperpyrexia. Arch. Int. Medicine, 60, 597, 1937.

Lang, Walter E. — Automatic Control of Continuous Bath. Amer. Jour. Psychiatry, Vol. 93, No. 4, January 1937.

Leslie, F. E. — Wild Life Sanctuaries as Conservators of Health. Medical Bulletin of the Veterans' Administration, at Washington, D. C., April 1937.

Levingston, Anne G. — Laurence-Moon-Biedl Syndrome. Amer. Jour. of Diseases of Children, Vol. 53, pp. 1534–1539, June 1937.

Little, G. A. and Cameron, D. Ewen — The effects of theelin on anxiety. Canadian Medical Ass'n Jour. *37:* 144, August 1937.

Looney, J. M. and Cameron, D. Ewen — The effect of prolonged insulin therapy on glucose tolerance in schizophrenic patients. Proc. Soc. Exp. Biol. *37:* 253, Oct. 1937.

Looney, J. M. — Can the Biochemist produce life? Hormone *10:* 17, Feb. 1937.

Looney, J. M. — These complex living cells. Science Digest *1:* May 1937.

Looney, J. M. and Jellinek, E. Morton — The oxygen and carbon dioxide content of the arterial and venous blood of normal subjects. Am. Jour. Physiol. *118:* 225, Feb. 1937.

Maletz, L. and Solomon, H. C. — Spinal Fluid Reaction in General Paresis as Modified by a Combination of Therapeutic Malaria and Tryparsamide. Am. Journ. of Syphilis, Gonorrhea and Venereal Diseases, 12, 3, 287, May 1937.

McPherson, George E, — Preliminary Consideration of the Heredity of Mental Deficiency. The Journal of Psycho-Asthenics, Vol. XLII, No. 1, p. 124, June 1936 to June 1937.

Moxness, B. A. — Cardiac Arrhythmias in Out-Patients. Medical Bulletin of the Veterans Administration at Washington, D. C., July 1937.

Myerson, A., Schube, P. G. and Ritvo, M. — Human Autonomic Pharmacology. V. The effect of acetyl-beta methylcholine (mecholyl) on the atonic colon. Radiology, 28: 522–558, 1937.

Myerson, A., Loman, J., and Rinkel, M. — Human Autonomic Pharmacology. VI. General and local sweating produced by acetyl-beta-methylcholine chloride (mecholyl). Am. J. Med. Sci. 194, 1:75–79, July 1937.

Myerson, A., Loman, J. and Dameshek, W. — Physiologic effects of acetyl-beta-methylcholine (mecholyl) and its relationship to other drugs affecting the autonomic nervous system. Am. J. Med. Sci. 193, 2:198, February 1937.

Myerson, A., Loman, J. and Rinkel, M. — Human Autonomic Pharmacology. VIII. The effect of iontophoresis on the gastric juices with especial reference to acetyl-beta-methylcholine chloride (mecholyl). Am. J. Digest. Dis. & Nutr. 4, 6:386–390, Aug. 1937.

Myerson, A., and Thau, W. — Human Autonomic Pharmacology. IX. The effect of cholinergic and adrenergic drugs on the eye. Arch. Ophth. 18:78–90, July 1937.

Myerson, A., Rinkel, M., Loman, J. and Myerson, P. — Human Autonomic Pharmacology. X. The synergism of prostigmin and mecholyl. J. Pharmacol. & Exper. Therap. 60, 3:296–311, July 1937.

Nickerson, Ralph F. — An improved technic for the determination of insensible perspiration. Jour. Lab. & Clin. Med. *22:* 412, January 1937.

Raymond, C. Stanley — Provision for Care and Training of Feebleminded in Massachusetts. March 1937 issue of "Hospitals."

Rickers Ovsiankina, Maria — Studies in the personality structure of schizophrenic individuals. I. The accessibility of schizophrenics to environmental influences. II. Reaction to interrupted tasks. Jour. Gen. Psych. *16:* 153, January 1937.

Robinson, L. J. — Neurologic Complications Following the Administration of Vaccines and Serums. N. E. Jour. of Medicine *216:* 831–837, May 13, 1937.

Robinson, L. J. — Benzedrine Sulfate in the Treatment of Syncope due to a Hyperirritable Carotid Sinus Reflex. N. E. Jour. of Medicine *217:* Dec. 1937.

Robinson, L. J. — Syncope, Convulsions and the Unconscious State: Their Relationship to the Hyperactive Carotid Sinus Reflex Amongst 1,000 Patients in an Institution for Epilepsy. Read at Boston Society of Psychiatry & Neurology, Oct. 21, 1937.

Robinson, L. J. — Notes on the Observed Effects of Prostigmin in Man: Patients with Epilepsy. Jour. Pharmacol. & Exper. Therapy.

Rosenzweig, Saul — Schools of Psychology: A complementary pattern. Phil. of Sci. *4:* 96, January 1937.

Rosenzweig, Saul and Shakow, David — Mirror behavior in schizophrenic and normal individuals. Jour. Nerv. & Ment. Dis. *86:* 166, Aug. 1937.

Rosenzweig, Saul — The experimental study of psychoanalytic concepts. Character and Personality *6:* 61, Sept. 1937.

Rosenzweig, Saul and Shakow, David — Play technique in schizophrenia and other psychoses. I. Rationale. II. An experimental study of schizophrenic constructions with play materials. Amer. Jour. Orthopsychiat. *7:* 32. January 1937.

Rothschild, David — Pathologic Changes in Senile Psychoses and Their Psychobiologic Significance. Am. Jour. Psychiatry, Vol. 93, No. 4, 757–788, January 1937.

Rubin, Morton A., Cohen, Louis H. and Hoagland, Hudson — The effect of artificially raised metabolic rate on the electro-encephalogram of schizophrenic patients. Endocrinology, *21:* 536, July 1937.

Schube, P. G. — The colon in mental disease. I. Dementia Praecox. Amer. Jour. Dig. Dis. and Nutrition, 3:528–533, 1937.

Schube, P. G. and Raskin, N. — Cerebral hemorrhages following lumbar spinal puncture. Jour. Nerv. & Ment. Dis., 84:636–659, Dec. 1936.

Schube, P. G. — Variations in the blood cholesterol of man over a time period. Jour. Lab. and Clin. Med., 22:280–284, Dec. 1936.

Schube, P. G. — Blood cholesterol and the manic depressive psychosis. Jour. Lab. and Clin. Med., 22:240–245, Dec. 1936.

Schube, P. G., Ritvo, M., Myerson, A. and Lambert, R. — Human Autonomic Pharmacology. IV. The effect of benzedrine sulphate on the gall bladder. N. E. Jour. Medicine, 216: 694–697, 1937.

Schube, P. G., Raskin, N., and Campbell, E. — The effect of benzedrine sulphate on the hematopoietic system. N. E. Jour. Medicine, 216:922–923, 1937.

Schube, P. G., McManamy, M. C., Trapp, C. E. and Houser, G. F. — Involutional melancholia: Treatment with theelin. Arch. Neur. & Psychiat., 38:505–512, 1937.

Schube, P. G., McManamy, M. C., Trapp, C. E. and Myerson, A. — The effect of benzedrine suplhate on certain abnormal mental states. Amer. Jour. Psychiat., 94:27–32, 1937.

Solomon, H. C. and Kopp, Israel — Fever Therapy. The New England Journal of Medicine, 217, 21, 805, Nov. 18, 1937.

Steele, Katherine McL. — Psychiatric Nursing. Published by F. A. Davis, Philadelphia, pp. 370, 1937.

Trapp, C. E. and Schube, P. G. — The reaction of certain psychotic types to alcohol. Preliminary report. Jour. Nerv. and Ment. Dis., 85:668–688, 1937.

Twing, Alice E. — A Vacation Camp for Paroled Girls. The Journal of Psycho-Asthenics, Vol. XLII, No. 2, p. 166, June 1936 to June 1937.

Vassaf, Etem — The Syphilis Campaign in Turkey. Journal of Social Hygiene, Vol. 23, April 1937.

Wells, F. L. — Intelligence and Socialization. Am. Journ. of Psychiat. 93:1265–1291, 1937.

Wells, F. L. — The State School as a Social System. Journ. of Psychology, 5, 119–124, 1937.

Wells, F. L. and Atwell, C. R. — Wide Range Multiple Choice Vocabulary Tests. Journ. of Applied Psychology, 21, 5, 550–555, Oct. 1937.

Wells, F. L., Baker, Harry J. and Traphagen, Virginia — The Diagnosis and Treatment of Behavior-Problem Children. New York. The Macmillan Company, 1936. Harvard Educational Review, 7, 281–282, 1937.

Yakovlev, Paul I. — Neurologic Mechanism Concerned in Epileptic Seizures. Arch. Neur. & Psychiat., Vol. 37, pp. 523–554, March 1937.

Yerbury, E. C. — The Value of a Mental Hospital Training to the Occupational Therapy Students. Bulletin of Massachusetts Association for O.T., Vol. II, No. 2, March 1937.

Respectfully submitted,
Myrtelle M. Canavan, M.D.
Pathologist.

REPORT OF THE DIVISION OF SOCIAL SERVICE

To the Commissioner of Mental Diseases:

As in previous years, the Director of Social Service has had the general direction and supervision of social service activities in institutions and divisions connected with the Department. Every effort has been made to maintain the higher standards which have been achieved in former years.

The interest of social agencies in mental hygiene clinics is a wholesome one, and high praise has been given by the courts of the value of child guidance clinics in dealing with juvenile offenders. It is unfortunate that due to inadequate social service clinic personnel but limited time can be devoted to this important piece of psychiatric work.

The director has given consultation service to public and private agencies and others relative to special cases in which social problems center about mental disorder and to the department social workers in matters pertaining to general or special functions or activities of the various social service departments. Monthly conferences with the hospital social workers have been held and two papers presented by head social workers have been discussed.

Among other duties, the director has had general supervision of the social workers connected with the Division of Mental Deficiency. This division has this past year undertaken a new project — that of supervising feebleminded children in the lower brackets in their own homes. This is in answer to many requests on the part of parents who cannot hope for immediate admission to State Schools and who desire instruction for these children. One social worker devotes her time to this work and outlines lessons suited to the particular needs of the child and instructs the parent in the methods to be employed.

The conference program follows:

Jan. 16, 1937 — Report of Social Service by hospital social workers.

Mar., 1937 — Paper by Mrs. G. D. Raynes, Grafton State Hospital.

May 22, 1937 — Report by Miss Mary Holland, Danvers State Hospital, outlining activities, including Child Guidance clinics.

The training by the Department of students in hospital training centers is going forward. The groundwork has already been laid for this work as well as training of students from the various schools of social work.

Distribution of all students for the year:

Hospital	*D.M.D.*	*Smith College*	*Simmons College*	*Boston University*	*Boston College*
Boston Psychopathic .	–	2	2	–	1
Danvers State Hospital .	1	–	1	–	–
Foxborough State Hospital	1	–	–	–	–
Medfield State Hospital .	2	–	–	–	–
Metropolitan State Hospital	2	–	–	–	–
Taunton State Hospital .	2	–	–	–	–
Worcester State Hospital .	–	3	2	–	–
Division of Mental Hygiene	–	–	–	5	–
Totals . . .	8	5	5	5	1—24

Personnel — Social Service Division, November 30, 1937

Institutions and Divisions	*Paid Social Workers*	*Student Social Workers*	*Resignations*	*Vacancies*
State Hospitals:				
Boston Psychopathic Hospital	6	5	1	–
Boston State Hospital	5	–	4	–
Danvers State Hospital	4	2	1	–
Foxborough State Hospital	2	1	1	–
Gardner State Hospital	2	–	1	–
Grafton State Hospital	1	–	1	–
Medfield State Hospital	2	2	1	–
Metropolitan State Hospital	2	2	–	–
Monson State Hospital	2	–	–	–
Northampton State Hospital	3	–	–	–
Taunton State Hospital	3	2	1	–
Westborough State Hospital	3	–	–	–
Worcester State Hospital	4	5	–	–
State Schools:				
Belchertown State School	3	–	–	–
Walter E. Fernald State School	3	–	–	–
Wrentham State School	2	–	–	–
Total in institutions	47	19	11	–
Divisions:				
Division of Mental Deficiency	3	–	–	–
Division of Mental Hygiene	6	5	–	–
Total in divisions	9	5	–	–
Grand Total	56	24	11	–

In August, 1937, Miss Curtis resigned after twenty-four years of service devoted to the building of social service in the Department to a very high order. Her ideals never wavered, her sane advice and encouragement to her staff will never be forgotten. Many social workers in private and public agencies also will miss her ready help and sound judgment.

Respectfully submitted,
Madeline B. Dyar,
For Director of Social Service.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of Mental Diseases:

During the year ending November 30, 1937, there has been little deviation from the program of the Division of Mental Hygiene as outlined in the previous reports — the general organization, methods of study and treatment previously described have been followed. The three major objectives have been clinical, educational, and research. Notwithstanding that there has been increased activity in all phases of the Division's work, without a proportionate increase in the personnel, it has not affected any change in the quality of service rendered. We have been able to maintain in the clinical program a high therapeutic standard throughout the year. We have also continued to fulfill an ever-increasing request for community education. This has been made possible as a result of continued improvement in our methods, the assistance of trained volunteers, and the willingness on the part of the staff members to give of their time outside regular working hours. We are called upon frequently for lectures and other forms of group education, which can only be given in the evening The size of the case load and the fact that very often parents, especially fathers, cannot leave work to attend clinic during the day necessitates evening visits to the homes by the social workers, and evening visits to the psychiatrist's office by the parents.

The clinics maintained by the Division continue to stress the quality of the work rather than quantity. The careful study of the problem and treatment of the individual child has been the objective, and we have avoided any procedures that would tend to defeat this aim or lower the standard of the service rendered to the public. While not being disposed to limit our intake of cases, we have endeavored to keep the number accepted for intensive treatment consistent with highest therapeutic standards. Clinics maintaining such aims and standards cannot undertake to study intensively all of the cases referred — to do so would naturally reduce the number of cases that could be accepted for treatment as well as impede progress in those cases where service is most needed. Therefore, it is necessary to select wisely those cases for prolonged study and treatment. This selection is not made on any arbitrary basis or by avoiding the challenge which the most difficult cases offer when it is deemed practicable to do so. Rather the selection is made on the basis of whether a child will be benefited by the specialized type of service we have to offer, and whether the therapeutic effort is likely to be a prudent expenditure of time and money. Every case referred is accepted for appraisal at least, if not for detailed study and treatment. Those cases where a complete clinic service would seem to be impractical (either from the patient's standpoint or from that of the clinic), a consultation service is always rendered in which an appraisal of the case is given to the referring agency, with recommendations made as to the most practical disposition of the case.

Because such frequent inquiries are made both by correspondence and by personal visits from interested persons (many within the State Department) regarding clinic service, a brief resume of the clinics' mode of operation would seem indicated at this time. Children are referred to the clinics from various sources and for many reasons — behavior problems as related either in the home or outside; personality deviations so marked as to interfere with social and scholastic adjustment; various neurotic traits; educational disabilities in the form of inability to read, difficulty in concentration, and application interfering with school progress; and lastly problems of delinquency. Table No. 2 reveals the sources from which the cases are referred, and Table No. 11 shows the various problems with which the clinics deal. The variety of problems and situations brought before the clinics necessitates a comprehensive method of study. This is outlined briefly in the following description of clinic routine.

The clinic procedure is devised on the assumption that a child who presents difficulty in the home, school, or other contacts, or manifests symptoms or signs of disturbance in the course of physical and mental development requires a thorough study in order to determine the real sources of his difficulty. The full study of the child begins with a careful physical survey, except where recent and adequate reports of physical examinations are available. Physical defects or disease must be carefully evaluated in any psychiatric program which is to be outlined. In some cases where physical factors are found to be acute and predominantly the causative factor in the particular problem for which the case was referred, the Habit Clinic may act in an advisory capacity to the pediatrician; in others, the psychiatric program may proceed simultaneously and cooperatively with the medical program.

The psychological study of the child is the next step. This includes an evaluation of his intellectual capacity, his school achievement, and his special abilities and disabilities. The psychologist's contribution to our knowledge of the child's intellectual development is important and offers a basis for planning his educational program and his school placement. In addition to this, the psychologist's observations of the child during his period of study aids appreciably in obtaining a better understanding of the child's personality.

A detailed study of the child's environment is made by a psychiatric social worker. This information is obtained from one or both parents, from the physician, and from teachers and others familiar with the child and his varied environments. It includes a complete picture of the family situation; a detailed developmental and medical history; a record of the child's adaptation to the school, both as regards his scholastic achievement and his adjustment to the teacher and the pupils, as well as his behavior in the play group. The completed study is a picture of environmental background and the child's relationship to parents, teachers, siblings and others.

The psychiatrist then acquaints himself with the child and the parents, as well as with the data already collected by the other staff members cooperating in the case. The psychiatrist's study begins with an observation of the child's behavior in the examining room and goes on to a more intensive investigation of his emotional drives, interests, attitudes, personal relationships and his mental attitudes toward life in general, and specifically toward the problem for which he was referred.

In dealing with children of pre-school age, psychiatric inquiry and therapy is directed frequently more to the parent and the environment rather than to the child himself. We know that many of the difficulties of these younger children are but secondary to the problems of the parents.

The next step in clinic routine is the summarizing and co-ordinating by the psychiatrist of all the information and impressions obtained by staff members preparatory to a staff discussion. Physicians, teachers, social workers, and others interested are invited to discussions. The case is reviewed, the observations of the various staff members reported and discussed, a diagnostic summary made and plans for treatment outlined.

Treatment varies with the individual case, and it is impossible in a report of this nature to adequately discuss the question of treatment of the social, educational, psychological and psychiatric problems. However, one might roughly list treatment procedures as follows:

1. Direct information and advice to parents and teachers.
2. Direct application of remedial procedures appropriate to specific needs of the child.
3. Direct psychotherapy with the child.
4. Psychotherapy for the parent.
5. Social treatment for the environment.

Any one or several of the above approaches to the child's problem may be undertaken by one or more members of the clinic staff, frequently in cooperation with the school, or social agency interested in the case. A portion of therapy consists of parental education and environmental reconstruction, excepting in those cases where we are faced with a situation in which the problem is a fundamental one, involving the whole organization of the personality and character of the child. The difficulties encountered in attempting to influence the fundamental personality organization of an individual are many and varied. However, with the knowledge available regarding the nature of the influences that determine personality and character, it is possible in certain cases to evaluate what is taking place in the mental life of these children. Not infrequently we see the gradual development of the potential neurotic, eccentric, delinquent and psychotic adult, and it is in these cases where we should eventually find possibilities for fruitful preventive work. Some of our most interesting, as well as our most challenging cases, fall within this group.

For the more serious personality problems, we have made a systematic and concerted effort at treatment. Our objective has been to facilitate the child's emotional, intellectual and social development in order that he may attain a more satisfactory adjustment to life.

The director and staff have always taken care not to subscribe to any one school of therapeutic thought to the exclusion of others. On the contrary, we have endeavored to understand and utilize what seemed to be the most practical and efficient form of therapy, the one best suited to the needs of a particular case and in the best interest of economy.

In dealing with problems of children, parents play an important part. In a large number of cases the problems of the child are but a reflection of his training. Many parents are so preoccupied with the child's physical development and intellectual achievement that they overlook his emotional needs and their influence upon his happiness and efficiency. It is comparatively easy for a parent to evaluate the child as regards his physical and intellectual developments. Frequently, however, because the child's emotional problems are part and parcel of the parents' own emotional difficulties, the parents lose their objectivity and are often unable to give the sort of intelligent guidance that is necessary. A large part in the successful treatment lies not only in our ability to give parents a better understanding of their own problems and how they affect the child, but also to aid them to achieve a better social adjustment for themselves.

The educational program has been sufficiently inclusive to reach not only parents, but also a wide variety of interested individuals, including physicians, teachers, public health nurses and medical students. All of the accepted educational techniques have been utilized, including didactic lectures, discussion groups and clinic demonstrations. The latter has proved to be a most satisfactory method of achieving a twofold purpose, namely, to present the clinic activities of the Division and, at the same time, define the aims and principles of mental hygiene.

A wise dissemination of mental hygiene information is and has been a major interest and activity of the Division since it was organized. The staff has endeavored to further this educational program by publications, research and lectures, presenting in a relatively non-technical way valuable information in the field. We have tried to issue only medically sound material, clearly expressed, and devoid of highly technical vocabulary.

The Division through its educational activities has done much to influence community thinking along the lines of child welfare activities. It has succeeded in formulating more clearly the value of prevention in the field of mental health, and making for increased awarement of early signs of behavior difficulties in the minds of parents and others.

The clinic attendance has in most clinics remained up to capacity, exceeding this in some, as witness Quincy and Boston Dispensary. The fact that the latter clinic has been one of our largest bespeaks the pediatrists' genuine interest and appreciation for the psychiatric contributions which the Division has made to Children's Medical Service. The pediatrists are beginning to appreciate that a knowledge of the psychology of childhood is as essential to them as a knowledge of disease, that it is an integral part of the child's development, and without it they cannot understand many of the factors influencing physical growth. Pediatrists throughout the country are manifesting greater interest and activity in approaching problems of mental health and child conduct. At the Boston Dispensary Children's Medical Service, the psychiatrist at the Habit Clinic has made every effort to make these needs available to the pediatrician. Every case referred to the Habit Clinic is discussed with the referring pediatrist. Whenever possible the psychiatrist cooperates with the teaching staff at the Dispensary to discuss for the benefit of the medical students taking pediatrics, the psychiatric aspects of the case under discussion. All of this has resulted in a more thorough service to the patient.

During the past year the Quincy Clinic has added to its regular staff a volunteer worker, specially trained in the treatment of speech disorders. So many requests have been made for this type of service that it has been necessary to temporarily postpone further admission of speech cases.

The remedial teachers from Boston University have continued to give their beneficial assistance, on a volunteer basis at the Quincy Clinic. They have dealt with various educational handicaps in the form of reading disabilities and associated difficulties, and the results obtained in these cases have been most gratifying. Not only has this specialized type of service been a means of aiding the child to a better adjustment in the classroom, but it has been a real aid in correcting personality and behavior problems closely related to the educational problem.

We have been fortunate in having the services of two volunteer workers at the Quincy Clinic, who have demonstrated much initiative and ingenuity in the organization of a play group. This has been of inestimable value in three directions — one, in the assistance it has provided the staff by means of the observations made; two, in the interest and entertainment it has provided the children during their wait at clinic; three, through the benefits derived by contact with other children in an organized play group.

Mental Hygiene has continued to be accepted as a vital part of the educational program in most of the schools with which we have been associated. Conferences with the schools in the communities where the clinics operate have done a great deal to promote a better understanding of the needs of the child and the responsibility of the school in this matter. It is interesting to observe the widening scope of these conferences — not only have they considered the individual problem cases referred, but also have included general discussions of the broader aspects and implications of mental hygiene principles as they relate to the school.

The past two decades have witnessed a tremendous public interest in the development of the varied social and medical activities relating to children and in both the field of medicine and education, mental hygiene has stood out prominently. Parents, teachers, judges, probation officers, general practitioners and pediatricians are all much interested in the mental hygiene point of view and are seeking advice and help through psychiatry. With this ever-increasing demand on our mental hygiene clinics, knowledge has been accumulated and organized relating to the field of child guidance and in turn, standards to be followed for investigation and therapeutic work have been established. This means that a better trained personnel is needed if these standards are to be attained and more time must be devoted by the various psychiatric units operating these clinics.

The Commonwealth of Massachusetts through the Division of Mental Hygiene was the pioneer in the field of child guidance and the value of such clinics has been demonstrated and accepted throughout the country. The time is not far distant, however, when a decision will have to be made with reference to the extent to which the Department of Mental Diseases deems it wise to participate in these extra institutional public demands. The need for personnel with special training in the field of preventive work is essential if the Commonwealth is to assume the responsibility of attacking some of these vital problems relating to mental health at their source. It has been pointed out by the Director of the Division of Mental Hygiene that the institutions cannot be expected to carry on the varied clinical activities demanded of them by the community on a satisfactory therapeutic level if the work is dependent upon the regular hospital personnel who are already overtaxed with problems relating to the hospital and who have not had special training in dealing with the mental life of children as it relates to mental health, delinquency and education. Up to the present time the quality and quantity of the preventive work done throughout the community in the field of mental hygiene has depended very largely upon the interest and the initiative of the individual superintendents in the various state hospitals. This has resulted in marked differences in the provisions made for clinical services throughout the state. In those communities where a fairly adequate service has been rendered over a period of years the demands have outgrown the available facilities. A summary of the out-patient service rendered by the Northampton State Hospital, for example, reached a total of fifteen hundred eighty-one individual cases seen at the school clinics, out-patient clinics for adults, child guidance clinics, court cases, and other interviews and consultations. This service has been rendered by one full-time psychiatrist, a full-time social worker, and a psychologist. Difficult though it may be to measure the value of such community activities, there is no doubt that the state has been saved no small amount of money by rendering a service at a time when it would be most useful to patients suffering from early and incipient mental illness and by giving supervision to a large number of patients who had been inmates of the state hospitals.

It has been suggested on previous occasions that these extra institutional activities should be continued and that they should be more highly developed in many of the state hospitals and an attempt should be made to set up adequate standards throughout the state. These activities should be under the direction of a full-time Director of the Division of Mental Hygiene.

The report of the Social Service with the accompanying tables by Miss Ethel Hoskins, Chief Social Worker, indicates the growth and development of the clinics throughout the state, the type of problem, the source from which cases have been referred, and other data of interest. The year 1937 has brought increased opportunities for service to the Social Staff of the Habit Clinics.

TABLE No. 1. *Habit Clinics — Total Case Load Showing Number of New and Old Cases Attending Clinic, Number of Visits Made by Children to Clinic, and Number of Clinic Sessions December 1, 1936 to November 30, 1937*

	Case Load	Number of Children Attending Clinic	New Cases Attending Clinic	Old Cases Attending Clinic	Visits to Clinic by Children	Number of Clinic Sessions
Total	1,136*	1,024	724	300	4,185	424
Boston Dispensary	187	164	131	33	458	94
Lawrence	153	139	90	49	719	47
Lowell	80	71	49	22	262	48
New England Hospital	154	130	96	34	385	45
North Reading	29	23	23	–	29	9
Norwood	107	103	70	33	438	46
Quincy	234	212	145	67	888	44
Reading	50	44	34	10	191	43
West End	142	138	86	52	815	48

*The first column includes 112 old cases that were active with Social Service, but did not return to clinic

Table No. 1 shows that the total number of cases served was 1,136. This is an addition of 94 cases over the previous year. There were 58 more new cases this year than last and an increase of 426 visits made by children to clinic.

The largest number of new cases referred was in Quincy and Boston Dispensary. These are the centres where the largest number of cases can be served. At Quincy, the service of two psychiatrists is required, and at Boston Dispensary, the clinic is held twice a week to meet the demand.

The particular clinics where there has been the greatest growth over the previous years in the numbers of new cases are: New England Hospital, Norwood and Quincy. At New England Hospital this increase does not appear to be due to any one cause, but rather that there has been a more diversified group referring cases. In Norwood and Quincy, there is probably a very direct relationship between the increase and the fact that many more cases were referred by the public school systems than during the previous year.

The greatest increase in the number of visits made by children to clinic was in Norwood, where many cases were carried for intensive treatment. The attendance in West End and Quincy, which showed the next greatest increase, is probably due to the fact that in these two clinics, in addition to the regular service given, children with special handicaps in learning to read have been tutored by students from Boston University School of Education. Both clinics had this service in 1936, but by 1937 the knowledge that such a service was procurable had become more widely known and hence more sought after. The attendance in the West End Clinic has always been high, also partly because of the work of a speech specialist. For the last two months of the year, remedial speech work has also been done in the Quincy Clinic. Over a period of years, a speech specialist has been doing valuable work in the Lawrence Clinic which continues to have a high clinic attendance.

TABLE No. 2. *Habit Clinics — Sources of New Cases December 1, 1936 to November 30, 1937*

	Total New Cases	Schools	Health Agencies	Friends and Relatives	Physicians	Children's Agencies	Family Agencies	Community Education	Clinic Staff	Settlements
Total	724	257	246	101	36	28	28	20	7	1
Boston Dispensary	131	3	119	6	–	2	1	–	–	–
Lawrence	90	44	8	16	13	5	3	1	–	–
Lowell	49	14	4	6	5	2	4	14	–	–
New England Hospital	96	12	42	16	6	9	8	3	–	–
North Reading	23	–	23	–	–	–	–	–	–	–
Norwood	70	55	1	10	1	–	3	–	–	–
Quincy	145	84	20	23	6	4	3	2	3	–
Reading	34	21	2	7	1	1	–	–	2	–
West End	86	24	27	17	4	5	6	–	2	1

Table No. 2 shows the sources of new cases for all the clinics and for each individual clinic center. Health agencies referred more cases than any other source in Boston Dispensary, New England Hospital, North Reading and West End, while schools were the largest source in Lawrence, Lowell, Norwood, Quincy and Reading. For the first time in years, the number of cases referred by schools is larger than those sent by hospitals and health agencies. This is not due to any drop in the number of cases sent by health agencies, but rather to the addition of 52 more cases referred by the school this year over the previous year.

TABLE No 3. *Habit Clinics — Sources of New Cases by Percentage December 1, 1936 to November 30, 1937*

Schools	35.%	Family Agencies	4.%
Health Agencies	34.%	Community Education	3.%
Relatives and Friends	14.%	Clinic Staff	.9%
Physicians	5.%	Settlements	.1%
Children's Agencies	4.%		
Total			100.%

Table No. 3 shows the sources by percentage. Schools are 35% and health agencies 34%, whereas in 1936 schools formed 31% of all referrals and health agencies, 35%.

TABLE No. 4 *Habit Clinics — Statistics for Each Month December 1, 1936 to November 30, 1937**

	Total Case Load	Children Attending Clinic	New Cases	Visits to Clinic by Children	Clinic Sessions
December, 1936	431	236	68	364	43
January, 1937	474	248	78	373	37
February, 1937	466	262	67	382	36
March, 1937	490	312	75	504	42
April, 1937	492	288	63	493	40
May, 1937	475	286	60	462	37
June, 1937	462	240	58	347	38
July, 1937	414	180	42	265	39
September, 1937	430	226	79	321	43
October, 1937	425	222	62	330	36
November, 1937	413	221	72	344	33
Fiscal Year			724	4,185	424

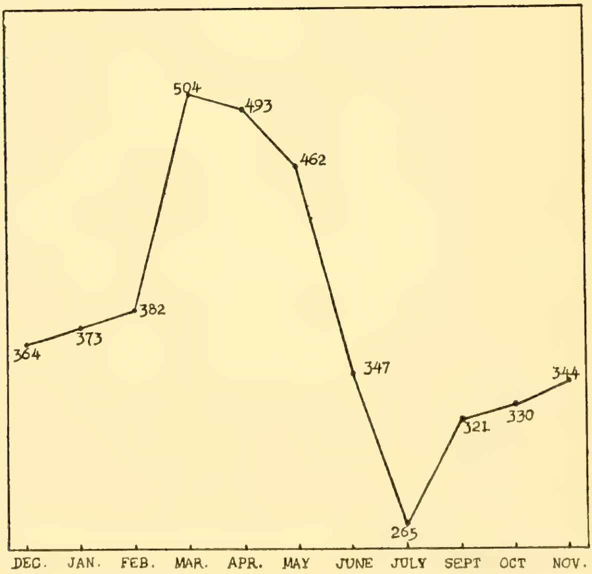
*Total number for each month.

Table No. 4 shows the statistics for all the Habit Clinics according to the months of the year. The first two columns are not totaled. Many cases were carried from month to month so there would be duplication if the figures were added. The unduplicated case load and number of children attending clinic will be seen in the first two columns of Chart No. 1. In the third column of Table No. 4 are shown the numbers of new cases referred each month. The highest intake this year was in September, the next in January, the third in March, and the fourth in November. In the fourth column are shown the number of visits made by children to clinic. March, April and May were the months in which the greatest number attended.

The number of visits made by children to clinic each month is also shown in Graph No. 1. In 1937 the greatest number of visits to clinic were made in March, and the lowest in July. It seems reasonable to suppose that weather conditions have something to do with this. In March, the bad winter weather is abating and families find it easier to travel about. It is not surprising that the attendance falls off in July when the heat and vacations interfere.

TABLE NO. 5. *Habit Clinics — Number of Visits Paid to Clinic by Children Over a Ten Year Period*
December 1, 1927 to November 30, 1937
(For each fiscal year from December 1, to November 30, inclusive)

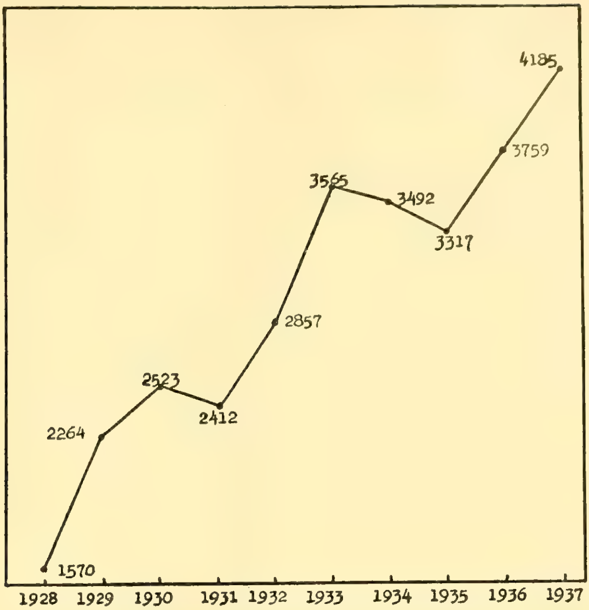
Total Number of Visits to Clinic			29,944
1927–1928	1,570	1932–1933	3,565
1928–1929	2,264	1933–1934	3,492
1929–1930	2,523	1934–1935	3,317
1930–1931	2,412	1935–1936	3,759
1931–1932	2,857	1936–1937	4,185



GRAPH 1.— NUMBER OF VISITS OF CHILDREN TO NINE HABIT CLINICS 1937

Table No. 5 shows the number of visits made by children to clinic over a ten year period. The total number being 29,944 visits.

Graph No. 2 shows that the rise in the number of visits to clinic has been continuous except for three slight recessions which occurred in 1931, 1934 and 1935. In 1931 and 1934, the lower number of visits corresponds to a lower intake of new cases. The same is not true in 1935, however. Increased attendance is probably related to the broadening of the services rendered by the clinics and increased knowledge of the clinics by communities.



GRAPH 2. — NUMBER OF VISITS OF CHILDREN TO NINE HABIT CLINICS 1928–1937

TABLE NO. 6 *Habit Clinics — Number and Percentage of Children Served Classified According to Sex December 1, 1936 to November 30, 1937*

	Total	Male	Female
Boston Dispensary	187	109	78
Lawrence	153	106	47
Lowell	80	52	28
New England Hospital	154	76	78
North Reading	29	18	11
Norwood	107	69	38
Quincy	234	163	71
Reading	50	36	14
West End	142	92	50
Total Number of Cases	1,136	721	415
Percentage of Totals	100%	63%	37%

TABLE NO. 7. *Habit Clinics — Number and Percentage of Children Served Classified as of Pre-School and School Age December 1, 1936 to November 30, 1937*

	Total	Pre-School Age	School Age
Boston Dispensary	187	69	118
Lawrence	153	36	117
Lowell	80	16	64
New England Hospital	154	62	92
North Reading	29	4	25
Norwood	107	10	97
Quincy	234	56	178
Reading	50	6	44
West End	142	57	85
Total Number of Cases	1,136	316	820
Percentage of Totals	100%	28%	72%

Table No. 6 shows the number and percentage of children served in the nine Habit Clinics classified according to sex; 63% were boys, and 37%, girls. These percentages have been about the same over a period of years.

Table No. 7 shows the total number and percentage of cases classified as of pre-school and school age. More than a fourth were of pre-school age, and almost three-fourths, of school age. The proportion has been about the same for a number of years.

TABLE NO. 8. *Habit Clinics — Types of Service Rendered*
December 1, 1936 to November 30, 1937

	Total Case Load	FULL SERVICE			SPECIAL SERVICE		
		Total	RESPONSIBILITY		Total	RESPONSIBILITY	
			Clinic	Cooperative		Clinic	Cooperative
Boston Dispensary	187	133	130	3	54	48	6
Lawrence	153	105	104	1	48	43	5
Lowell	80	56	55	1	24	22	2
New England Hospital	154	140	140	–	14	14	–
North Reading	29	9	7	2	20	–	20
Norwood	107	80	80	–	27	27	–
Quincy	234	158	158	–	76	75	1
Reading	50	40	40	–	10	10	–
West End	142	122	122	–	20	17	3
Total Number of Cases	1,136	843	836	7	293	256	37
Percentage of Totals	100%	74%	73%	1%	26%	23%	3%

The difference in the proportion of pre-school and school age children varies considerably in different clinics. In North Reading, the number of pre-school age children is very low, but this is because of the age group cared for by the Sanatorium where most of the children are of school age. The pre-school group is also small in Norwood and Reading. This is probably due to the fact that the majority of cases in these two clinics are referred by the school and there are no kindergarten classes.

Table No. 8 shows the type of service rendered in each case. It also shows the number and percentage of cases receiving each type of service.

Full Service may be defined as that service in which the case is given complete examination and treatment by each member of the staff, that is, psychiatrist, psychologist, and psychiatric social worker. This type of service was given to 74% of the total case load. One per cent of these were carried cooperatively with another social agency which was already carrying the major social responsibility and wished to continue to do so.

Special Service cases are those in which complete examination or treatment were not given. These formed 26% of the total case load, and 3% of these were carried cooperatively by another agency.

TABLE NO. 9. *Habit Clinics — Types and Number of Cases Given Special Service*
December 1, 1936 to November 30, 1937

Total number of cases receiving special service	293
1. Diagnosis and consultation requested	79
2. Complete investigation not necessary for treatment	23
3. Complete investigation not practicable	25
4. Family history already known to clinic	15
5. Cases referred to another clinic or agency	15
6. Patient's Problem ceased after one visit to clinic	9
7. Family not interested in clinic treatment	50
8. Social Situation too poor for patient to profit from clinic treatment	8
9. Patient too retarded to benefit by clinic treatment	69

Table No. 9 attempts to explain why certain cases were given special, instead of full service. The highest single number is 79 cases referred for the sole purpose of receiving a diagnosis and consultation about some situation, such as correct placement in school. In the second group of cases, the psychiatrist did not think a complete picture of the home was necessary for treatment. Some of these cases were those of infants or children coming for re-education, for speech defects, or for reading disabilities. Many similar cases were given full service, but this particular group did not seem to warrant it.

In the third group, are cases where it was not practicable for the social worker to obtain a full history. Following are some of the reasons:

Mother too deaf to be interviewed satisfactorily.

Parents speaking a foreign language and not sufficiently intelligent to benefit by clinic treatment.

Illness in the home.

Family living at too great a distance to continue clinic contact.

Family moved away.

Patient living in an institution and no relatives available to give information.

In 15 cases, the family history was already known to the clinic through the case of another child in the same family.

Another 15 cases were already known to another clinic or agency and were sent back to them, or were referred to them as new cases when it was felt they were better able to meet the patient's needs.

In 9 cases, the child's problem ceased after his first visit to clinic and the parents saw no reason for continued clinic contact.

The seventh group shows 50 cases in which the family were not interested in receiving help from clinic. This arose chiefly through ignorance of parents or their fear of acknowledging their inability to handle the child's problems.

There are 8 cases in Group 8 in which the social or economic situation was so deplorable that the family could pay little heed to mental hygiene in the face of more obvious difficulties.

Group 9 indicates that 69 children were too retarded to benefit from clinic treatment. Forty-seven of these were actually feeble-minded and others, borderline or very dull.

While these special service cases have been divided into 9 categories, many of the cases would really fall into more than one.

Table No. 10. *Habit Clinics — Showing the Increase in Numbers of Patients Served in 1937 Compared with the Number Served in the Same Period of Time Ten Years Previously*

	Number of New Cases	Total Number of Cases Served	Number of Visits by Children to Clinic
1928	419	481	1,570
1937	724	1,136	4,185
Increased in 1937	305	655	2,615

Table No. 10 gives a comparison of the number of new cases, total number of cases served, and the number of visits made to clinic by children in the years of 1928 and 1937.

In 1937 there were 305 more new cases, 655 more cases served and 2,615 more visits made by children to clinic than in the year 1928.

Every case that comes to the Habit Clinics is admitted through the Social Staff. The social worker, who is to do the case work acts as clinic manager in the clinic centers where patients are seen. In other words, every case is a social service case and in 1937 there was a total case load of 1,136.

In ten years time there has been some increase in the number of social workers, but not in proportion to the growth of the work. Toward the close of the year 1928, the staff was increased from three to four social workers. In 1930 three social workers were added to do research, but one of these was assigned to give half her time to case work in the clinics. Since 1931 the staff has consisted of six social workers: four doing clinic work, one doing research, and one doing half-time clinic and half-time statistical work.

The Psychologist, Miss Sybil Stone, submits a report covering a period from December 1, 1936 to November 30, 1937. There has been no change in the general plan and character of the psychological service during the past year. Each clinic continues to have its characteristic problems, depending on the needs of the community in which it is located, and every effort is made to adapt the psychological service to meet these needs. Seven hundred and thirty-three complete psychological examinations were given during the year.

In clinics where a close relationship with the schools exists, the psychologist is confronted with many problems of educational maladjustment which requires not only an estimate of the child's intellectual potentialities, but also an estimate of his achievement in the educational field and recommendations relating to a suitable academic program.

In some of the clinics which are held in hospitals, psychological examination of a patient on the ward is requested to assist the hospital staff in formulating a satisfactory future plan. Children with physical handicaps are also seen so that adequate plans for their treatment and care may be made.

Clinics where therapy for reading and speech difficulties is offered, have their own characteristic problems for the psychologist.

Such a wide variation in the demands upon the service necessitates that each psychologist be free to adapt her testing program to the needs of the individual child. Such freedom in the hands of an experienced psychologist allows her to make the most efficient use of her time and meet the increasing demands for psychological service without sacrificing the high quality of work which is the first consideration of the service. However, in spite of every effort to meet the demands, the pressure in several clinics during the past year has been such that a definite need for additional psychological service has been felt.

In Quincy, one of the clinics where there is this increased pressure, it has been possible to secure the services of two volunteers who have worked under the supervision of the clinic psychologist. They have been able to relieve the clinic psychologist of some of the routine work, allowing her to devote more time to the problem aspects of the case.

The psychological staff consists of four part-time workers whose duties fall under the following headings:

I. Routine psychological examinations of clinic children for the purpose of determining the child's intellectual capacity, special abilities, disabilities, and personality factors manifesting themselves during the psychological study.

II. Treatment of problems of children seen in the clinics, problems relating to the psychological rather than the psychiatric field.

III. Research.

IV. Educational, by lectures and publications, relating to the psychological field.

V. Psychological consultation on clinic cases with educational, social, and medical agencies interested in child welfare.

VI. Training of students in clinical psychology.

VII. Participation in the weekly staff conferences, as well as periodic presentation of psychological subjects of interest and educational value to staff members and outside persons interested in the Division's program.

The nature of these duties and the necessity that each psychologist be free to adapt the service to the needs of the community in which the clinic is established makes it essential that the work be carried on by psychologists who are able to meet the following requirements:

Academic Requirements:

1. Equivalent of the M. A. degree in psychology with special attention to clinical work and problems.
2. Training and supervised practice in giving and interpreting individual tests.

Practical Requirements:

1. Not less than two years of clinical experience, with the usual team of psychiatrists and social workers.
   (At least half of this work should have been with children and, if possible, a considerable portion with young children.)

The tests most frequently used in the clinics remain the same as last year. The New Revision of the Stanford-Binet Scale has been published during the year, and the psychologists of the Habit Clinics have been using it in special cases, particularly re-tests. However, the earlier scale has been more generally used.

There has been one change in the psychological staff during the past year. With the resignation of Doctor Rose S. Hardwick, after twelve years of service, the clinics suffer a distinct loss. Doctor Hardwick brought to the work unusual ability and experience which she used unsparingly in developing the present standards of the service.

Mrs. Ada L. Allport has been provisionally appointed to the staff pending the result of a Civil Service Examination to be given.

RESEARCH ACTIVITIES

The research activities relating to the clinical work of the Division of Mental Hygiene have been carried on during the year and directed toward an evaluation of the results of previous years in dealing with our clinical material. (1) A study is in the process of development in an effort to determine what happens to children who appear to have habits and personality traits that would tend toward delinfiuency. (2) Another investigation of what might be called pre-psychotic traits or personality deviations that tended toward mental instability later on in life. (3) A follow up study of cases which improved during their clinic contact as compared with a group of cases which were discharged as unimproved. This investigation is being carried out in an effort to determine the value of therapeutic methods and the permanency of results. A general summary of the clinic activities from the beginning to the fall of September, 1937, was prepared and submitted to the Governor's Commission investigating the entire problem of the care of the mentally sick in Massachusetts.

The Director and other members of the staff have presented papers from time to time relating to the work done by the Division of Mental Hygiene. The Director prepared and delivered three lectures at Stanford University in July, 1937, which covered in considerable detail the work being done by the Division of Mental Hygiene and the methods utilized in the approach that the state was making to these problems.

The research work at the Monson State Hospital has suffered on account of the lack of technical assistance in the laboratory which is essential to pathological investigations. Dr. Rudolph Osgood and Dr. L. J. Robinson have been carrying on some therapeutic investigations in relation to the therapeutic effect of brilliant vital red in an effort to determine its efficiency as an anti-convulsive in epilepsy and during the past year the following papers have been prepared and published by Dr. L. J. Robinson.

Robinson, L. J.: Neurologic Complications Following the Administration of Vaccines and Serums, New England Journal of Medicine 216: 831–837, May 13, 1937.

Robinson, L. J.: Benzedrine Sulfate in the Treatment of Syncope due to a Hyperirritable Carotid Sinus Reflex. New England Journal of Medicine 217: 952–953, December 9, 1937.

Robinson, L. J.: Syncope, Convulsions and the Unconscious State: Their Relationship to the Hyperactive Carotid Sinus Reflex Amongst 1,000 Patients in an Institution for Epilepsy. Read at Boston Society of Psychiatry and Neurology, Oct. 21, 1937.

Robinson, L. J.: Notes on the Observed Effects of Prostigmin in Man: Patients with Epilepsy. Journal of Pharmacology and Exper. Therapy. 61: 393–396, December, 1937.

Dr. Arthur Berk has carried on his clinical investigations with the convulsive disorders at the Boston Dispensary and also has done clinical work with those students who by arrangement with Tufts College Medical School eventually go into State hospitals for a residency of one month each year.

The following report is submitted by Dr. Abraham Myerson, Director of the Research Division of the Boston State Hospital covering a period from December 1, 1936 to November 30, 1937. During the past year the Research Division carried out researches which can be mainly arranged under the following headings:

I. Human autonomic pharmacology. II. General neuropathological studies. III. Vitamin deficiency and other studies. IV. Clinical and therapeutic studies.

I. HUMAN AUTONOMIC PHARMACOLOGY

The laboratory continued its experimental work with four drugs so balanced as to mimic, in large measure, the interplay of substances which the body itself produces. These drugs were benzedrine sulfate, mecholyl chloride, prostigmin, and atropine. Studies were carried out on the structures of the body in order to discover their autonomic relationships. A summary of the results obtained, which was presented at the annual meeting of the American Medical Association last June, is the following.

A. General principles: We have accepted the theory that the autonomic nervous system manufactures chemical substances which regulate visceral activity. The autonomic activity is the resultant of three sets of chemical substances: (1) sympathin which is the active agent in bringing about what are here called adrenergic effects and which is mainly formed at the junction between the second sympathetic neuron and the reacting cell. (2) Acting in a balance to this chemical is acetylcholine which is mainly produced by the parasympathetic neurons and operates at the junction between the neurons and the junction of the second parasympathetic neuron and the reacting cell. (3) Cholinesterase is an enzyme, the function of which is to hydrolyze or destroy the acetylcholine. It is present in the tissues and i nthe blood, and acts so as to render the activity of the parasympathetic enzyme, acetylcholine, intermittent. Thus, there is a balance, on the one hand, between the adrenergic substances of the sympathetic nervous system and the cholinergic substances of the parasympathetic nervous system and, on the other hand, a more local balance between the acetylcholine and the esterases.

B. Drugs: The drugs used have been selected because of their potency and the predictability of their results. The adrenergic substance used is benzedrine sulfate (benzyl-methyl carbamine or Beta-phenyl-isopropylamine) and the cholinergic substance, mecholyl (acetyl-beta-methylcholine chloride). These drugs are relatively balanced in their activities, although not entirely. Prostigmin (dimethylcarbamic ester of m-Oxyphenyl-trimethylammonium methylsulfate) is used to destroy or inhibit the esterases, so that the drug is a powerful synergist of mecholyl. The function of atropine sulfate (sulfate of tropeic ester of tropine) in these experiments is to lessen or block the activity of mecholyl or of acetylcholine, and consequently to act as a synergist to benzedrine. There is lacking in this series of experiments something which will paralyze the sympathetic, but no drug has, as yet, been developed which safely performs this function.

C. General plan: The general principle of the work done has been to study organ by organ the body of human beings who, though suffering from mental disease, are organically healthy insofar as our present day knowledge goes.

1. *The eye:* By instillation of these drugs into the eye, the results which have been obtained show the following:

(a) The palpebral fissure is narrowed by cholinergic (mecholyl, prostigmin) stimulation, widened by adrenergic (benzedrine) stimulation. These results undoubtedly are due to a local effect upon Muller's muscle.

(b) The pupil is a balanced function, cholinergic substances (mecholyl, prostigmin) narrowing the pupil, adrenergic substances (benzedrine, etc.) widening it. By paralyzing the parasympathetic through atropine, the pupil is widened. Atropine acts as a synergist to benzedrine in this capacity. Prostigmin is a synergist to mecholyl.

(c) The light reaction is a balanced function between darkness and light stimulation, and chemically between cholinergic (mecholyl) and adrenergic (benzedrine) stimulation.

(d) The intraocular pressure is a balanced function, cholinergic substances lowering the tension, adrenergic substances increasing it.

(e) The lens, although anatomically innervated by the parasympathetic, may be increased in its capacity to accommodate by cholinergic substances (especially by prostigmin), and lessened in its capacity to accommodate by adrenergic substances and atropine.

(f) Argyll Robertson pupil: The principal defect in the Argyll Robertson pupil is an incapacity, or loss of the full power, of sympathetic activity although the parasympathetic is to some extent involved. By adding adrenergic substances (benzedrine sulfate ½ to 1 per cent) the pupil dilates and becomes moderately reactive to darkness and to daylight.

(g) In the first stage of prostigmin instillation, the presbyopic eye becomes myopic. In a short time it becomes emmotropic. In one case the capacity of the lens to react to the near point became that of a man of 35, the actual age of the individual being 55.

2. *Sweat, flushing, etc.:* Sweat, flushing and rhinorrhea appear to be cholinergic functions, despite the fact that the structures involved are sympathetic in innervation Under mecholyl, sweating, flushing and rhinorrhea become very marked. Prostigmin acts as a marked synergist to these reactions of mecholyl.

(a) Local sweat: The sweating produced by mecholyl is alkaline. Furthermore, by introducing mecholyl into the skin an interesting local sweating is caused, which is alkaline. This sweating is stopped by the previous use of atropine, is increased by the previous use of prostigmin and is not affected by benzedrine.

3. *Gall bladder:* Atropine sulfate markedly affects the emptying time of the gall bladder after a fatty meal. Benzedrine sulfate does not affect this emptying time for a period of two hours after the ingestion of the drug. At the end of that time there is a marked hold-up of the emptying reaction.

4. *Heart and blood pressure:* Mecholyl in small doses stimulates the pacemaker which is more of an adrenergic than a cholinergic function, and at the same time decreases the conductivity so that the P—R interval is lengthened. Heart block is with difficulty obtained by mecholyl alone unless excessive doses are given. Prostigmin slows the pacemaker somewhat and lessens the conductivity of the bundle of his so that the P—R interval is lengthened. The addition of prostigmin to mecholyl produces extraordinary and marked effects on the heart, so that the pulse becomes very slow and heart block, even asystole, may be brought about. Atropine immediately checks the effects of mecholyl or prevents them from coming about if given in advance. By itself it stimulates the pacemaker. Benzedrine sulfate appears to have no definite effect upon the conducting mechanism of the heart, although the pulse rate becomes somewhat slower.

5. *Blood pressure:* The blood pressure is apparently a balanced function insofar as autonomic pharmacology is concerned. Benzedrine sulfate given in large doses either by mouth or subcutaneously raises the blood pressure very markedly. It tends to raise the blood pressure against the depressing effects of amytal narcoses. Mecholyl lowers the blood pressure markedly, but for a short time. Prostigmin, having little effect itself, is a marked synergist to mecholyl. Atropine paralyzes or prevents the effects of mecholyl and acts as a synergist to benzedrine. The combination of prostigmin and mecholyl, as well as the combination of benzedrine and atropine, produces results which must be carefully watched.

6. *Gastrointestinal tract:* Mecholyl has a marked effect on the atonic intestinal tract. In a typical case, it ordinarily took 12 days for the bismuth meal to make the transit. Mecholyl speeded up the process so that within five munites the intestinal tract was tonic, and this increased tonicity lasted 24 hours. Physostigmin has a similar effect, as shown on the dog's stomach. Benzedrine relaxes spasm of the gastrointestinal tract, whether of functional or organic origin. Aside from the therapeutic value, it is of great help to the X-ray man in clearly defining lesions and in differentiating between functional and organic spasm.

7. *Urinary bladder:* Mecholyl by itself has little effect on the urinary bladder. The combination of mecholyl and prostigmin produces a marked contraction of the dilated bladder, in a typical case to about one-third of its original capacity. Atropine stops this effect and restores the bladder to more than normal size. Benzedrine sulfate relaxes the bladder, in which it is aided by atropine.

8. *The synergism of prostigmin and mecholyl:* This is illustrated by the effect on blood pressure, heart activity, and the secretion of the juices of the stomach, as well as the sweating reaction, the urinary bladder, and in practically every function which is involved by the use of mecholyl, including the eye.

9. *Esterases:* The evaluation quantitatively of the esterases has proceeded to the point where it is now a routine procedure in our laboratory, as well as in other places. The technique which depends upon the hydrolysis of acetylcholine by blood serum has been standardized and is not difficult.

10. *Iontophoresis:* Iontophoresis is the introduction of chemical stubstances by the use of the galvanic current into the skin. On the positive pole, there is placed the substance to be introduced; on the negative pole, the salt solution. We have shown that blood pressure can be continuously and quite markedly reduced by the iontophoresis of mecholyl. The gastric juice can be maintained at an alkaline condition for a long period of time and without the general untoward effects noted when mecholyl is injected intramuscularly. Prostigmin enhances the iontophoresis of mecholyl. Atropine blocks it. Benzedrine sulfate may be introduced by iontophoresis to produce the usual benzedrine results. The method has the advantage of a slow and continuous introduction of chemical substances into the body.

11. *Summary:* It may be stated that many functions of the human organism may be manipulated at will, in a predictable and quite marked manner, by the use of the autonomic drugs mecholyl, benzedrine, prostigmin and atropine.

In addition, we have devised a new method for the quantitative study of the esterases which is based on the principle that as acetylcholine is destroyed by esterases, it liberates acetic acid, which in its turn liberates the CO_2 of the blood. The measurement of the CO_2 gives a definite index of the esterase activity of a specimen of blood examined. We are carrying out experiments in this direction to determine whether or not various levels of esterase activity are present in the various diseases.

Two therapeutic approaches are indicated by our work: (1) The extraordinary effect of benzedrine sulfate on sleep has opened up channels of investigation in the interaction of benzedrine sulfate and sleep-producing drugs. Work is in progress both in epilepsy and in dementia praecox in this direction. (2) The fact that in syphilis there seems to be a lack of adrenergic substance suggests therapeutics in this direction by adding adrenergic substances to the treatment.

II. General Neuropathological Studies

A. Mineral studies

1. *The microincineration method:* This method has definitely shown that minerals play an important role both in the normal and pathological cells of the body and especially of the nervous system. (1) All young cells, whether embryonic, representing new growth or occurring in the course of inflammation, have more minerals than old cells. This is particularly important in the case of the new growths and the inflammations, since there are psychiatric cases associated with new growth and inflammation. (2) In the neuron the minerals are distributed in the nucleus, but the nucleolus is free of minerals, in the cytoplasm in general following the distribution of the chromophilic granules. They are thus present in the dendrite but not in the axone. When the cell is injured, so that the Nissl granules disappear, minerals also disappear. The two processes, however, do not run parallel, as is shown in tuberous sclerosis, a type of feeblemindedness in which the Nissl granules disappear but the minerals are increased in amount. The various parts of the nervous system differ from one another in the degree and distribution of the minerals.

2. *The spectroscopic method:* This method, carried out in collaboration with the Massachusetts Institute of Technology, shows the following findings (1) The normal cerebral gray matter of the human adult is richer in iron, calcium, magnesium and sodium, while normal white matter is richer in phosphorus. (2) The brain of the human newborn is richer in most elements but poorer in iron than that of the adult. The lowered iron content seems to correspond to the lesser vascular density of the newborn brain. (3) In foci of ischemic necrosis, softening, and multiple sclerosis, the alteration in the spectroscopic picture is surprisingly insignificant as compared to the intensive demineralization of the tissue, as demonstrated by microincinerated preparations in these conditions. However, while the tissue itself appears demineralized in microincinerated preparations, ample mineral is demonstrated in hypermineralized scavenger and glia cells, which stand out against the otherwise demineralized background of these lesions. Our spectroscopic studies justify our conclusion that these scavenger and glia cells contain most of the minerals in about the same proportions which normally are evenly distributed within the tissue, with the exception of potassium which is diminished in freshly softened areas and of iron which is increased in all these lesions. The iron in these

lesions is probably hematogenous in nature and points to vascular dilatation, stasis, or thrombosis in the areas involved. (4) In dementia pralytica the total iron is diminished rather than increased; this is probably due to the fact that the loss of capillary density is greater than the perivascular and intraglial iron deposits. (5) In lead encephalitis, more lead is deposited in the gray than in the white matter of the brain. (6) In oedematous brain tissue, sodium and calcium are increased. This increase is relatively greater in the white than in the gray matter. (7) The ash of a meningioma was found to be ten times as rich in calcium as the normal gray matter, while the other elements were diminished. The ash of a spongioblastoma of mixed type, with a great deal of protoplasmic and fibrillary astrocytic differentiation, showed more potassium, but less phosphorus and magnesium than normal gray matter.

B. *Local anaphylactic lesions of the brain in guinea pigs*

Local anaphylactic lesions in the brain differ only in degree from those produced by a single injection of antigen. They show hemorrhage, necrosis, thrombosis of precapillary vessels, capillary anemia and gross demineralization. Two new methods have been utilized: the microincineration method and the Lepehne-Pickworth method (benzidine stain) for selective staining of the vascular bed. These experiments show that the sensitization of an animal predisposes him to vascular and other lesions.

C. *The vascular pattern of various lesions of the human central nervous system.*

A study of neuropathologic lesions with the new benzidine stain (Lepehne-Pickworth method) has been made. The lesions examined include: arterial and arteriolar disease and occlusion, venous occlusion, trauma (recent and old), inflammatory disease, poisoning and tumor.

In certain lesions of chronic alcoholism (Wernicke's disease) the venous congestion with varicosities, secondary to capillary paralysis, is well demonstrated.

The method is invaluable for the study of the minute arterial and venous structures of the brain.

D. *Other neuropathological studies.*

Neuropathological studies by several methods, including microincineration and spectroscopic examination, have been made. The Lepehne-Pickworth method and also the routine neurologic stains are being carried out on the lesions of alcohol, beri-beri, other vitamin deficiencies, the various forms of idiocy and the major psychoses. These will be elaborated in next year's report. What may be stated at present very definitely is that important and new findings have already come to our attention.

III. *Vitamin Deficiency and Other Studies*

An elaborate series of studies has been made on vitamin deficiencies. Each of the vitamins has been separated out from the feeding of pigeons and the results noted both clinically and post-mortem. The results bear very heavily both on the genesis and the therapeutics of the diseases due to vitamin deficiency. Interesting findings have already been discovered in the bone marrow and the brain substance. These results will be reported in next year's report.

This brief statement covers an immense amount of work with very valuable results, but, as yet, not sufficiently linked up with a specific etiologic factor involved to be safely discussed at the present time.

IV. *Clinical and Therapeutic Studies*

On the clinical side, certain main trends are being followed. In the first place, the relationship of the neuroses to the psychoses is being intensively studied. The neuroses were discussed from the standpoint of the evolution of symptom-complexes in a paper entitled, "Neuroses and Neuropsychoses — The Relationship of Symptom Groups" (by A Myerson in Am. J. Psychiat. *93*, 2:263–301, Sept. 1936). The point made in this paper is that there is a natural history to the evolution of the neuroses of fairly definite type, and that frequently by the mere increase of the so-called neurotic symptoms, the so-called psychoses appear. In other words, it seems to the director that the dividing line between the neuroses and the psychoses is artificial and is still based on legal concepts, to wit, whether or not a patient is committable. By evolution and addition the hypochondriacal idea becomes the somatic delusion. The feeling of unreality becomes translated into that falsification of unreality, called delusion. The feeling of self-blame, of a more or less natural type, becomes translated by *increase* into the delusion of self-accuastion. The feeling that one is being scrutinized in an unfriendly way becomes the delusion of reference. The tendency in all depressions to react only to the distressing and sad accounts in the newspapers finally becomes the complete melancholia, whereby the world becomes divested of all interesting and hopeful events and trends. A further paper is in press, citing cases illustrating the general principles outlined in the first paper. . . . It appears quite likely that even the term psychosis is a stumbling block to clear thinking in psychiatry, and that in the interests of advance in the field the term should be dropped and no artificial barrier created between the psychotic and the non-psychotic groups of the mental diseases.

A further study is in progress, with a paper already in press, on the role of passivity and the objective signs of this in the development of dementia praecox and kindred states. Certain interesting eye signs have been discovered, which indicate that both in the organic disease of Parkinson's syndrome and in certain of the mental states, the eyelids react in extraordinary measure to stimulation. Coupled with this, an objective measurement of the conduct in the realm of passivity and activity is being made with the collaboration of the psychologist of this institution.

Papers Published

1. Physiologic effects of acetyl-beta-methylcholine (mecholyl) and its relationship to other drugs affecting the autonomic nervous system. Am. J. Med. Sci. *193*, 2: 198 (Feb.) 1937. (A. Myerson, J. Loman, W. Dameshek).

2. The effect of benzedrine sulfate on the hematopoetic system. New England J. Med. *216*, 21: 922–923 (May 27) 1937. (P. G. Schube, N. Raskin, E. Campbell).

3. The effect of benzedrine sulphate on certain abnormal mental states. Am. J. Psychiat. *94*, 1:27–32 (July) 1937. (P. G. Schube, M. C. McManamy, C. E. Trapp, A. Myerson).

4. Human Autonomic Pharmacology. IV. The effect of benzedrine sulfate on the gall-bladder. New England J. Med. *216*, 16:694–697 (Apr. 22) 1937. (P. G. Schube, M. Ritvo, A. Myerson, R. Lambert).

5. Human Autonomic Pharmacology. V. The effect of acetyl-beta-methylcholine (mecholyl) on the atonic colon. Radiology, 28:552–558 (May) 1937. (A. Myerson, P. G. Schube, M. Ritvo).

6. Human Autonomic Pharmacology. VI. General and local sweating produced by acetyl-beta-methylcholine chloride (mecholyl). Am. J. Med. Sci. *194*, 1:75–79 (July) 1937. (A. Myerson, J. Loman, M. Rinkel).

7. Human Autonomic Pharmacology. VIII. The effect of iontophoresis on the gastric juices with especial reference to acetyl-beta-methylcholine (mecholyl). Am. J. Digest. Dis. & Nutr. *4*, 6:386–390 (Aug.) 1937. (J. Loman, M. Rinkel, A. Myerson).

8. Human Autonomic Pharmacology. IX. The effect of cholinergic and adrenergic drugs on the eye. Arch. Ophth. *18:*78–90 (July) 1937. (A. Myerson, W. Thau).

9. Human Autonomic Pharmacology. X. The synergism of prostigmin and mecholyl. J. Pharmacol. & Exper. Therap. *60*, 3:296–311 (July) 1937. (A. Myerson, M. Rinkel, J. Loman, P. Myerson).

10. Human Autonomic Pharmacology. XIV. The use of acetyl-beta-methylcholine chloride (mecholyl) as a diagnostic test for poisoning by the atropine series of drugs. J.A.M.A. *109*, 8:561–564 (Aug. 21) 1937. (W. Dameshek, O. Feinsilver).

11. The neurone as studied by microincineration. Anat. Rec. *67*, 1937. (L. Alexander).

12. Local anaphylactic lesions of the brain in guinea-pigs. Am. J. Path. *13*, 2:229–248 (Mar.) 1937. (L. Alexander, A. C. P. Campbell).

13. The mineral content of various cerebral lesions as demonstrated by the microincineration method. Am. J. Path. *13*, 3:405–439 (May) 1937.

Papers in Press or Published after Close of Fiscal Year

1. Human Autonomic Pharmacology. VII. The effect on the normal cardiovascular system of acetyl-beta-methylcholine chloride, atropine, prostigmin, ben-

zedrine, with especial reference to the electro-cardiogram. (W. Dameshek, J. Loman, A. Myerson) Am. J. Med. Sci. *195*, 88-103 (Jan.) 1938.

2. Human Autonomic Pharmacology. XI. The effect of benzedrine sulphate on the Argyll Robertson pupil. (A. Myerson, W. Thau).

3. Human Autonomic Pharmacology. XII. Theories and results of autonomic drug administration. (A. Myerson) J.A.M.A. *110*, 2:101–103 (Jan. 8) 1938.

4. Human Autonomic Pharmacology. XIII. The effect of mecholyl and prostigmin on the size and tonus of the urinary bladder. (B. Greenberg, J. Loman, A Myerson).

5. Human Autonomic Pharmacology. XV. The effect of acetyl-beta-methylcholine chloride (mecholyl) by iontophoresis on arterial hypertension. (J. Loman, M. F. Lesses, A. Myerson).

6. Human Autonomic Pharmacology. XVI. Benzedrine sulfate as an aid in the treatment of obesity. (M. F. Lesses, A. Myerson). New England J. Med. *218*, 3:119–124 (Jan. 20) 1938.

7. Human Autonomic Pharmacology. XVII. The effect of acetyl-beta-methylcholine chloride on the gallbladder. (P. G. Schube, A. Myerson, M. Ritvo, R. Lambert).

8. Neuroses and neuropsychoses — illustrative case histories. (A. Myerson).

9. Minerals in normal and pathologic brain tissue, studied by micro incineration and spectroscopy. (L. Alexander, A. Myerson). Arch. Neurol. & Psychiat. *39*, 1:131–149 (Jan.) 1938.

10. Ascorbic acid content of blood plasma in alcoholic psychoses. (L. Alexander, M. Pijoan, P. G. Schube, M. Moore).

11. The vascular pattern in various lesions of the human central nervous system, Studies with the benzidine stain. (A. C. P. Campbell, L. Alexander, T. J. Putman).

12. The cell minerals in tuberous sclerosis and in amaurotic idiocy, studied by microincineration and spectroscopy. Examples of a neoplastic and of a degenerative ganglion cell disease. (L. Alexander and A. Myerson).

13. Ascorbic acid in cerebrospinal fluid. (M. Pijoan, L. Alexander, A. Wilson).

Papers Read

1. Clinical pharmacology of the autonomic nervous system. (Read by A. Myerson before the New Haven Medical Society, New Haven, Conn. Dec. 2, 1936).

2. Autonomic pharmacology of the human being. (Read by A. Myerson, W. Dameshek, J. Loman, M. Rinkel, M. Ritvo, and P. G. Schube before the Massachusetts Psychiatric Society, Boston, Mass., Dec. 8, 1936).

3. Local anaphylactic lesions in the brain in guinea-pigs. (Read by L. Alexander and A. C. P. Campbell before the Massachusetts Psychiatric Society, Boston, Mass., Dec. 8, 1936).

4. The interrelationship of mecholyl, prostigmin, benzedrine and atropine on human visceral activity. (Read by A. Myerson before the Boston Biological Society, Boston, Mass., Dec. 16, 1936).

5. Gall-bladder studies. (Read by M. Ritvo before the New England Roentgen Ray Society, Boston, Mass., Dec. 18, 1936).

6. Experiments in human autonomic pharmacology. (Read by A. Myerson before the American Association for the Advancement of Science, Atlantic City, N. J., Dec. 28, 1936).

7. The neuroses. (Read by A. Myerson before the Jacobi Medical Club, Providence, R. I., Jan. 27, 1937).

8. Autonomic pharmacology of the human being. (Read by A. Myerson and research associates before the Greater Boston Medical Society, Boston, Mass., Feb. 2, 1937).

9. Mental Hygiene. (Read by A. Myerson before the American Physical Education Association, Boston, Mass., Feb. 15, 1937).

10. The autonomic pharmacology of the human eye. (Read by A. Myerson before the New England Ophthalmological Association, Boston, Mass. Feb. 16, 1937).

11. The vascular pattern of various lesions of the central nervous system. (Read by A. C. P. Campbell, L. Alexander and T. J. Putnam before the Boston Society of Psychiatry and Neurology, Boston, Mass., Mar. 18, 1937).

12. The autonomic nervous system and the eye. (Read by A. Myerson before the New England Council of Optometry, Boston, Mass., Mar. 30, 1937).

13. The neurone as studied by microincineration. (Read by L. Alexander before the American Association of Anatomists, Toronto, Canada, Mar. 27, 1937).

14. The pharmacology of the autonomic nervous system, with especial reference to benzedrine and mecholyl. (Read by J. Loman before the Belmont Medical Society, Belmont, Mass., Apr. 2, 1937).

15. Pathology of various diseases of the central nervous system: cerebral arteriosclerosis, syphilis of the central nervous system, chorea, encephalitis, and combined system disease. (Read by L. Alexander before the Merrimac County Medical Society, Concord, N. H. Apr. 7, 1937).

16. Neuropathological aspects of alcoholism. (Read by L. Alexander before the Advisory Committee for the Study of Alcoholism and the Social Service Committee of the Boston City Hospital, Boston, Mass., Apr. 12, 1937).

17. The neuropathology of vitamin deficiency states. (Read by L. Alexander before the Metropolitan State Hospital Staff, Waltham, Mass., Apr. 21, 1937).

18. Eugenics and sterilization. (Read by A. Myerson before a conference of the New York Academy of Medicine and the American Eugenics Society, New York City, Apr. 21, 1937).

19. Neuroses as seen in everyday life. (Read by A. Myerson before the George Bates Society, Tufts Dental School, Boston, Mass., Apr. 29, 1937).

20. The autonomic pharmacology of the eye with especial reference to the Argyll Robertson pupil. (Read by A. Myerson and W. Thau before the Boston Society of Psychiatry and Neurology, Boston, Mass., May 20, 1937).

21. Mineral studies of the brain by the microincineration and spectroscopic methods. (Read by L. Alexander and A. Myerson before the American Neurological Association, Atlantic City, N. J., June 3–5, 1937).

22. Main results of experiments in human autonomic pharmacology. (Read by title by A. Myerson and J. Loman before the American Neurological Association, Atlantic City, N. J., June 3–5, 1937).

23. Human autonomic pharmacology of the human being. (Read by A. Myerson and associates before the American Medical Association, Atlantic City, N. J., June 10, 1937).

24. (Papers read before the Boston State Hospital Staff, Mattapan, Mass.)
Human Autonomic pharmacology — July 8, 1937 by A. Myerson.
Neuropathology — July 15, 1937 by L. Alexander.
Vitamines — July 22, 1937 by M. Pijoan.
Dynamics of cranio-vertebral cavity — Aug. 5, 1937 by J. Loman.
Physiology, etiology and treatment of various kinds of anemia — Aug. 26, 1937 by W. Dameshek.

The following report is submitted by Dr. H. C. Solomon who is in charge of the clinical researches in relation to neurosyphilis being carried out at the Boston Psychopathic Hospital. The following table gives a statistical picture of the therapeutic and diagnostic endeavors in relation to the neurosyphilis clinic at the Boston Psychopathic Hospital, which affords an opportunity for studies.

Number of new patients treated (House)	47	
Number of old patients treated (House)	24	
Number of new patients treated (Out-Patient)	40	
Number of old patients treated (Out-Patient)	264	
Total number of patients treated		375
Former treatment cases readmitted to house for disposition but not treated on this admission		36
New cases of syphilis (neural and non-neural) admitted but not treated at hospital		131
Cases remaining from previous year (neural and non-neural) but not treated at hospital		34

Former house patients returning to neurosyphilis clinic for further diagnostic procedures		1
Mates, children, and siblings of syphilitic patients examined in neurosyphilis clinic		59
Total clinic register		633
Total visits to neurosyphilis out-patient department		6,333
By 40 new patients for treatment	121	
By 264 old patients for treatment	6,108	
By 59 new mates, children and siblings for examination	63	
By 24 old mates, children, and siblings for examination	41	
Total treatments (exclusive of fever therapy)		6,369
Given to house patients	330	
Given to out-patients	6,069	
Number of treatments given 373 patients (exclusive of fever therapy)		6,369
Acetarsone	83	
Arsphenamin	3	
Bismuth	1,277	
Intraspinal	0	
Mapharsen	212	
Neoarsphenamin	912	
Tryparsamide	3,882	
Fever therapy		546
Fever produced by physical means, i.e., diathermy, Kettering hyertherm, Typhoid vaccine injections	484	
Malaria, 26 patients, 23 of whom were new and 3 old patients	36	
Diagnostic and therapeutic lumbar punctures		943
Encephalograms		22

During the year the interest of the Department has been kept pretty close to the problem of what is the best method of inducing therapeutic fever, and what is the optimum of fever both as to height and duration, in neurosyphilis. An analysis has been made of our experiences with malaria, typhoid vaccine, and mechanically-induced fever. On the basis of our own experience, it appears to us that malaria fever produces the best clinical results in cases of general paresis. It is realized that this is contrary to the statement of several other groups of investigators. The reason for such a difference of opinion based upon years of experience, is very difficult to understand, and it would seem that it will take a considerable period of time before the matter is satisfactorily decided. During the first several years that we used artificially-produced fever, our technique was to raise the patients' temperature to approximately 104 degrees F., maintain it only an hour or less, then let it recede to normal. Our experience with this type of treatment was that the clinical results were considerably less satisfactory than in the malaria-treated cases. Other workers who were using higher and longer-sustained temperatures, namely approximately fifty hours of a temperature at 106 degrees F., given in ten treatments with the temperature prolonged for about five hours at each treatment, reported results better than ours. Therefore, in the last two years we have been using this method, but the results have been even less satisfactory from the clinical standpoint, than were those we obtained with the lower temperatures maintained for shorter periods.

These results have led us to study carefully the amount of fever which the malaria-treated patients obtained. From this study, it appears that on the whole, there is relatively little difference in the effect of a greater or a smaller amount of paroxysms; of higher temperatures or of lower temperatures. The one fact that appears fairly well-substantiated is that those patients who had from nine to fourteen paroxysms of fever, in the neighborhood of 104 to 105.6 degrees F., had the most satisfactory outcome. It is certainly convincing and definite that the patients who had a successful outcome with malaria therapy, had considerably less fever than the patients given the mechanically-induced fevers of 106 degrees for fifty hours, but nevertheless, on the whole, did considerably better.

It appears that these experiences not only have a considerable therapeutic interest as to the mechanism by which improvement occurs, but that also it is suggestive, on the practical side, that fevers that are less high and less long in duration than the fifty hours at 106 degrees F. may be more advantageous to the patient. This, again, is a matter that will take a long period of treatment and observation before any definite conclusion can be justified.

It is our present opinion that if a patient with general paresis is in relatively good physical condition, he should have malaria fever in preference to mechanically-produced fever. This latter type of fever, however, has a very important place in the treatment of paretics whose physical condition is not good, as it can be readily controlled, and there is less chance of a fatal outcome. Mechanically-induced fever likewise, in our opinion, has a very important place in the treatment of other types of central nervous system syphilis such as tabes dorsalis and some of the meningo-vascular disorders.

A series of cases of multiple sclerosis have been given artificially-produced fever. The result of our experience with this group of cases is not too encouraging. A fair proportion of the patients claim to feel better when receiving such treatment, but there is little that is objective in the examinations of the patients to show that real benefits have occurred. The real value of this type of treatment in multiple sclerosis in our opinion is still undetermined.

As a result of our work in the clinic we have found that the most adequate method of producing fever mechanically is by a combination of radiant luminous heat and inductothermy. The former method induces temperature largely by external heating, whereas the latter accomplishes the effect in the deeper tissues of the body. By a combination of these two methods, the induction period is relatively short — sixty to ninety minutes being requisite to raise the temperature to 106 degrees F. and with our newest outfit we have produced this degree of temperature in thirty-five minutes with minimal disturbance to the patient.

In the course of our work we have continued studying the physiological changes that take place in the various methods of fever production, and have continued and expanded the work reported last year. The results of blood volume studies in artificial fever, including malaria, typhoid vaccine, and mechanically-induced fevers, were presented at the first International Fever Conference at New York City. At this meeting, changes in the blood chemistry during artificially-produced fever were reported by Dr. I. Kopp of our clinic, in conjunction with Doctors M. Pijoan and J. Gibson of the Peter Bent Brigham Hospital.

Variationsin the PH due to loss of CO_2 in the expired air, and the chlorides in the perspiration as modified by several varieties of fever production, as well as changes in phosphorus, potassium sodium, and serum proteins were reported. Both these studies are now ready for publication.

Dr. Kopp has been studying one effect of artificially-produced fever on the vasomotor system. It has been observed that patients treated with artificial fever, if sat up, may collapse and have convulsive seizures. In afebrile conditions, if an individual is changed from the supine to a sitting position, there usually occurs a slight increase in both the systolic and diastolic pressure with some increase in the pulse rate. During artificial fever there is usually a drop in both the systolic and diastolic pressures. If the patient is sat up after the body temperature has been maintained at 104 to 106 degrees F. for two to five hours, the systolic pressure which usually has fallen during the period of fever, often does not rise as under ordinary circumstances, but, on the contrary, in some cases there is a considerable drop, whereas the diastolic pressure frequently rises, leading to considerable decrease in pulse pressure — at times to figures as low as 6 to 10 mm. of mercury. It is the patient whose pulse pressure reaches such low levels who are most likely to show signs of collapse during fever therapy. After fever treatment, when the body temperature has again reached normal or nearly normal, similar or less marked blood pressure changes are often found. One may conclude, therefore, that the vaso-pressor mechanism is disturbed in hyperpyrexia, especially in patients with neurosyphilis.

We have joined in a comprehensive study of the effect of fever therapy in neurosyphilis with several other clinics, under the guidance of the U. S. Public Health Service. It is the purpose of this cooperative clinic venture to pool the material dealing with fever treatment of neruosyphilis, have the results carefully analyzed by statisticians of the U. S. Public Health Service, and be able to get a clearer picture in this way than with each clinic working alone. The U. S. Public Health Service has supplied funds to allow this study to go on.

During the last month of the report year, we have moved our neuropathological laboratory to more ample quarters in space allotted us at the Harvard Medical School through the generosity of Dr. Stanley Cobb, Bullard Professor of Neuropathology. After many months of negotiation, a method was worked out satisfactory to the Commonwealth, whereby the State property could be moved. This was accomplished by leasing space from the Harvard Medical School at $1.00 per year. The neuropathological laboratory is now very comfortably housed. Although there is still need of a variety of equipment, through assistance from funds given by the Department of Psychiatry of the Harvard Medical School, and by apparatus loaned by other departments of the Medical School, work can now be adequately done.

Dr. Samuel Epstein, who is in direct charge of the laboratory, returned to this work after a year's study abroad on a Rockefeller Fellowship, having received a leave of absence from the State for the purpose of further preparation for neuropathological work. He took up his duties again in our Department on May 1st. As a result of the delay in moving, not as much has been accomplished as had been anticipated. Studies are well under way, however, on the effect of various methods of fever production on the neuropathology of paretic patients. A first lead that has great suggestive value has already come to light. It appears that microglia cells which are very numerous in cases of general paresis and which are extremely difficult to demonstrate in the normal brain cortex, afford a nice index of the activity of the pathological processes. As the pathological activity diminishes, it appears that the number of microglia elements likewise diminishes.

The work reported here has been made possible by funds granted from several sources. Acknowledgement is hereby made of the assistance given by the Department of Psychiatry of the Harvard Medical School; the Joseph M. Herman fund; the Boston Dispensary; and the U. S. Public Health Service.

PUBLICATIONS

Solomon, Harry C. and Kopp, Israel: Fever Therapy. N. E. Journal of Medicine, Vol. 217, No. 21, pp. 805–814, Nov. 18, 1937.

Maletz, L. and Solomon, H. C.: Spinal Fluid Reaction in General Paresis as Modified by a Combination of Therapeutic Malaria and Tryparsamide. Amer. Jour. of Syphilis, Gonorrhea, and Venereal Diseases, Vol. 21, No. 3, pp. 287, May, 1937.

Kopp, I., and Solomon, H. C.: Shock Syndrome in Therapeutic Hyperpyrexia. Arch. of Internal Medicine. Oct. 1937, Vol. 60, pp. 597–622.

The following report of the Research Department of the Worcester State Hospital is submitted by Dr. D. Ewen Cameron. The Research Department has, as in previous years, been subsidized by the Division of Mental Hygiene of the Massachusetts Department of Mental Diseases, the Worcester State Hospital, the Memorial Foundation for Neuro-Endocrine Research, and the Rockefeller Foundation. In addition Mrs. Marion Leary of New York City very generously donated $1,000.00 to be used for the development of research in the use of insulin in the treatment of schizophrenia. In view of the great urgency to obtain precise and reliable information in regard to the utility of this new therapy and in view of the great importance which a reliable therapeutic agent in this field would have, this gift has been most timely.

The direction of the Research Department was, as formerly, in the hands of Dr. R. G. Hoskins and Dr. F. H. Sleeper. In September Dr. Sleeper, who had been Resident Director of Research since the establishment of the Department ten years ago and to whose energy and capacity for organization the Research Department owes much of its present development, resigned to devote full time to his duties as Assistant Superintendent. He was succeeded by Dr. D. Ewen Cameron. At the same time the psychiatric group, which had been brought up to strength by the appointment of Dr. L. S. Chase and Dr. C. Wall, was established as a Department under the direction of Dr. A. Angyal.

The activities of the Research Department during the last year can readily be divided into two periods. During the first of these the work of the research personnel was largely devoted to individual projects, and during the second the emphasis was placed on cooperative studies.

During the first part of the year a considerable amount of work was carried out by the Psychology Department under Mr. Shakow on the concept of adaptation. This represented a continuation of work started in the previous year. It is considered that one of the ways in which the schizophrenic patient deviates most markedly from the normal is in his lessened capacity to carry out adaptation either at the psychological or physiological level. The work on this topic has taken three main directions:

A. The study of mechanisms of adaptation in dynamic situations, e.g., reaction-time experiments;
B. A study of the personality, e.g., Rorschach, tautophone, thinking experiments;
C. A study of the genetic factors which may be responsible for maladaptation e.g., play experiments.

During the same period the laboratories, under the direction of Dr. Joseph M. Looney, carried out extensive investigations of the effects of the insulin treatment of schizophrenia. In particular the glucose tolerance of patients before and after treatment was studied, and a comparison of the blood gases and blood minerals at the same time intervals was made. Dr. Randall carried out work on the effects of the treatment on the blood lipids and the blood choline esterase. From studies of the latter substance it is anticipated that we shall be able to obtain more precise data in regard to the behavior of the vegetative nervous system.

In the psychiatric group Dr. Angyal was engaged in writing a monograph on the science of personality, the purpose of which is to provide a systematic and experimental approach to fundamental psychiatric problems. The necessity for a generally acceptable basic theory of psychiatry which would have heuristic value has constituted the principal motive for Dr. Angyal's work, which is now nearing completion. He also carried out studies on the relationship between the prepsychotic personality and the type of schizophrenia, with a view to determining the possibility of delimiting more meaningful syndromes within the schizophrenia complex. Dr. Cohen investigated the type of imagery found in schizophrenic patients and noted differences between patients and normals in this respect. Furthermore he demonstrated that the specific preponderating imagery type of given schizophrenics was related to specific clinical symptoms, e.g., hallucinations delusions, and activity disturbances. The data indicate generally that the form of schizophrenic symptoms depends at least in part upon the nature of the change of imagery which seems to characterize this type of patient. In addition, work on the effects of high doses of thyroid in schizophrenia, which had been initiated in the previous year, was carried to completion. The schizophrenic patient was found to be considerably more resistant to the effects of thyroid than the normal individual. In order to eliminate the possibility that this might be due to a defective assimilation of the drug from the gastro-intestinal system, Dr. Cohen checked his findings by comparing them with the results obtained by intravenous administration of thyroxin.

Dr. Cameron carried on further research into the action of insulin in schizophrenia. The technique was elaborated and safeguards evolved. The dangers of the procedure have been considerably eliminated, and on the Research Service no fatalities due to insulin treatment occurred during the last year. Particular attention was paid to the effects of long-continued insulin treatment on lipid metabolism. It was felt that in so far that lipids constitute a considerable proportion of nervous tissue, changes in lipid metabolism might well afford a clue to the as yet unknown mechanics of therapeutic results of insulin in schizophrenia. From animal experimentation it is well known that repeated injections of insulin over long periods result in changes in other endocrine glands, many of these changes being of a hypertropic nature. In view of the fact that hypofunction of various members of the endocrine system has been suspected in schizophrenia, special work was carried out to check on the possibility that hypertropy of one or other might be a leading factor in the amelioration following upon insulin treatment. Similarly the effects of insulin treatment on tissue metabolism were studied.

In association with Drs. Hoagland and Rubin the effects of insulin treatment on the brain wave patterns were considered. Interesting analogies between the effects of large doses of insulin and the effects of deprivation of oxygen were noted. In a certain proportion of schizophrenic patients abnormal waves were observed, and it was further discovered that as the patients' clinical condition improved these abnormal waves tended to disappear. On the basis of these observations, a measure known as the Delta Index has been evolved and the correlation between changes in this and clinical improvement has been reported.

Dr. H. Freeman continued his work on the mechanisms involved in heat regulation. The insensible perspiration was separated into its two components, that from the skin and that from the lungs. Simultaneously basal metabolic determinations were made with the idea of determining with which phase of the insensible perspiration this physiological function would correlate to the higher degree. The fractionation of the insensible perspiration has not been done before with any accuracy, and from this point alone the work is unique. Its ultimate importance remains to be determined when the analysis of the date has been completed, but it should shed a new light on many of the mechanisms involved in the temperature regulation of the body. Studies are also being made upon the effects of preventing the loss of moisture from the lungs by having both patients and normal controls breathe air having a high humidity and a high temperature. Preliminary results show that schizophrenics are not so capable of making readjustments to this situation as are normals. This seems to indicate a sluggishness of the autonomic mechanisms.

Dr. Fuchs has been studying the effects of adrenalin upon the heart rate and blood pressure of normals and schizophrenic patients. The response of the heart rate in both groups showed little difference. The blood pressure response of the patients was, however, significantly reduced. This difference disappeared in response to a second injection. These results appear to indicate that the peripheral mechanism of autonomic reactivity is not impaired in schizophrenia.

During the second part of the year plans were set up for a cooperative attack upon a central project. It had been felt for some time that as we had now established the fact that certain functions in the schizophrenic patient showed definite deviations from normal, it would be desirable to study what happened to these abnormalities as the patient either improved or grew worse. In this way we anticipate that we shall be able to obtain a better idea as to which are the primary abnormalities and as to how the abnormalities are interrelated. Accordingly a program was set up in which abnormalities of O_2 metabolism, of the vegetative nervous system activity, and of the function of integration were studied both in patients in whom spontaenous remission occurred and in patients who were treated with insulin. By means of this closely integrated program it is anticipated that we shall obtain not only the above-mentioned information but also we shall be able later to assess insulin treatment more adequately, and shall also be able to obtain more precise information as to its underlying principle. Furthermore, data are being gathered at the same time in regard to what constitutes the most favorable type of case for treatment, and efforts are being made to establish objective indices of treatment. In this regard the relationship of the systolic-diastolic pressures has previously been found to be much more rigid in schizophrenics than in normals, and we are investigating the question of whether this becomes modified as treatment progresses. Further studies of the changes which occur in the personality formation as clinical improvement or recession occurs are being carried out by Dr. Angyal. The latter is continuing his studies of the clinical changes associated with parietal lobe damage in the schizophrenic. Preliminary encephalographic studies have tended to vindicate Dr. Angyal's earlier contention that certain symptoms shown by a group of schizophrenic patients, particularly symptoms of somatic hallucinations, were associated with atrophy in the parietal region.

The delta index and the percentage of the time during which the alpha wave is present in the brain wave pattern are receiving further study by Drs. Hoagland and Rubin. The latter is also carrying out an extensive mapping program of the wave pattern shown by the schizophrenic brain, and in association with Dr. Angyal is endeavoring to map the areas of brain atrophy. The clinical picture presented by patients showing these areas of atrophy has already been reported by Dr. Angyal.

The brain wave work has been much advanced by the acquisition of a two-channel apparatus and complete shielding of the experimental room.

Apart from the central projects, certain other investigations are being carried out. Dr. Cohen is investigating the recently introduced convulsive treatment of schizophrenia. His investigations not only include evaluation of the therapeutic aspects of the method in recent and chronically disturbed patients, but cover in addition the study of the effects of the drug used, metrazol, on memory and on cognition. Preliminary work suggests the possibility that even chronically disturbed patients may be restored to a productive level within the institution. It is not yet certain, however, how long this amelioration will be sustained in the absence of continued treatment.

Dr. Chase is engaged upon the study of the effects of vitamin B_1. Previous work in this department has shown that there is reason to suspect that the schizophrenic patient is deficient in O_2 catalysts, and consequently it is felt that a study of the action of known catalysts may well be significant. In addition he is conducting a study of doubt as it constitutes a factor in the schizophrenic psychosis. Dr. Chase has also made preliminary investigations into the value of study of the artistic production of schizophrenic patients both as a means of analysis and as a possible means of therapy. Dr. Wall is engaged upon an analysis of the personality factors in a group of patients who have been treated with insulin.

The laboratories, under Dr. J. M. Looney, have been carrying out extensive work on the O_2 metabolism and the vegetative nervous system as affected by the procedures carried out under the central project and the vitamin B_1 investigations. Particular attention has been directed to the blood-lactic acid and to the glutathione-lactic acid relationships, since it has been found that increasing hypoglycemia results in the progressive decrease in the utilization of oxygen by the tissues. All work on the effects of hypoglycemia on a given constituent of the blood is now being accompanied by hematocrit readings, as it has been found that very considerable variations in the concentration of blood occur with increased hypoglycemia. In addition to this, attempts have been made to establish methods of assaying certain of the endocrine products which are used in clinical investigations. The material in various dosages has been injected into sexually immature rats and the uterus, ovaries, and tubes weighed. The vagina is checked for histological findings. The testes, prostate, and epididymis of the male rats are also weighed. Variation is such that it is necessary to use more than five rats for each experiment in order to evaluate the results. At present the laboratory is working with animals of constant age and later will endeavor to run a series in which the weight factor is kept constant. Dr. Randall has just completed a preliminary report of brain chemistry studies which he has carried out in both normal controls and patients over a period of several years. Until now, comparatively little of an exact nature has been published in regard to this very important field. In association with Drs. Rubin and Cameron studies of the effects of adrenalin injections upon several variables simultaneously have been carried out. These variables are the brain wave pattern, special attention being directed to the alpha frequency, the blood pressure, the blood sugar, and the choline esterase level. This study is assuming special importance in view of the fact that our preliminary observations indicate that after a prolonged period of insulin treatment several variables behave as though the organism were under the influence of an over-active sympathetic nervous system. The adrenalin studies have been carried out both on normals and on schizophrenic patients.

The Psychological Department, under Mr. Shakow, has taken an active share in the central project and in the B_1 studies. In addition, work has been carried out on the thinking of schizophrenics, and cooperative studies with other departments have been carried on. Dr. Rosenzweig has studied the personality effects of sex hormones in association with Dr. Hoskins, and Mr. Shakow and Dr. Rodnick have worked on the problem of integration in association with Dr. H. Freeman. The problem of integration was studied from the viewpoint of determining whether the schizophrenic patient was able to react as efficiently as the normal individual under a condition of stress. The experimental situation was as follows: The nude subject was first connected with a metabolism machine and breathed in air at the same temperature and humidity to which his body was exposed, namely, 30 degress C. and 20% relative humidity. The expired air was then heated and humidified to 40 degrees C. and 90% relative humidity, thus preventing any loss of heat from the lungs by means of either radiation or evaporation. As the evaporation of water from the lungs accounts for approximately 25% of the total heat loss of the body, the latter procedure would effectively block this avenue of heat loss and would throw a load upon the organism to increase the heat loss by other methods, namely, by the skin, in order to maintain thermal equilibrium. The stress placed upon the organism was measured by means of the systolic and diastolic blood pressure, the heart rate, and the galvanic skin reaction. The last phenomenon is an indicator of sweating. When the heat loss from the lungs was shut off,the normal individuals showed a greater rise in systolic pressure and in diastolic pressure, a further increase in heart rate, and more marked sweating than the patients. The results would seem to indicate that the patients are not as reactive as normal individuals to a stress situation, and would seem to corroborate other studies that the autonomic mechanism is definitely sluggish in this psychosis. Further studies of the value of the play technique as a means of approaching inaccessible patients were carried out by Mr. Shakow and Dr. Rosenzweig. Work is also being carried on with a view to testing the value of the play technique in supplementing the therapeutic effects of the insulin treatment. Mr. Moore, in association with Dr. Cameron, is making a study of the effects of adrenalin injections upon the mentation of normal subjects. This is a further offshoot of our preliminary findings to the effect that one of the end results of insulin treatment is to intensify the adrenalin reactions of the individual.

To the Biometric Department under Mr. Jellinek has fallen the task of integration and evaluation of the data afforded by the various research projects. The major analyses of data during the past year comprised brain chemistry data, brain wave data, insensible sweating, skin temperature, skin resistance, reaction time, adrenalin reactions, phytotoxic index, mytotic index, revision of the basal metabolic data, and the effects of social situations on the performance of schizophrenic patients. Special work was devoted to improvements in the analysis of variance and to the comparability of the degrees of heterogeneity in two samples. At present the Department is much interested in theorems and techniques which can be applied to the evaluation of single individuals, and to expressions of total variability of an individual. as well as in other descriptive indices of the physiological status. Production of satisfactory methods of evaluation of progress and regression in individuals is of the greatest moment for further investigation, particularly of therapeutic agents. By this means it may be confidently anticipated that the errors which arise from subjectivism can be greatly reduced.

A list of papers published by members of the Research Department is appended.

1. A pharmacodynamic study of the autonomic nervous system in normal men The effects of intravenous injections of epinephrine, atropine, ergotamine and physostigmine upon the blood pressure and pulse rate.
   Harry Freeman and Hugh T. Carmichael. Jour. Pharm. & Exper. Ther. *58:* 409, Dec. 1936.
2. Estimates of intra-individual and inter-individual variation of the erythrocyte and leukocyte counts in man.
   E. Morton Jellinek. Human Biology *8:* 581, Dec. 1936.
3. Studies in seasonal variation of physiological functions. I. The seasonal variation of blood cholesterol.
   E. Morton Jellinek and Joseph M. Looney, Biometric Bulletin *1:* 83, Dec. 1936.
4. The testing of certain hypotheses by means of lambda criteria with particular reference to physiological research. Part I. The drawing of one or more samples from completely or partially specified populations.
   John W. Fertig, Biometric Bulletin *1:* 45, Dec. 1936.
5. The bilateral symmetry of skin temperature.
   Harry Freeman, Forrest E. Linder and Ralph F. Nickerson. Journal of Nutrition *13:* 34, January 1937.
6. The pressor effects of prolonged administration of glycerin extract of adrenal cortex.

R. G. Hoskins and J. H. Fierman. Endocrinology *21:* 119, January 1937.

7. Play technique in schizophrenia and other psychoses. I. Rationale. II. An experimental study of schizophrenic constructions with play materials.
   Saul Rosenzweig and David Shakow. Amer. Jour. Orthopsychiat. *7:* 32, January 1937.
8. Studies of Motor Function in Schizophrenia. II. Reaction Time.
   Paul E. Huston, David Shakow and Lorrin A. Riggs. Jour. Gen. Psych. *16:* 39, January 1937.
9. Studies in the personality structure of schizophrenic individuals. I. The accessibility of schizophrenics to environmental influences. II. Reaction to interrupted tasks.
   Maria Rickers-Ovsiankina. Jour. Gen. Psych. *16:* 153, January 1937.
10. An improved technic for the determination of insensible perspiration.
    Ralph F. Nickerson. Jour. Lab. & Clin. Med. *22:* 412, Jan. 1937.
11. Schools of Psychology: A complementary pattern.
    Saul Rosenzweig. Phil. of Sci. *4:* 96, January 1937.
12. The oxygen and carbon dioxide content of the arterial and venous blood of normal subjects.
    Joseph M. Looney and E. Morton Jellinek. Am. Jour. Physiol. *118:* 225, February 1937.
13. The clinical significance of numerical measures of scatter on the Stanford-Binet.
    Albert J. Harris and David Shakow. Psychological Bulletin, *34:* 134, March 1937.
14. Electrical brain waves in schizophrenics during insulin treatments.
    Hudson Hoagland, Morton A. Rubin and D. Ewen Cameron. Jour. of Psych. *3:* 513, April 1937.
15. A method for the study of concept formation.
    Eugenia Hanfmann and Jacob Kasanin. Jour. of Psych. *3:* 521, April, 1937.
16. The effect of artificially raised metabolic rate on the electro-encephalogram of schizophrenic patients.
    Morton A. Rubin, Louis H. Cohen and Hudson Hoagland. Endocrinology. *21:* 536, July 1937.
17. The encephalograms of schizophrenics during insulin treatments.
    Hudson Hoagland, D. Ewen Cameron and Morton A. Rubin. Amer. Jour. Psychiat. *94:* 183, July 1937.
18. Mirror behavior in schizophrenic and normal individuals.
    Saul Rosenzweig and David Shakow. Jour. Nerv. & Ment. Dis. *86:* 166 August 1937.
19. The "delta index" of the electro-encephalograms in relation to insulin treatments of schizophrenia.
    Hudson Hoagland, D. Ewen Cameron and Morton A. Rubin. Psych. Rec. *1:* 196, August 1937.
20. The experimental study of psychoanalytic concepts.
    Saul Rosenzweig. Character and Personality *6:* 61, September 1937.
21. Experiences in the insulin-hypoglycemia treatment of schizophrenia.
    D. Ewen Cameron and R. G. Hoskins. J. A. M. A. *109:* 1246, October 16, 1937.
22. Some observations on Sakel's insulin-hypoglycemia treatment of schizophrenia.
    D. Ewen Cameron and R. G. Hoskins. Schweizer Archiv fur Neur. u. Psychiat. *39:* 180, October 1937.
23. The effect of prolonged insulin therapy on glucose tolerance in schizophrenic patients.
    Joseph M. Looney and D. Ewen Cameron. Proc. Soc. Exp. Biol. *37:* 253, Oct. 1937.
24. The effect of pain on the heart rate of normal and schizophrenic individuals.
    Louis H. Cohen and Mervin Patterson. Jour. Gen. Psych. *17:* 273, Oct. 1937.
25. Disturbances of activity in a case of schizophrenia.
    Andras Angyal, M.D. Arch. Neur. & Psychiat. *38:* 1047, November 1937.

26. The electro-encephalogram of schizophrenics during insulin hypoglycemia and recovery.
Hudson Hoagland, Morton A. Rubin and D. Ewen Cameron. Amer. Jour. Physiol. *120:* 559, November 1937.
27. A comparison of the performance of matched groups of schizophrenic patients, normal subjects and delinquent subjects on some aspects of the Stanford-Binet.
Charlotte Hall Altman and David Shakow. Jour. Ed. Psych. *28:* 519, Oct. 1937.

Worcester Child Guidance Clinic

Dr. Milton E. Kirkpatrick, Director, submits the following report of the Worcester Child Guidance Clinic. Treatment of the individual child whose behavior deviates significantly from that of his group has always been the primary objective of the Worcester Child Guidance Clinic. In reviewing the figures of this report, one will note a significant number of cases which were accepted on an advice basis. This does not represent any departure from our treatment program, but rather indicates the development of certain trends in this community which make it possible for persons other than those associated with the Child Guidance Clinic to do something for the child. There is an implication running through the mental hygiene movement to the effect that if physicians, nurses, teachers, and other professional groups become sufficiently indoctrinated with mental hygiene principles, we can expect eventually a diminution in the maladjustments of childhood. During the past three years more educational work with professional groups has been done in Worcester, not only by members of the staff of this Clinic, but by other agencies. It is now possible for agency workers who consult us about children to carry on intelligent treatment not directly under our close supervision.

Each year an attempt is made to discover the effects of Child Guidance Clinic procedure on certain selected groups of children, although no attempt has yet been made to evaluate what has happened to the total number of children seen during the past ten years. It is the opinion of the Director that such research is valuable from two points of view. It makes a contribution to the general field of study of behavior problems in children and at the same time reveals the shortcomings as well as the strong points in our therapeutic approach. During the past year the following research projects were completed. The Director published "Some Significant Factors in Juvenile Recidivism", which is a statistical evaluation of social and economic factors in the lives of first offenders. We also made an exhaustive analysis of a large series of cases referred to the Child Guidance Clinic by the Worcester Associated Charities. The findings of this research have pointed the way toward a better working relationship between the two agencies. We have always been confronted with the problem of the personality encountered in the mother as well as the personality of her child whom she brings to us for treatment. "A retrospective Study of the Relationship Between Personality Characteristics of Mothers and the Outcome of Treatment" indicates that the capacity of the mother to carry out Clinic recommendations in spite of her previous shortcomings is the most important, single factor in her child's improvement. There has been an increasing number of adolescent children referred to the Clinic. We have also completed a study, "The Relationship Between Adolescent Personality and Problem with Respect to the Outcome of Treatment". The findings, of course, are specific only to this Clinic, but they indicate very clearly the ability of an individual therapist to carry on successful treatment with a certain type of adolescent problem.

We are continuing to exert most of our efforts in community education in the direction of professional groups. During the past year an interesting project was undertaken in the public school system of Webster, Massachusetts. Four members of the Clinic staff have been going to Webster one afternoon a week, studying two cases and reporting their findings at a conference of the teachers later in the afternoon. This project has been very successful and has branched out until at the present time it includes the following: (1) a seminar on mental hygiene conducted once each month and attended by all the teachers in the public school system of Webster; (2) a mental testing program supervised by the psychologist at the

Child Guidance Clinic and administered to groups of children by the teachers, which is the first attempt to provide such supervision in the Webster schools; (3) individual counseling, whereby teachers may consult with Clinic Staff members about problems they encounter in the classroom; (4) monthly conferences on difficult cases which have been prepared for presentation by the teachers and school nurses with the assistance of Clinic staff members. It has been the purpose of this cooperative relationship with the Webster schools to make them aware of the existence of mental hygiene and child guidance problems, and at the same time show them what they, as teachers and nurses, can do about it.

Community support continues to be very fine, financially as well as in other less tangible ways. We have more children referred than we can adequately care for. A conscientious attempt is made to select those cases with which we can be successful and whenever possible to refer the remainder to other sources wherein they might find some alleviation for the presenting problem. The physical aspects of the Clinic are quite good. During the coming year we anticipate no changes in either our organization or our general methods of procedure.

Annual Service Report

I. Report of Case Load

	Total
A. *Carried Cases:*	
1. Cases carried over from last year	318
2. Intake a. New cases accepted	227
b. Old cases reopened	
(1) last closed before present year	7
(2) last closed within present year	3
3. Total cases open at sometime in this year	555
4. Cases taken from service	268
5. Cases carried forward to next year	287
B. *Closed Cases Followed Up (not reopened)*	0
C. *Applications Rejected*	10
D. *Applications Withdrawn*	15

II. Type of Service Classification

	Total
A. *New Accepted Cases:*	
6. Full service a. Clinic staff cases	124
b. Cooperative cases	103
c. Full service not a or b	0
7. Special service (Advice)	0
8. Diagnostic service	0
9. Total new cases accepted	227
B. *Cases Taken from Service*	
10. Full service a. Clinic staff cases	98
b. Cooperative cases	164
11. Special service (advice)	6
12. Total cases closed during this year	268

III. Sources Referring New Accepted Cases

	Full	*Special*	*Total*
13. Agencies a. Social	48	3	51
b. Medical	2	2	4
14. Schools a. Public	6	1	7
b. Private	0	1	1
15. Juvenile Court	0	72	72
16. Private physicians	5	0	5
17. Parents, relatives	77	10	87
18. Total new cases accepted	138	89	227

IV. Summary of Work With or About Patients:

A. *By Psychiatrist:*	
1. Interviews with patients a. for examination	294
b. for treatment	748
2. Interviews about patients	237
3. Physical examinations by clinic staff members	46

		Total
B. By Psychologists:		
1. Interviews with patients	a. for examination	261
	b. for re-examination	9
	c. for treatment	624
2. Interviews about patients		39
C. By Social Workers:		
1. Interviews in clinics		1,105
2. Interviews outside clinics		579
3. Telephone calls		297
D. Number of Cases Given Initial Staff Conference:		
1. Full Service	a. Clinic staff cases	45
	b. Cooperative cases	30
2. Special service		3
E. Number of Open Cases given Service during Year by Workers:		
Approximately		600
F. Referral Interviews		132

V. PERSONNEL REPORT (Average staff during year)

		Full-time	Part-time
A. Regular Staff	a. Psychiatrist	2	
	b. Psychologists	2	
	c. Social workers	3	
	d. Clerical workers	2	1
B. Staff in Training	a. Social workers	4	

VI. OPERATING SCHEDULE

A. Schedule of clinic days and hours

9 to 5 daily.
9 to 12 Saturday.

B. Schedule of attendance of psychiatrist

9 to 5 daily.
9 to 12 Saturday.

Respectfully submitted,
DOUGLAS A. THOM, M.D.
Director, Division of Mental Hygiene.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of Mental Diseases:

A report of the Division of Mental Deficiency for the year ended November 30, 1937, is respectfully submitted.

The subjects listed below are discussed in this report:

I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
  (a) Historical Sketch of Organization, 1914–1937.
  (b) Primary Reasons for Cases Being Referred to School Clinics, 1937.
  (c) Intellectual Status of First Examinations, 1937.
  (d) Intellectual Status of Re-Examinations, 1937.
  (e) Personnel of Clinics, 1937, by Institution.
  (f) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1937.
  (g) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928–1937
  (h) First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1937, by Place of Residence and Sex.

(j) Total Examinations, 1926–1937, Inclusive, by Clinic.
(k) Total Towns Examined, 1926–1937, Inclusive, by Clinic.
II. Incidence of Retardation, 1937.
III. Central Registry for Mental Defectives.
(a) Type of Contact in Mental Defectives Reported to Central Registry, 1937.
(b) Age, I.Q., and Sex of Mental Defectives Reported to Central Registry, 1937.
(c) Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1937.
IV. Research in Mental Deficiency.
V. Publications.
VI. Social Service Division.
(a) Community Supervision
(b) Case Records
(c) The Socialization of the Mental Defective.
VII. Recommendations.
Graph I. Number of Clinic Examinations, 1915–1937.
Graph II. Residence of Applicants on Waiting Lists of State Schools, 1937: Rates Per 100,000 Estimated Population of Same County.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS

(*a*) *History*

During the year 1937 the Division continued its direction of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for twenty-three years, and have been state-wide in their function since 1921, or a period of sixteen years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the pubilc schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time an adequate state-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, former Commissioner of Education, took an active part in framing the law relating to retarded children, and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

> Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "The School Committee of every town shall annually ascertain, *under regulations prescribed by the Department of Education and the Department of Mental Diseases*, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education

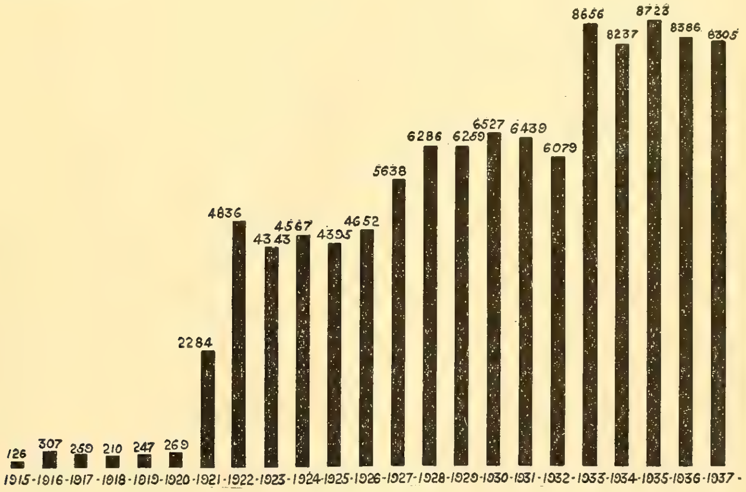
> and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931)."

It will be noted that radical changes in the school clinic law were effected during 1931. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically "*A child appearing to be mentally retarded in any less degree may*, upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations," etc. This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress. This is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded."

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933, also, we note a substantial increase in the number of examinations due, of course, to the change in the law in 1931. At the end of 1937, a grand total of 106,030 examinations of retarded children have been conducted by the clinics during the twenty-three years of their operation.



GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915–1937, BY YEARS

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents, with clinic psychiatrists and clinic social workers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. School superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the placement of retarded children in special classes. Now they are proving to be less critical as they recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrist of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various state hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) *Primary Reasons for Cases Being Referred to School Clinics, 1937: All Institutions*

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table 1 we present the primary reasons for cases being referred to our school clinics during the year 1937. Of the 8,305 children examined during the year, 65 per cent were referred because of retardation; 22 per cent because of some school problem; 2 per cent had personality difficulties; 1 per cent were behavior problems; 1 per cent were physical problems; and .6 per cent were social problems. Roughly, 65 per cent of cases were referred because of retardation, and 35 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation, behavior and personality problems. The females show larger proportions in school problems, physical and social problems. As is to be expected, retardation makes up a smaller proportion in first examinations, 59 per cent as contrasted with 81 per cent in the re-examinations. School problems make up 26 per cent of first examinations and but 10 per cent of re-examinations; behavior problems 1.3 per cent of first examinations and .4 per cent of re-examinations; personality difficulties 2.7 per cent of first examinations and 2.3 per cent of re-examinations; and social problems .6 per cent of first examinations and 1.0 per cent of re-examinations.

The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly it was expected that all of our children would be referred to the clinic because of retardation. In fact, that was the primary reason for the creation of the clinics. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

TABLE 1. — *Primary Reasons for Cases Being Referred to School Clinics*[1], *1937, all Institutions*

	Sex	Total		Retardation		School Problem		Behavior Problem		Physical Problem		Personality Problem		Social Problem		Psychiatric Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations	Male	4,081	100.0	2,554	62.6	995	24.4	61	1.5	52	1.3	111	2.7	17	.4	10	.2	277	6.8	4	.1
	Female	2,185	100.0	1,182	54.1	656	30.0	20	1.0	36	1.6	57	2.6	18	.8	1	.04	213	9.7	2	.1
	Both	6,266	100.0	3,736	59.6	1,651	26.3	81	1.3	88	1.4	168	2.7	35	.6	11	.2	490	7.8	6	.1
Re-examinations	Male	1,507	100.0	1,237	82.1	146	9.7	9	.6	16	1.0	35	2.3	7	.5	1	.06	56	3.7	–	–
	Female	532	100.0	431	81.0	59	11.1	–	–	5	1.0	12	2.2	8	1.5	–	–	17	3.2	–	–
	Both	2,039	100.0	1,668	81.8	205	10.0	9	.4	21	1.0	47	2.3	15	1.0	1	.04	73	3.6	–	–
Total Examinations	Male	5,588	100.0	3,791	67.8	1,141	20.4	70	1.3	68	1.2	146	2.6	24	.4	11	.2	333	6.0	4	.07
	Female	2,717	100.0	1,613	59.4	715	26.3	20	.7	41	1.5	69	2.5	26	1.0	1	.03	230	8.5	2	.07
	Both	8,305	100.0	5,404	65.1	1,856	22.3	90	1.1	109	1.3	215	2.6	50	.6	12	.1	563	6.8	6	.07

---

[1] The one outstanding reason is recorded in each case.

TABLE 2. — *Intelligence Quotient of 6,266 First Examinations by School Clinic for Year Ended November 30, 1937*

CLINIC	Total			0–.69			.70–.79			.80–.89			.90–1.09			1.10 Plus			Diagnosis Deferred			Average		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	320	221	99	63	46	17	99	66	33	73	42	31	77	61	16	8	6	2	–	–	–	.81	.81	.80
Boston Psycho.	76	48	28	1	1	–	14	7	7	16	12	4	44	27	17	1	1	–	–	–	–	.91	.92	.91
Boston State	215	140	75	44	22	22	62	34	28	75	54	21	31	28	3	2	1	1	1	1	–	.79	.81	.74
Danvers	495	337	158	145	96	49	107	64	43	112	73	39	96	77	19	12	12	–	23	15	8	.78	.80	.75
Foxborough	219	152	67	50	27	23	54	36	18	61	46	15	45	36	9	9	7	2	–	–	–	.81	.83	.76
Gardner	415	257	158	49	33	16	111	72	39	99	66	33	125	73	52	31	13	18	–	–	–	.86	.84	.88
Grafton	1,280	721	559	64	45	19	142	81	61	247	150	97	642	363	279	183	81	102	2	1	1	.94	.93	.96
Medfield	289	205	84	57	32	25	86	62	24	77	57	20	62	51	11	3	1	2	4	2	2	.80	.81	.77
Monson	344	248	96	113	72	41	144	107	37	67	53	14	19	16	3	–	–	–	1	–	1	.73	.74	.70
Northampton	282	199	83	47	31	16	91	70	21	90	58	32	49	36	13	3	3	–	2	1	1	.80	.80	.79
Taunton	678	434	244	149	101	48	202	122	80	180	126	54	133	76	57	13	8	5	1	1	–	.80	.79	.80
Walter E. Fernald	749	492	257	205	126	79	316	206	110	165	113	52	53	42	11	2	1	1	8	4	4	.74	.75	.73
Westborough	101	76	25	17	12	5	22	17	5	25	19	6	34	26	8	2	1	1	1	1	–	.84	.84	.84
Worcester	189	140	49	45	30	15	55	42	13	54	43	11	32	24	8	3	1	2	–	–	–	.79	.79	.78
Wrentham	526	357	169	124	74	50	186	117	69	141	104	37	64	52	12	1	1	–	10	9	1	.77	.78	.74
Div. Mental Hygiene	88	54	34	18	11	7	23	14	9	44	27	17	–	–	–	–	–	–	3	2	1	.77	.77	.76
Total	6,266	4,081	2,185	1,191	759	432	1,714	1,117	597	1,526	1,043	483	1,506	988	518	273	137	136	56	37	19			
Per Cent	100.0	100.0	100.0	19.0	18.6	19.8	27.3	27.4	27.3	24.4	25.5	22.1	24.0	24.2	23.7	4.4	3.3	6.2	.9	.10	.9	.82	.82	.82

(*c*) *Intellectual Status of First Examinations, 1937*

Table 2 records the intellectual status of first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 18.6 per cent were diagnosed as mentally defective (I.Q. 0–.69) while 19.8 per cent of the girls fell in this grouping. However, it will be noted that in the borderline, dull and average groups the males presented higher proportions than the females. Higher proportions of females are being diagnosed as mentally defective. The average I.Q. for both sexes, however, was .82. Apparently retardation in school work is more likely to be associated with mental defect among girls than boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degrees of intellectual development. This is not necessarily so among the boys. They show school retardation associated with all degrees of intelligence, the high as well as the low.

In .9 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. If the psychiatrist doubts the mental status of the child, he defers his diagnosis and requests that the child return for another examination on the next visit of the clinic.

(*d*) *Intellectual Status of Re-Examinations, 1937*

Table 3 records the intellectual status of all re-examinations, divided into intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases in which various factors suggest re-examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are observed in Table 3. Of the total re-examinations of boys, 33.4 per cent were diagnosed as mentally defective (I.Q. 0–.69), while 44.9 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feebleminded among the re-examinations than was noted in the first examinations. However, in the borderline, dull and average groups the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I.Q. of boys re-examined was .74, while that of the girls was .71.

(*e*) *Personnel of Clinics, 1937, by Institutions*

Table 4 presents an outline of the psychiatrists, psychologists and social workers on the staffs of the various traveling clinics for the year 1937. At this point the Director wishes to express his appreciation of the excellent work done by the various clinics during the past year. In retrospect, it is interesting to observe the marked change in attitude on the part of the officials of the various school systems since the inauguration of the traveling school clinic system on a state-wide basis in 1921. At that time the difficulties encountered by the various clinics were many. However, as time has gone by, school superintendents, school boards and boards of selectmen have come to a far better understanding of the importance of our work in the placement of retarded and backward children. Officials who have bitterly opposed the special class have changed their attitude completely and cannot say

TABLE 3. — *Intelligence Quotient of 2,039 Re-Examinations by School Clinics for Year Ended November 30, 1937*

CLINIC	Total			0–.69			.70–.79			.80–.89			.90–1.09			1.10 Plus			Diagnosis Deferred			Average		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	207	154	53	56	37	19	59	43	16	62	50	12	30	24	6	–	–	–	–	–	–	.77	.78	.74
Boston Psychopathic	3	2	1	–	–	–	3	2	1	–	–	–	–	–	–	–	–	–	–	–	–	.75	.75	.75
Boston State	92	65	27	36	23	13	29	21	8	20	17	3	2	1	1	–	–	–	5	3	2	.71	.72	.69
Danvers	145	110	35	45	31	14	44	32	12	30	25	5	21	19	2	–	–	–	5	3	2	.76	.77	.71
Foxborough	155	118	37	28	15	13	58	46	12	48	37	11	21	20	1	–	–	–	–	–	–	.78	.80	.73
Gardner	124	100	24	37	28	9	37	29	8	36	32	4	11	9	2	3	2	1	–	–	–	.76	.77	.74
Grafton	122	84	38	12	8	4	35	23	12	32	24	8	35	26	9	8	3	5	–	–	–	.85	.85	.86
Medfield	124	86	38	75	49	26	42	31	11	5	4	1	2	2	–	–	–	–	–	–	–	.66	.67	.65
Monson	151	122	29	89	69	20	48	40	8	12	11	1	2	2	–	–	–	–	–	–	–	.67	.67	.65
Northampton	153	121	32	45	32	13	58	44	14	38	35	3	12	10	2	–	–	–	–	–	–	.75	.75	.71
Taunton	100	69	31	49	33	16	32	23	9	17	12	5	2	1	1	–	–	–	–	–	–	.69	.69	.69
Walter E. Fernald	338	238	100	148	97	51	105	74	31	70	57	13	12	9	3	–	–	–	3	1	2	.71	.72	.69
Westborough	23	18	5	4	4	–	4	2	2	9	8	1	5	3	2	1	1	–	–	–	–	.83	.82	.87
Worcester	121	89	32	59	41	18	39	31	8	17	13	4	5	4	1	1	–	1	–	–	–	.70	.70	.69
Wrentham	181	131	50	60	37	23	60	48	12	42	30	12	13	11	2	–	–	–	6	5	1	.74	.75	.71
Div. Mental Hygiene	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2,039	1,507	532	743	504	239	653	489	164	438	355	83	173	141	32	13	6	7	19	12	7	.74	.74	.71
Per Cent	100.0	100.0	100.0	36.4	33.4	44.9	32.0	32.4	30.9	21.5	23.6	15.6	8.5	9.4	6.0	.6	.4	1.3	1.0	.8	1.3			

enough for this important advance in the educational field. It is probably unnecessary to say that the Department and the clinics are very appreciative of the various voluntary expressions of commendation that have been received. Daily our clinics and the workers connected with them have had to meet difficult and trying situations. The way they have handled duties assigned them has earned the commendation of all concerned. The school clinics meet some of the most difficult situations confronting any type of clinic. They have to deal not only with the child himself but the parents and, in some cases, the entire family. In addition, they have the grave responsibility of making a diagnosis and rendering advice which may be very significant in the life of the child. The way in which the many trying problems are met has reflected a great deal of credit on the school clinic personnel.

TABLE 4. — *Personnel of Traveling School Clinics, by Institution, for Year Ended November 30, 1937*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown	Herbert L. Flynn, M.D.	Catherine A .Burnham	Dorothy I. Peeso
Boston Psychopathic	Mary Palmer, M.D.	Marion Fraze Rosemary Mehan	—
Boston State	Constance Hartwell, M.D. Florence A. Beaulieu, M.D.	Edith B. James	Social Service Staff
Danvers	Doris M. Sidwell, M.D. Flora M. Remillard, M.D.	Margaret Kelly Rosemary Mehan Barbara Redden Marjorie Priest Norma Munroe Elaine Kelleher Mildren Von der Sump	—
Foxborough	Morris L. Sharp, M.D. Joan F. McGreevy, M.D. Mary Hammond, M.D.	Alice M. Fleming Lillian F. Shapiro	—
Gardner	Janet S. Barnes, M.D.	Beatrice N. Wolfson	—
Grafton	Anna C. Wellington, M.D.	Emaline L. Kelly	—
Medfield	G. Allen Troxell, M.D. Grace T. Cragg, M.D.	Roland C. Moore Esther Poutas	Ruth Jarvis Dorothy M. Parkhurst Ethel S. Pokross Virginia Stratton
Monson	Calvert Stein, M.D.	Dorothy Roche	Lula P. Hayes Ruth Holmes
Northampton	Elizabeth Kundert, M.D.	Maryalys S. Parker	Caroline Wright
Taunton	Olga E. Steinecke, M.D.	Bettina Everett Margaret K. Chapin Annie Heal	Emma S. Lowe Annie Heal
Walter E. Fernald	Esther S. B. Woodward, M.D.	G. Eva M. Stromwall	—
Westborough	Betsy Coffin, M.D.	Adelaide Proctor	Mrs. Eda W. Anderson Dorothy F. Smith Faith E. Page
Worcester	Lonnie O. Farrar, M.D.	David Shakow Joan Mustard Miss Paysian	Katherine DeLong Ethel Burnell Mary Coughlin
Wrentham	Alice M. Patterson, M.D.	Ruth A. Prouty Dorothy R. McLellan	—

During the past year the school clinic work has suffered a severe loss through the retirement of a veteran worker, Dr. Alice M. Patterson, of the Wrentham State School. Dr. Patterson entered the service in 1914 and took over the school clinic activities at Wrentham in 1919. For eighteen years she has been conducting the school clinic work from Wrentham in a manner most satisfactory to all concerned.

The various clinics report annually to the Department the cost of operation during the year. These costs include salaries, maintenance, expenses in the field, traveling expenses, supplies, etc. The average cost of each examination for the year 1937 was found to be $5.56. The total cost for fifteen clinics in conducting 8,305 examinations was $46,255.40.

(*f*) *Comparison between Intellectual Status of School Clinic First Examinations and Re-Examinations, 1937*

Table 5 shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 19.0 per cent of the group were mentally defective, while in the re-examinations 36.4 per cent fell in this classification. We also note that the re-examinations present smaller percentages in most of the higher mental classifications. The average intelligence quotient of first examinations was .82, and that for re-examinations was .74 for both sexes.

TABLE 5. — *Percentage Distribution of Intelligence Quotient Groupings of School Clinic First Examinations and Re-Examinations, 1937, by Sex*

First Examinations

	TOTAL	0–.69	.70–.79	.80–.89	.90–1.09	1.10 Plus	Diagnosis Deferred	Average
Male	100.0	18.6	27.4	25.5	24.2	3.3	.9	.82
Female	100.0	19.8	27.3	22.1	23.7	6.2	1.0	.82
Both Sexes	100.0	19.0	27.3	24.4	24.0	4.4	.9	.82

Re-Examinations

	TOTAL	0–.69	.70–.79	.80–.89	.90–1.09	1.10 Plus	Diagnosis Deferred	Average
Male	100.0	33.4	32.4	23.6	9.4	.4	.8	.74
Female	100.0	44.9	30.9	15.6	6.0	1.3	1.3	.71
Both Sexes	100.0	36.4	32.0	21.5	8.5	.6	1.0	.74

Within both groups we see a larger number of females in the mentally defective classification. Among the first examinations the percentages feebleminded are 18.6 for males and 19.8 for females; in the re-examinations much greater differences are observed with 33.4 per cent for the males and 44.9 per cent for the females. We expect the lower grade cases to return for re-examination, but here we note that the females return in decidedly larger proportions than the males.

(*g*) *Comparison between Intellectual Status of School Clinic First Examinations and Re-Examinations, 1928–1937, Inclusive*

Table 6 presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928–1937, inclusive. While it is dangerous to generalize, we note that there appears to be an upward trend in the intelligence of cases coming up for first examinations from 1928 to 1937. The startling increase in average I. Q. for 1933 is to be expected inasmuch as problem as well as retarded children were being referred for examination. In 1928, 43.8 per cent of first examinations were mentally defective. In 1929 this was diminished to 35.9 per cent, but in 1930 increased to 38.7 per cent. However, during the period 1931–1935 a steady decrease is noted as follows: 1931 — 32.1 per cent; 1932 — 30.9 per cent; 1933 — 23.9 per cent; 1934 — 22.6 per cent; and in 1935 — 20.7 per cent. For the year 1936 an increase is observed to 21.2 per cent, but in 1937 a decrease to 19.0 per cent. The average I Q. of the 1928 first examinations was .69. In 1929 this was raised to .73; in 1930 it fell one point to .72; but for the years 1931–1935, inclusive, it increased steadily, the average I. Q's. being .73, .74, .79, .79 and .81, respectively. In 1936, this average remained at .81, but increased in 1937 to .82.

Among the re-examinations 54.8 per cent were mentally defective in 1928; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent; in 1931, 46.7 per cent; in 1932, 45.4 per cent; in 1933 an increase to 46.6 per cent; and in 1934 and 1935 a drop to 40.4 and 37.7 per cent, respectively. The year 1936 showed an increase to 39.8 per cent, but in 1937 a decrease to 36.4 per cent.

The average I. Q. for 1928 was .66; for 1929, .70; for 1930, 1931 and 1932, .69; for 1933 and 1934, .70; for 1935 and 1936, .73; and for 1937, .74. We see here a suggestion that the mental status of cases coming up for both first examination and re-examination tends to show an upward trend.

(*h*) *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1937, by Place of Residence and Sex*

Table 7 reveals that a total of 8,305 examinations were conducted by all clinics during the year 1937. Of these, 6,266 or 75.4 per cent were first examinations and 2,039 or 24.6 per cent were re-examinations. The sex difference is noticeable in that 5,588 or 67.3 per cent of all examinations were males and 2,717 or 32.7 per cent were females.

Table 6. — *Intellectual Status of School Clinic First and Re-Examinations for the Years 1928–1937 Inclusive*

First Examinations

		Total	0.–69	.70–.79	.80–.89	.90–1.09	1.10 Plus	Diagnosis Deferred	Average
1928	Number .	4,916	2,150	1,206	769	327	16	448	
	Per Cent.	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929	Number .	4,923	1,772	1,437	722	407	34	551	
	Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930	Number .	5,224	2,025	1,569	799	362	23	446	
	Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931	Number .	5,015	1,610	1,536	960	371	16	522	
	Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932	Number .	4,461	1,377	1,336	928	395	19	406	
	Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933	Number .	6,569	1,571	1,609	1,365	1,209	180	635	
	Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79
1934	Number .	6,445	1,459	1,563	1,303	1,177	153	790	
	Per cent .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79
1935	Number .	6,636	1,371	1,893	1,688	1,446	182	56	
	Per cent .	100.0	20.7	28.5	25.4	21.8	2.7	.9	.81
1936	Number .	6,468	1,372	1,872	1,535	1,362	285	42	
	Per cent .	100.0	21.2	28.9	23.7	21.1	4.4	.7	.81
1937	Number .	6,266	1,191	1,714	1,526	1,506	273	56	
	Per cent .	100.0	19.0	27.3	24.4	24.0	4.4	.9	.82

Re-Examinations

		Total	0.–69	.70–.79	.80–.89	.90–1.09	1.10 Plus	Diagnosis Deferred	Average
1928	Number .	1,370	746	357	158	56	2	51	
	Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929	Number .	1,336	624	367	179	70	8	88	
	Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930	Number .	1,303	648	390	165	48	1	51	
	Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931	Number .	1,424	664	430	208	38	1	83	
	Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932	Number .	1,618	734	539	201	53	–	91	
	Per cent .	100.0	45.4	33.3	12.4	3.3	–	5.6	.69
1933	Number .	2,087	973	588	290	97	3	136	
	Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70
1934	Number .	1,792	725	539	234	83	3	208	
	Per cent .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70
1935	Number .	2,087	787	695	425	166	6	8	
	Per cent .	100.0	37.7	33.3	20.4	7.9	.3	.4	.73
1936	Number .	1,918	763	630	350	143	17	15	
	Per cent .	100.0	39.8	32.8	18.2	7.5	.9	.8	.73
1937	Number .	2,039	743	653	438	173	13	19	
	Per cent .	100.0	36.4	32.0	21.5	8.5	.6	1.0	.74

Of all examinations 2,238 or 26.9 per cent were recommended for special classes. 27.1 per cent of the males and 26.7 per cent of the females. Three hundred forty or 4.1 per cent of the total were recommended for placement within a state school: 3.8 per cent of the males and 4.8 per cent of the females. Those recommended for social supervision numbered 904 — 10.9 per cent of the total, and 1,136 or 13.7 per cent of cases were in need of coaching in special subjects. *A total of 2,238 children were recommended for special class care in Massachusetts during a single school year.*

As the total in special classes in the towns having first examinations during 1937 is now 5,629, we can see the great need for additional special class provision.

Several interesting sex differences are demonstrated in Table 7. In the total children coming up for examination the boys outnumber the girls in a 2:1 ratio. In the first examinations the ratio is approximately 2:1. In the re-examinations the boys show a decidedly higher proportion, with a 2.8:1 ratio. In the total number recommended for special class the males again present the 2:1 ratio. However, in cases recommended for placement in a state school the boys make a better showing, the ratio dropping to 1.6:1. Again, in the recommendations for social supervision and coaching in special subjects the boys show a larger proportion, with ratios of 1.8:1 and 2.9:1 respectively. Conduct in boys plus mental retardation has been suggested as the reason for the larger numbers being referred for examination in the observed 2:1 ratio. However, the relatively smaller proportion of boys recommended for admission to state schools interferes with the acceptance of conduct as the deciding factor. This situation turns us to a consideration of other factors. We may assume that the environmental and social stresses are practically the same for both sexes. With conduct and environment ruled out of consideration we are forced to turn to other possibilities. Is there some factor in the personality or adaptability of males rendering difficult their adjustment to the present school curriculum? It is possible, of course, that the present curriculum or scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, the boys find it much more difficult to adjust to that life period spent in the public schools and become retarded in their school work in approximately a 2:1 ratio as compared with the girls.

(*j*) *Total Examinations, 1926–1937, by Clinic*

Table 8 outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926–1937, inclusive. In considering these last twelve years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic, a total of 16,146 cases for the twelve years. The clinic of the Wrentham State School is second with 9,582 examinations; the clinic of the Grafton State Hospital is third with a total of 8,904 examinations during this period; Northampton is fourth, with 7,366 cases; Foxborough State Hospital is fifth, with 5,503 examinations; and Boston State Hospital is sixth with 5,183 examinations. The foregoing clinics are to be particularly commended for their activities, insamuch as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

In comparing the number of examinations for the two years 1936 and 1937 we notice increases for the following clinics: Gardner, Grafton, Medfield, Monson Northampton, Taunton, Westborough and Worcester.

(*k*) *Total Towns Examined, 1926–1937*

Table 9 gives the number of towns in which clinics were conducted during 1937. Between 1926 and 1937 the total number of towns in which examinations were held increased from 113 to 247, the largest number of towns being examined during 1935. The state-wide nature of the school clinic examining plan is clearly outlined in this figure. In 1937 the clinics were visiting 63 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

TABLE 7. — *First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1937, by Place of Residence and Sex*

City or Town	Institution Traveling School Clinic	First Examinations			Re-Examinations			Recommendations: For Institutional Care*			For Special Class			For Social Supervision			Coach Special Subjects			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Abington	Taun.	34	22	12	1	1	–	–	–	–	7	2	5	–	–	–	6	5	1	22	16	6
Acushnet	Taun.	7	5	2	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	5	3	2
Adams	North.	38	30	8	30	22	8	2	–	2	20	15	5	3	2	1	15	12	3	28	23	5
Agawam	Mon.	33	25	8	5	5	–	–	–	–	21	16	5	–	–	–	1	1	–	16	13	3
Amesbury	Dan.	11	9	2	–	–	–	–	–	–	6	5	1	3	3	–	–	–	–	2	1	1
Amherst	Bel.	16	13	3	7	5	2	–	–	–	7	5	2	–	–	–	16	13	3	–	–	–
Andover	Dan.	8	8	–	4	4	–	1	1	–	2	2	–	5	5	–	–	–	–	4	4	–
Arlington	Med.	106	78	28	1	–	1	1	1	–	31	19	12	–	–	–	15	12	3	60	46	14
Ashby	Gard.	5	3	2	2	2	–	–	–	–	2	1	1	2	2	–	1	1	–	2	1	1
Ashfield	Bel.	2	2	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–
Ashland	Wor.	11	5	6	5	4	1	–	–	–	7	5	2	3	–	3	4	2	2	2	2	–
Athol	Gard.	3	3	–	12	11	1	1	1	–	3	2	1	1	1	–	4	4	–	6	6	–
Attleboro	Wren.	38	29	9	4	3	1	3	2	1	7	6	1	–	–	–	14	11	3	18	13	5
Auburn	Wor.	27	19	8	2	2	–	–	–	–	14	10	4	–	–	–	10	7	3	5	4	1
Ayer	Wor.	4	2	2	1	–	1	2	1	1	2	1	1	1	–	1	–	–	–	–	–	–
Barnstable	Taun.	24	18	6	–	–	–	–	–	–	13	7	6	–	–	–	1	1	–	10	10	–
Becket	North.	1	1	–	2	1	1	1	–	1	–	–	–	–	–	–	–	–	–	2	2	–
Bedford	Graf.	39	26	13	4	2	2	–	–	–	4	3	1	–	–	–	5	5	–	34	20	14
Belchertown	North.	39	27	12	4	2	2	–	–	–	5	3	2	8	5	3	5	4	1	25	17	8
Bellingham	Fox.	46	29	17	22	18	4	1	1	–	17	9	8	1	–	1	11	10	1	38	27	11
Belmont	Graf.	48	33	15	7	3	4	1	1	–	13	7	6	1	1	–	9	7	2	31	20	11
Berkley	Taun.	7	6	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	6	1
Beverly	Dan.	24	12	12	15	9	6	–	–	–	7	6	1	14	4	10	7	5	2	11	6	5
Billerica	Dan.	2	2	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	1	1	–
Blandford	North.	5	4	1	5	4	1	–	–	–	–	–	–	1	1	–	1	1	–	8	6	2
Bolton	Graf.	14	9	5	–	–	–	–	–	–	–	–	–	1	–	1	5	3	2	8	6	2
Boston	Psycho.	8	5	3	–	–	–	–	–	–	2	1	1	–	–	–	1	1	–	5	3	2
Braintree	Fox.	28	18	10	16	13	3	2	–	2	12	4	8	2	1	1	11	10	1	17	16	1
Bridgewater	Fox.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Brockton	Wren.	101	66	35	77	50	27	8	3	5	24	13	11	7	3	4	33	23	10	106	74	32
Burlington	Dan.	14	9	5	10	8	2	–	–	–	15	11	4	3	1	2	3	2	1	3	3	–
Cambridge	Wren.	69	49	20	9	8	1	6	4	2	14	11	3	4	2	2	15	11	4	39	29	10
Canton	Fox.	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–
Carlisle	Graf.	9	2	7	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	9	2	7

Carver	Taun.	2	–	2	3	1	2	–	–	–	–	–	–	–	–	–	–	–	–	5	1	4
Charlemont	North.	2	1	1	1	1	–	2	1	1	–	–	–	–	–	–	1	1	–	–	–	–
Charlton	Wor.	14	9	5	8	6	2	–	–	–	14	11	3	3	1	2	1	1	–	4	2	2
Chatham	Taun.	4	1	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	3	1	2
Chelmsford	Graf.	42	27	15	–	–	–	3	2	1	29	18	11	1	–	1	–	–	–	9	7	2
Chelsea	Wren.	61	41	20	23	16	7	5	2	3	27	17	10	–	–	–	24	19	5	28	19	9
Cheshire	North.	4	4	–	–	–	–	1	1	–	1	1	–	–	–	–	1	1	–	1	1	–
Chester	North.	12	9	3	19	17	2	–	–	–	1	1	–	2	2	–	9	9	–	19	14	5
Chesterfield	Bel.	–	–	–	2	2	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–
Chicopee	Mon.	101	81	20	55	41	14	24	18	6	73	58	15	–	–	–	–	–	–	59	46	13
Chilmark	Taun.	3	2	1	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	1	–	1
Clarksburg	North.	11	8	3	15	10	5	–	–	–	3	2	1	6	3	3	4	4	–	13	9	4
Cohasset	Fox.	9	8	1	–	–	–	–	–	–	2	1	1	–	–	–	2	2	–	5	5	–
Concord	Graf.	143	79	64	5	3	2	2	1	1	2	2	–	2	2	–	12	6	6	130	71	59
Cummington	Bel.	4	3	1	–	–	–	–	–	–	–	–	–	–	–	–	3	2	1	1	1	–
Danvers	W.E.F.	1	1	–	2	1	1	2	1	1	–	–	–	–	–	–	–	–	–	1	1	–
Dartmouth	Taun.	8	5	3	–	–	–	–	–	–	5	3	2	–	–	–	–	–	–	3	2	1
Dedham	Wren.	29	20	9	16	15	1	3	2	1	16	11	5	–	–	–	5	5	–	21	17	4
Dennis	W.E.F.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
Douglas	Wor.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Dracut	Dan.	19	14	5	14	13	1	–	–	–	13	10	3	17	14	3	1	1	–	2	2	–
Dudley	West.	36	26	10	18	13	5	1	1	–	14	10	4	–	–	–	9	6	3	30	22	8
Duxbury	Taun.	34	24	10	1	1	–	–	–	–	6	6	–	–	–	–	1	1	–	28	18	10
East Bridgewater	Fox.	5	4	1	1	–	1	–	–	–	5	3	2	–	–	–	1	1	–	–	–	–
East Longmeadow	Bel.	1	1	–	4	3	1	1	1	–	2	1	1	–	–	–	1	1	–	1	1	–
Easton	Taun.	5	4	1	10	9	1	–	–	–	1	–	1	1	1	–	–	–	–	13	12	1
Edgartown	Taun.	13	11	2	17	8	9	2	–	2	11	5	6	–	–	–	2	2	–	15	12	3
Enfield	North.	6	5	1	4	2	2	–	–	–	1	–	1	–	–	–	6	4	2	3	3	–
Everett	Boston	92	55	37	51	33	18	8	7	1	27	10	17	22	15	7	38	24	14	48	32	16
Fairhaven	Taun.	29	22	7	1	–	1	–	–	–	8	5	3	–	–	–	4	4	–	18	13	5
Fall River	W.E.F.	127	91	36	20	16	4	14	9	5	60	44	16	67	50	17	–	–	–	6	4	2
Falmouth	Taun.	67	42	25	–	–	–	1	1	–	15	6	9	–	–	–	3	2	1	48	33	15
Fitchburg	Gard.	212	118	94	65	50	15	9	5	4	30	24	6	36	25	11	36	23	13	166	91	75
Foxborough	Fox.	6	6	–	3	3	–	–	–	–	3	3	–	–	–	–	4	4	–	2	2	–
Framingham	Wren.	10	8	2	–	–	–	–	–	–	1	1	–	–	–	–	3	3	–	6	4	2
Franklin	Wren.	13	9	4	7	6	1	3	3	–	7	5	2	–	–	–	2	2	–	8	5	3
Freetown	Taun.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
Gardner	Gard.	26	17	9	3	3	–	2	1	1	5	4	1	6	4	2	7	6	1	9	5	4
Georgetown	Dan.	5	4	1	–	–	–	–	–	–	3	3	–	–	–	–	–	–	–	2	1	1
Gill	Gard.	2	2	–	1	1	–	–	–	–	–	–	–	2	2	–	–	–	–	1	1	–
Gloucester	Dan.	5	4	1	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	3	2	1
Goshen	Bel.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–
Grafton	Graf.	51	22	29	18	13	5	–	–	–	6	5	1	–	–	–	–	–	–	63	30	33
Granville	Bel.	5	5	–	7	6	1	–	–	–	3	3	–	–	–	–	8	7	1	1	1	–
Great Barrington	North.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
Groton	Graf.	49	26	23	–	–	–	–	–	–	3	2	1	–	–	–	1	1	–	45	23	22

TABLE 7. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1937, by Place of Residence and Sex* — Continued

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS			RE-EXAMINATIONS			RECOMMENDATIONS														
								For Institutional Care*			For Special Class			For Social Supervision			Coach Special Subjects			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Hamilton	Dan.	3	2	1	1	1	–	–	–	–	–	–	–	–	–	–	2	2	–	2	1	1
Hancock	North.	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–
Hanover	Taun.	21	13	8	11	7	4	–	–	–	5	3	2	–	–	–	3	3	–	24	14	10
Hanson	Taun.	5	5	–	15	9	6	–	–	–	3	1	2	2	1	1	1	1	–	14	11	3
Harvard	Graf.	35	19	16	–	–	–	–	–	–	3	3	–	1	1	–	8	6	2	23	9	14
Harwich	Taun.	7	4	3	–	–	–	–	–	–	7	4	3	–	–	–	–	–	–	–	–	–
Haverhill	Dan.	15	9	6	–	–	–	1	1	–	1	1	–	1	–	1	1	1	–	11	6	5
Hingham	Graf.	83	52	31	1	1	–	–	–	–	5	4	1	3	2	1	11	9	2	65	38	27
Hinsdale	Bel.	30	22	8	4	2	2	–	–	–	5	4	1	–	–	–	29	20	9	–	–	–
Holbrook	Taun.	1	1	–	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	1	1	–
Holden	Wor.	17	15	2	15	13	2	1	1	–	14	10	4	2	2	–	3	3	–	12	12	–
Holyoke	Bel.	101	62	39	69	55	14	14	12	2	26	15	11	1	–	1	99	68	31	30	22	8
Hudson	Graf.	91	54	37	4	1	3	–	–	–	7	4	3	–	–	–	1	1	–	87	50	37
Hull	Fox.	9	5	4	10	6	4	1	–	1	5	3	2	–	–	–	4	3	1	9	5	4
Huntington	North.	15	11	4	1	1	–	–	–	–	1	1	–	–	–	–	5	4	1	10	7	3
Ipswich	Dan.	77	44	33	2	2	–	1	–	1	9	3	6	25	12	13	14	13	1	30	18	12
Kingston	Taun.	11	9	2	7	5	2	1	1	–	2	1	1	–	–	–	–	–	–	15	12	3
Lanesboro	North.	2	1	1	–	–	–	–	–	–	1	–	1	–	–	–	1	1	–	–	–	–
Lawrence	Dan.	87	61	26	–	–	–	5	2	3	12	9	3	57	39	18	1	1	–	12	10	2
Leicester	Wor.	8	6	2	11	7	4	1	1	–	15	10	5	–	–	–	3	2	1	–	–	–
Leominster	Graf.	192	122	70	34	23	11	4	4	–	44	29	15	17	7	10	6	5	1	155	100	55
Lexington	Graf.	305	155	150	27	19	8	1	1	–	6	2	4	3	2	1	34	23	11	288	146	142
Littleton	Graf.	7	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	3	4
Longmeadow	Mon.	3	1	2	4	3	1	–	–	–	–	–	–	–	–	–	–	–	–	7	4	3
Lowell	Dan.	7	5	2	–	–	–	–	–	–	2	2	–	1	–	1	1	1	–	3	2	1
Ludlow	Mon.	34	23	11	19	16	3	5	3	2	30	21	9	–	–	–	3	2	1	15	13	2
Lunenburg	Gard.	3	2	1	4	4	–	–	–	–	2	2	–	4	3	1	–	–	–	1	1	–
Lynn	W.E.F.	48	36	12	9	5	4	2	1	1	39	30	9	10	7	3	–	–	–	6	3	3
Lynnfield	Dan.	4	2	2	3	2	1	–	–	–	5	3	2	1	–	1	–	–	–	1	1	–
Manchester	Dan.	7	2	5	12	11	1	–	–	–	–	–	–	–	–	–	–	–	–	19	13	6
Mansfield	Fox.	4	3	1	2	1	1	1	1	–	3	2	1	–	–	–	1	1	–	1	–	1
Marblehead	Dan.	21	16	5	3	2	1	–	–	–	10	9	1	3	–	3	5	4	1	6	5	1
Marion	Taun.	36	20	16	6	4	2	–	–	–	3	2	1	–	–	–	2	1	1	37	21	16

Mattapoisett	Taun.	12	8	4	1	1	–	–	–	–	7	5	2	–	–	–	–	–	–	6	4	2
Maynard	Graf.	33	15	18	–	–	–	–	–	–	2	1	1	–	–	–	–	–	–	31	14	17
Medford	Med.	56	41	15	67	43	24	5	4	1	67	46	21	–	–	–	2	1	1	49	33	16
Melrose	Med.	3	1	2	4	3	1	–	–	–	2	1	1	–	–	–	–	–	–	5	3	2
Merrimac	Dan.	8	8	–	–	–	–	–	–	–	3	3	–	1	1	–	1	1	–	3	3	–
Methuen	Dan.	27	13	14	8	5	3	–	–	–	13	9	4	18	8	10	–	–	–	4	1	3
Middleboro	Taun.	14	11	3	9	7	2	1	1	–	9	5	4	–	–	–	3	3	–	10	9	1
Milford	Wren.	30	20	10	1	1	–	5	4	1	9	5	4	–	–	–	9	6	3	8	6	2
Millbury	Wor.	5	3	2	4	2	2	1	–	1	5	3	2	–	–	–	1	–	1	2	2	–
Milton	Fox.	31	18	13	13	8	5	1	1	–	5	1	4	3	–	3	17	13	4	18	11	7
Montague	North.	42	27	15	27	22	5	2	2	–	4	3	1	7	5	2	14	9	5	42	30	12
Nantucket	Taun.	13	7	6	–	–	–	–	–	–	8	2	6	–	–	–	1	1	–	4	4	–
Natick	Graf.	65	38	27	16	14	2	–	–	–	12	4	8	6	4	2	4	3	1	59	41	18
Needham	Fox.	12	7	5	11	9	2	–	–	–	4	1	3	–	–	–	3	2	1	16	13	3
New Ashford	North.	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–
New Bedford	W.E.F.	44	30	14	19	13	6	3	2	1	38	29	9	16	8	8	–	–	–	6	4	2
New Braintree	Wor.	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–
Newbury	Dan.	3	3	–	1	1	–	1	1	–	–	–	–	–	–	–	1	1	–	2	2	–
Newburyport	Dan.	15	12	3	10	7	3	1	–	1	12	9	3	3	1	2	2	2	–	7	7	–
Newton	West.	2	–	2	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
North Adams	North.	73	49	24	37	34	3	9	6	3	12	11	1	14	8	6	16	14	2	59	44	15
Northampton	Bel.	24	16	8	34	20	14	7	3	4	22	12	10	–	–	–	27	19	8	2	2	–
North Andover	Dan.	81	57	24	6	6	–	2	1	1	42	31	11	14	10	4	9	7	2	20	14	6
North Attleboro	Wren.	11	3	8	8	7	1	2	1	1	7	4	3	–	–	–	5	3	2	5	2	3
Northbridge	Graf.	49	23	26	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	48	22	26
North Brookfield	Wor.	6	4	2	1	1	–	–	–	–	2	2	–	–	–	–	1	–	1	4	3	1
Northfield	Gard.	2	2	–	3	3	–	1	1	–	2	2	–	–	–	–	1	1	–	1	1	–
North Reading	Psycho.	44	29	15	3	2	1	–	–	–	4	3	1	3	2	1	13	9	4	27	17	10
Norton	Fox.	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–
Norwell	Taun.	7	5	2	–	–	–	–	–	–	3	2	1	–	–	–	–	–	–	4	3	1
Norwood	Fox.	23	15	8	20	13	7	1	–	1	2	2	–	3	3	–	2	1	1	35	22	13
Oak Bluffs	Taun.	69	37	32	–	–	–	3	2	1	32	14	18	–	–	–	3	2	1	31	19	12
Orange	Gard.	16	9	7	16	11	5	–	–	–	3	3	–	6	2	4	10	6	4	13	9	4
Orleans	Taun.	11	6	5	–	–	–	–	–	–	6	3	3	–	–	–	–	–	–	5	3	2
Oxford	Wor.	4	4	–	7	7	–	1	1	–	6	6	–	–	–	–	1	1	–	3	3	–
Palmer	Mon.	20	12	8	11	9	2	3	2	1	16	11	5	–	–	–	–	–	–	12	8	4
Peabody	Dan.	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Pembroke	Taun.	12	11	1	1	1	–	1	1	–	9	9	–	–	–	–	–	–	–	3	2	1
Pepperell	Wor.	5	4	1	4	4	–	–	–	–	6	6	–	–	–	–	2	1	1	1	1	–
Peru	Bel.	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–
Pittsfield	Bel.	63	49	14	40	30	10	5	3	2	23	20	3	–	–	–	66	49	17	9	7	2
Plainfield	Bel.	4	3	1	2	2	–	–	–	–	2	1	1	–	–	–	4	4	–	–	–	–
Plainville	Fox.	3	2	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2	2	–
Plymouth	Wren.	2	–	2	5	4	1	3	1	2	–	–	–	–	–	–	–	–	–	4	3	1
Princeton	Wor.	3	3	–	–	–	–	–	–	–	2	2	–	–	–	–	1	1	–	–	–	–
Provincetown	Wren.	24	21	3	11	8	3	1	–	1	15	12	3	–	–	–	6	5	1	13	12	1
Quincy	Wren.	172	111	61	15	9	6	2	2	–	36	20	16	2	1	1	32	26	6	115	71	44

Table 7. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1937, by Place of Residence and Sex* — Concluded

City or Town	Institution Traveling School Clinic	First Examinations			Re-Examinations			Recommendations														
								For Institutional Care*			For Special Class			For Social Supervision			Coach Special Subjects			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Randolph	Taun.	6	4	2	–	–	–	–	–	–	2	2	–	–	–	–	1	1	–	3	1	2
Raynham	Taun.	15	13	2	1	1	–	–	–	–	11	10	1	–	–	–	–	–	–	5	4	1
Reading	Psycho.	36	22	14	–	–	–	–	–	–	3	1	2	–	–	–	10	6	4	23	15	8
Rehoboth	Taun.	8	7	1	–	–	–	1	–	1	5	5	–	–	–	–	–	–	–	2	2	–
Revere	W.E.F.	106	71	35	24	17	7	–	–	–	74	50	24	53	36	17	1	1	–	2	1	1
Richmond	North.	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–
Rockland	Taun.	9	7	2	1	1	–	–	–	–	2	1	1	–	–	–	1	1	–	7	6	1
Rockport	Dan.	2	2	–	11	9	2	–	–	–	1	1	–	1	–	1	5	4	1	6	6	–
Rowley	Dan.	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–
Russell	North.	11	7	4	2	2	–	1	–	1	6	3	3	–	–	–	3	3	–	3	3	–
Salem	W.E.F.	35	25	10	25	19	6	8	5	3	16	10	6	32	25	7	–	–	–	4	4	–
Salisbury	Dan.	7	5	2	–	–	–	–	–	–	3	3	–	3	1	2	1	1	–	–	–	–
Sandisfield	Bel.	5	2	3	3	1	2	–	–	–	1	1	–	–	–	–	7	2	5	–	–	–
Saugus	Dan.	27	22	5	–	–	–	1	1	–	16	13	3	4	3	1	–	–	–	6	5	1
Scituate	Taun.	3	2	1	2	2	–	2	2	–	3	2	1	–	–	–	–	–	–	–	–	–
Seekonk	Taun.	97	47	50	5	4	1	4	3	1	5	5	–	2	2	–	–	–	–	91	41	50
Sharon	Fox.	–	–	–	17	13	4	–	–	–	2	1	1	–	–	–	6	5	1	9	7	2
Shirley	Wor.	3	3	–	3	3	–	1	1	–	1	1	–	1	1	–	1	1	–	2	2	–
Shrewsbury	Wor.	7	6	1	14	7	7	–	–	–	8	5	3	3	1	2	–	–	–	10	7	3
Shutesbury	Gard.	4	2	2	2	2	–	1	–	1	1	1	–	3	2	1	1	1	–	–	–	–
Somerset	W.E.F.	10	4	6	11	9	2	–	–	–	16	12	4	5	1	4	–	–	–	–	–	–
Somerville	Boston	125	87	38	41	32	9	4	2	2	50	37	13	19	11	8	37	27	10	56	42	14
Southbridge	West.	22	18	4	3	3	–	–	–	–	8	7	1	–	–	–	2	1	1	15	13	2
Southwick	Bel.	15	13	2	12	11	1	3	2	1	6	5	1	–	–	–	11	10	1	7	7	–
Spencer	Wor.	16	13	3	3	2	1	–	–	–	12	11	1	–	–	–	2	1	1	5	3	2
Springfield	Mon.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Sterling	Wor.	11	7	4	5	3	2	–	–	–	4	3	1	2	1	1	4	3	1	6	3	3
Stoneham	Med.	39	27	12	25	18	7	3	3	–	21	13	8	–	–	–	11	8	3	29	21	8
Stoughton	Fox.	17	15	2	4	4	–	1	–	1	5	4	1	–	–	–	3	3	–	12	12	–
Stow	Graf.	19	12	7	5	5	–	–	–	–	3	3	–	–	–	–	7	6	1	14	8	6
Sturbridge	Wor.	18	11	7	9	4	5	–	–	–	18	10	8	1	–	1	1	1	–	7	4	3
Sudbury	Wor.	6	6	–	3	3	–	–	–	–	1	1	–	–	–	–	3	3	–	5	5	–
Swampscott	Dan.	13	10	3	29	20	9	1	–	1	12	9	3	7	3	4	7	5	2	15	13	2
Swansea	W.E.F.	11	11	–	3	3	–	–	–	–	6	6	–	8	8	–	–	–	–	–	–	–

Templeton . . .	Gard.	6	3	3	2	2	–	–	–	–	5	3	2	–	–	–	1	1	–	2	1	1
Tewksbury . . .	Dan.	10	8	2	1	1	–	–	–	–	4	3	1	4	4	–	2	1	1	1	1	–
Tisbury . . .	Taun.	26	15	11	–	–	–	1	1	–	4	1	3	–	–	–	3	2	1	18	11	7
Topsfield . . .	Dan.	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Townsend . . .	Gard.	6	4	2	1	1	–	–	–	–	3	1	2	–	–	–	1	1	–	3	3	–
Tyngsboro . . .	Dan.	8	7	1	11	6	5	–	–	–	15	9	6	2	2	–	1	1	–	1	1	–
Upton . . .	Graf.	6	4	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	4	2
Walpole	Fox.	22	16	6	9	5	4	2	2	–	8	5	3	–	–	–	5	3	2	16	11	5
Waltham. . . .	W.E.F.	78	50	28	65	48	17	4	2	2	42	25	17	91	67	24	–	–	–	6	4	2
Ware	Bel.	37	21	16	14	9	5	9	6	3	15	8	7	–	–	–	26	15	11	1	1	–
Wareham . . .	Taun.	19	14	5	1	1	–	2	2	–	12	8	4	–	–	–	1	–	1	5	5	–
Warren	Wor.	15	12	3	20	15	5	1	1	–	18	14	4	4	2	2	6	6	–	6	4	2
Warwick . . .	Gard.	3	2	1	2	2	–	–	–	–	2	2	–	–	–	–	1	1	–	2	1	1
Washington . . .	Bel.	2	1	1	–	–	–	–	–	–	–	–	–	–	–	–	2	1	1	–	–	–
Watertown . . .	W.E.F.	37	27	10	25	23	2	3	3	–	18	15	3	36	29	7	1	1	–	4	2	2
Wayland . . .	Wor.	3	3	–	4	4	–	–	–	–	3	3	–	–	–	–	3	3	–	1	1	–
Webster	West.	27	20	7	2	2	–	1	1	–	5	3	2	–	–	–	1	1	–	22	17	5
Wellesley . . .	Fox.	13	7	6	17	17	–	–	–	–	–	–	–	2	2	–	5	4	1	23	18	5
Wenham . . .	Dan.	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–
Westborough . . .	West.	16	12	4	–	–	–	–	–	–	5	4	1	–	–	–	1	–	1	10	8	2
West Bridgewater .	Taun.	15	9	6	1	–	1	1	–	1	5	2	3	–	–	–	–	–	–	10	7	3
West Brookfield . .	Wor.	5	4	1	1	1	–	–	–	–	1	1	–	–	–	–	4	3	1	1	1	–
Westfield. . . .	Mon.	107	72	35	36	30	6	3	1	2	54	36	18	–	–	–	2	1	1	84	64	20
Westminster . . .	Wor.	5	2	3	–	–	–	2	–	2	1	1	–	–	–	–	1	1	–	1	–	1
West Newbury . .	Dan.	3	2	1	1	1	–	–	–	–	1	1	–	1	–	1	1	1	–	1	1	–
Westport. . . .	Taun.	13	8	5	–	–	–	1	–	1	4	3	1	–	–	–	1	1	–	7	4	3
West Springfield . .	Mon.	45	34	11	21	18	3	4	4	–	42	31	11	–	–	–	3	3	–	17	14	3
West Stockbridge . .	North.	4	2	2	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–	3	2	1
Weymouth . . .	Fox.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
Whitman . . .	Taun.	12	9	3	4	4	–	–	–	–	4	1	3	–	–	–	3	3	–	9	9	–
Williamsburg . .	Bel.	4	3	1	6	5	1	3	2	1	2	2	–	–	–	–	5	4	1	–	–	–
Williamstown . .	North.	16	12	4	3	1	2	3	2	1	3	3	–	2	–	2	4	3	1	7	5	2
Winchendon . . .	Gard.	121	87	34	11	8	3	1	1	–	23	15	8	20	15	5	26	18	8	62	46	16
Windsor	Bel.	3	1	2	1	1	–	–	–	–	–	–	–	–	–	–	4	2	2	–	–	–
Winthrop . . .	Wren.	19	11	8	6	4	2	3	1	2	2	2	–	–	–	–	5	3	2	15	9	6
Woburn	Med.	54	38	16	27	22	5	–	–	–	33	20	13	2	1	1	1	1	–	45	38	7
Worcester . . .	W.E.F.	259	150	109	136	84	52	44	19	25	191	116	75	140	88	52	1	–	1	19	11	8
Worthington . . .	Bel.	3	3	–	1	1	–	1	1	–	1	1	–	–	–	–	2	2	–	–	–	–
Wrentham . . .	Fox.	3	3	–	8	7	1	–	–	–	2	2	–	2	1	1	6	6	–	1	1	–
Total . . .		6,266	4,081	2,185	2,039	1,507	532	340	211	129	2,238	1,512	726	904	586	318	1,136	851	285	3,687	2,428	1,259
Per Cent . .		75.4	73.0	80.4	24.6	27.0	19.6	4.1	3.8	4.8	26.9	27.1	26.7	10.9	10.5	11.7	13.7	15.2	10.5	44.4	43.4	46.3

*Children recommended for institutional care are usually kept in special classes until their admission can be arranged.

Table 8. — *Total School Clinic Examinations Conducted for the Years 1926–1937 Inclusive*

Clinic	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Belchertown .	–	–	251	114	474	522	401	846	544	736	578	527
Boston Psycho.	271	121	141	130	81	126	113	200	57	104	93	79
Boston State .	355	527	441	502	454	397	410	527	439	398	426	307
Danvers .	162	132	176	255	338	343	324	425	433	646	717	640
Foxborough .	300	431	303	485	375	445	515	612	642	549	472	374
Gardner .	122	58	125	164	107	125	261	343	318	282	492	539
Grafton . .	66	–	343	327	240	384	295	1,369	1,556	1,611	1,311	1,402
Medfield. .	70	298	510	419	239	322	360	234	341	324	351	413
Monson . .	384	398	225	395	494	439	304	514	398	525	461	495
Northampton	708	876	1,000	581	769	523	443	697	582	447	305	435
Taunton .	90	230	360	292	324	353	309	335	339	522	676	778
W. E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284	1,166	1,208	1,172	1,087
Westborough	–	26	85	–	34	78	117	78	71	80	89	124
Worcester .	110	402	197	300	114	37	265	293	371	265	248	310
Wrentham .	603	726	637	777	882	907	607	899	980	951	906	707
Div. Men. Hyg.	–	–	–	–	–	–	–	–	–	75	89	88
Total .	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656	8,237	8,723	8,386	8,305

Table 9. — *Number of Towns in Which School Clinics were Conducted, 1926–1937, Inclusive*

Clinic	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Belchertown .	–	–	4	4	4	7	6	26	20	23	21	19
Boston Psycho.	1	1	1	1	1	1	1	2	2	2	4	2
Boston State	2	3	2	2	2	2	2	2	2	3	2	2
Danvers .	7	9	7	15	15	9	10	18	13	29	26	30
Foxborough .	7	13	14	12	13	15	16	17	21	22	20	17
Gardner .	11	9	12	8	13	9	9	12	19	17	15	15
Grafton . .	2	–	10	11	10	17	11	20	18	18	18	20
Medfield. .	2	5	7	7	2	7	10	10	10	12	7	5
Monson . .	4	4	3	4	3	6	6	7	7	7	7	7
Northampton	40	34	36	28	6	18	20	18	24	19	13	18
Taunton .	4	19	15	17	15	20	16	20	25	34	34	38
W. E. Fernald	18	25	24	24	26	24	20	18	21	16	13	11
Westborough	–	1	3	–	1	2	4	3	4	5	3	4
Worcester .	5	26	7	24	15	4	25	21	31	27	22	21
Wrentham .	10	13	11	11	13	13	10	12	15	13	13	15
Total .	113	162	156	168	139	154	166	206	232	247	218	224

Many inquiries from other states directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most states of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. Incidence of Retardation, 1937

Table 10 presents a summary of facts in connection with 228 towns in which first examinations were held by one of our clinics during the year 1937. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1937. As first examinations only are included, we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 351,935 children. Of the total of 228 cities, towns and villages having a first examination, 129 were maintaining a total of 352 special classes, or one special class to approximately every 999 children of the total grammar school population of the towns examined. Ninety-nine smaller communities with a total population of 32,618 children were not maintaining special classes. While 43 per cent of the communities examined were not maintaining special classes, we observed that 90 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which interfere with the establishemnt of special classes. In column 10 we observe that the percentage of the total school population referred for retardation during 1937 for the entire group was 1.78 per cent. However, in the towns having no special classes the percentage of the school population referred as retarded for 1937 was 3.49 per cent.

One hundred twenty-nine towns maintaining 352 special classes accommodated 5,629 children in these classes, an average of 15 children per class. Comparing this total of 5,629 children in special classes with the total school population of 319,317, we note that 1.76 per cent were in special classes during the year 1937. The 99 towns not maintaining special classes revealed a total grammar school population of 32,618 children. In these towns a total of 1,139 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 6,266 children were referred to the clinics for the first time during 1937. In other words, 1.78 per cent of the total school population were referred *during a single school year*. Dividing the 1.78 per cent of the total school population referred in accordance with diagnosis, we note that .36 per cent were diagnosed as mentally defective and 1.41 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 3.1. That is, the mentally defective child is not alone in having difficulties in the public school. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 3 children of higher mental grade who do not make a success of their school work.

The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to leave the large number of high-grade cases in the unhappy half-way position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.78 per cent of the total school population served by our clinics were referred because of retardation during 1937. This figure does not cover the total number of cases of retardation which have accumulated in the particular schools. These are first examinations of a single year only. Some of the children

Table 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1937; Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Retarded, by Place of Residence*

(1)	(2)	(3)	(4)	(5)	(6) 5÷3	(7)			(8)			(9)			(10) 7+8+9 ÷3	(11) 7÷3	(12) 8+9 ÷3
City or Town	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	First Examinations by Traveling Clinics Diagnosis									Per Cent of School Population, 1937		
						Mentally Defective			Not Mentally Defective			Deferred			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
						T.	M.	F.	T.	M.	F.	T.	M.	F.			
Abington	Taun.	720	–	–	–	3	–	3	30	21	9	1	1	–	4.72	.42	4.30
Acushnet	Taun.	595	1	14	2.35	3	3	–	4	2	2	–	–	–	1.17	.50	.67
Adams	North.	1,427	2	24	1.68	7	4	3	31	26	5	–	–	–	2.66	.49	2.17
Agawam	Mon.	1,324	2	45	3.39	8	7	1	25	18	7	–	–	–	2.49	.60	1.89
Amesbury	Dan.	822	2	23	2.79	3	3	–	5	4	1	3	2	1	1.33	.36	.97
Amherst	Bel.	813	2	25	3.07	2	2	–	14	11	3	–	–	–	1.96	.24	1.72
Andover	Dan.	1,224	2	36	2.94	3	3	–	4	4	–	1	1	–	.65	.24	.41
Arlington	Med.	5,327	3	28	.52	6	3	3	98	74	24	2	1	1	1.98	.11	1.87
Ashby	Gard.	119	–	–	–	–	–	–	5	3	2	–	–	–	4.20	–	4.20
Ashfield	Bel.	110	–	–	–	–	–	–	2	2	–	–	–	–	1.81	–	1.81
Ashland	Wor.	350	–	–	–	1	–	1	10	5	5	–	–	–	3.14	.28	2.86
Athol	Gard.	1,621	1	14	.86	–	–	–	3	3	–	–	–	–	.18	–	.18
Attleboro	Wren.	2,949	1	18	.61	8	5	3	29	23	6	1	1	–	1.28	.27	1.01
Auburn	Wor.	1,084	–	–	–	6	2	4	21	17	4	–	–	–	2.49	.55	1.94
Ayer	Wor.	482	–	–	–	3	2	1	1	–	1	–	–	–	.82	.62	.20
Barnstable	Taun.	1,403	2	40	2.85	10	5	5	14	13	1	–	–	–	1.71	.71	1.00
Becket	North.	102	–	–	–	–	–	–	1	1	–	–	–	–	.98	–	.98
Bedford	Graf.	403	1	15	3.72	3	3	–	36	23	13	–	–	–	9.67	.74	8.93
Belchertown	North.	351	–	–	–	7	5	2	32	22	10	–	–	–	11.11	1.99	9.12
Bellingham	Fox.	589	1	22	3.73	8	3	5	38	26	12	–	–	–	7.80	1.35	6.45
Belmont	Graf.	3,766	2	24	.63	6	4	2	42	29	13	–	–	–	1.27	.16	1.11
Berkley	Taun.	231	–	–	–	6	5	1	1	1	–	–	–	–	3.03	2.60	.43
Beverly	Dan.	3,173	1	48	1.51	2	1	1	22	11	11	–	–	–	.75	.06	.69
Billerica	Dan.	1,274	1	12	.94	1	1	–	1	1	–	–	–	–	.15	.07	.08
Blandford	North.	61	–	–	–	–	–	–	5	4	1	–	–	–	8.19	–	8.19
Bolton	Graf.	86	–	–	–	–	–	–	14	9	5	–	–	–	16.27	–	16.27
Boston	Psycho.	*97,088	–	–	–	3	1	2	4	4	–	1	–	1	–	–	–
Braintree	Fox.	2,756	3	43	1.56	6	3	3	22	15	7	–	–	–	1.01	.21	.80
Bridgewater	Fox.	1,072	1	19	1.77	1	1	–	–	–	–	–	–	–	.09	.09	–
Brockton	Wren.	7,314	4	67	.91	13	6	7	86	59	27	2	1	1	1.38	.18	1.20
Burlington	Dan.	376	–	–	–	–	–	–	13	8	5	1	1	–	3.72	–	3.72

Cambridge	Wren.	10,709	14	156	1.45	27	18	9	41	30	11	1	1	–	.64	.25	.39
Canton	Fox.	534	1	9	1.68	–	–	–	1	1	–	–	–	–	.18	–	.18
Carlisle	Graf.	76	–	–	–	–	–	–	9	2	7	–	–	–	11.84	–	11.84
Carver	Taun.	195	1	13	6.66	1	–	1	1	–	1	–	–	–	1.02	.51	.51
Charlemont	North.	131	–	–	–	2	1	1	–	–	–	–	–	–	1.52	1.52	–
Charlton	Wor.	376	–	–	–	8	5	3	6	4	2	–	–	–	3.72	2.13	1.59
Chatham	Taun.	307	–	–	–	3	1	2	1	–	1	–	–	–	1.30	.98	.32
Chelmsford	Graf.	1,184	–	–	–	14	9	5	26	17	9	2	1	1	3.54	1.18	2.36
Chelsea	Wren.	5,518	5	93	1.68	16	8	8	40	28	12	5	5	–	1.10	.29	.81
Cheshire	North.	246	–	–	–	3	3	–	1	1	–	–	–	–	1.62	1.22	.40
Chester	North.	224	–	–	–	–	–	–	12	9	3	–	–	–	5.35	–	5.35
Chicopee	Mon.	4,789	7	87	1.81	55	41	14	46	40	6	–	–	–	2.10	1.14	.96
Chilmark	Taun.	31	–	–	–	2	1	1	1	1	–	–	–	–	9.67	6.45	3.22
Clarksburg	North.	172	–	–	–	1	–	1	9	8	1	1	–	1	6.39	.58	5.81
Cohasset	Fox.	414	1	9	2.17	2	1	1	7	7	–	–	–	–	2.17	.48	1.69
Concord	Graf.	858	1	10	1.16	5	4	1	138	75	63	–	–	–	16.66	.58	16.08
Cummington	Bel.	104	–	–	–	–	–	–	4	3	1	–	–	–	3.84	–	3.84
Danvers	W.E.F.	1,550	2	22	1.41	–	–	–	1	1	–	–	–	–	.06	–	.06
Dartmouth	Taun.	1,520	2	32	2.10	2	2	–	6	3	3	–	–	–	.52	.13	.39
Dedham	Wren.	2,165	1	10	.46	11	8	3	17	11	6	1	1	–	1.33	.50	.83
Dennis	W.E.F.	257	1	14	5.44	–	–	–	1	1	–	–	–	–	.38	–	.38
Douglas	Wor.	396	–	–	–	1	1	–	–	–	–	–	–	–	.25	.25	–
Dracut	Dan.	1,073	1	16	1.49	10	6	4	9	8	1	–	–	–	1.77	.93	.84
Dudley	West.	544	1	7	1.28	5	3	2	31	23	8	–	–	–	6.61	.92	5.69
Duxbury	Taun.	311	1	9	2.89	6	6	–	28	18	10	–	–	–	10.93	1.93	9.00
East Bridgewater	Fox.	614	1	12	1.95	3	2	1	2	2	–	–	–	–	.81	.49	.32
East Longmeadow	Bel.	491	1	10	2.03	–	–	–	1	1	–	–	–	–	.20	–	.20
Easton	Taun.	928	1	16	1.72	2	2	–	3	2	1	–	–	–	.53	.21	.32
Edgartown	Taun.	193	1	20	10.36	1	1	–	12	10	2	–	–	–	6.73	.52	6.21
Enfield	North.	63	–	–	–	–	–	–	6	5	1	–	–	–	9.52	–	9.52
Everett	Boston	7,303	5	90	1.23	18	8	10	74	47	27	–	–	–	1.25	.24	1.01
Fairhaven	Taun.	1,541	1	19	1.23	10	7	3	19	15	4	–	–	–	1.88	.65	1.23
Fall River	W.E.F.	12,591	21	506	2.86	53	36	17	74	55	19	–	–	–	1.00	.42	.58
Falmouth	Taun.	1,254	3	49	3.90	14	8	6	53	34	19	–	–	–	5.34	1.12	4.22
Fitchburg	Gard.	3,322	3	47	1.41	23	15	8	189	103	86	–	–	–	6.38	.69	5.69
Foxborough	Fox.	752	1	12	1.59	3	3	–	3	3	–	–	–	–	.79	.39	.40
Framingham	Wren.	3,452	–	–	–	3	2	1	7	6	1	–	–	–	.28	.08	.20
Franklin	Wren.	1,108	1	13	1.17	7	5	2	6	4	2	–	–	–	1.17	.63	.54
Freetown	Taun.	302	1	9	2.98	–	–	–	1	1	–	–	–	–	.33	–	.33
Gardner	Gard.	1,726	1	11	.63	4	3	1	22	14	8	–	–	–	1.50	.23	1.27
Georgetown	Dan.	244	–	–	–	3	3	–	2	1	1	–	–	–	2.04	1.22	.82
Gill	Gard.	135	–	–	–	2	2	–	–	–	–	–	–	–	1.48	1.48	–
Gloucester	Dan.	2,938	3	44	1.49	–	–	–	5	4	1	–	–	–	.17	–	.17
Goshen	Bel.	29	–	–	–	–	–	–	1	1	–	–	–	–	3.44	–	3.44
Grafton	Graf.	858	1	14	1.63	–	–	–	51	22	29	–	–	–	5.94	–	5.94
Granville	Bel.	111	–	–	–	–	–	–	5	5	–	–	–	–	4.50	–	4.50

TABLE 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1937: Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Retarded, by Place of Residence* — Continued

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)			(8)			(9)			(10) 7+8+9 ÷ 3	(11) 7 ÷ 3	(12) 8 +9 ÷ 3
						FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS									PER CENT OF SCHOOL POPULATION, 1937		
						MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED					
CITY OR TOWN	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	T.	M.	F.	T.	M.	F.	T.	M.	F.	Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
Great Barrington	North.	811	1	13	1.60	1	1	–	–	–	–	–	–	–	.12	.12	–
Groton	Graf.	339	–	–	–	3	–	3	46	26	20	–	–	–	14.45	.88	13.57
Hamilton	Dan.	303	1	8	2.64	–	–	–	2	1	1	1	1	–	.99	–	.99
Hancock	North.	52	–	–	–	1	1	–	–	–	–	–	–	–	1.92	1.92	–
Hanover	Taun.	484	1	14	2.89	3	1	2	18	12	6	–	–	–	4.33	.62	3.71
Hanson	Taun.	310	1	16	5.16	1	1	–	4	4	–	–	–	–	1.61	.32	1.29
Harvard	Graf.	104	–	–	–	1	1	–	34	18	16	–	–	–	33.65	.96	32.69
Harwich	Taun.	391	–	–	–	5	2	3	2	2	–	–	–	–	1.79	1.28	.51
Haverhill	Dan.	5,112	3	92	1.79	5	3	2	9	6	3	1	–	1	.29	.10	.19
Hingham	Graf.	997	–	–	–	8	6	2	75	46	29	–	–	–	8.32	.80	7.52
Hinsdale	Bel.	197	–	–	–	–	–	–	30	22	8	–	–	–	15.22	–	15.22
Holbrook	Taun.	452	–	–	–	–	–	–	1	1	–	–	–	–	.22	–	.22
Holden	Wor.	678	1	14	2.06	4	2	2	13	13	–	–	–	–	2.50	.59	1.91
Holyoke	Bel.	4,821	7	92	1.90	23	18	5	78	44	34	–	–	–	2.09	.48	1.61
Hudson	Graf.	860	1	11	1.27	3	3	–	88	51	37	–	–	–	10.58	.35	10.03
Hull	Fox.	371	1	12	3.23	1	–	1	8	5	3	–	–	–	2.42	.27	2.15
Huntington	North.	158	–	–	–	–	–	–	14	10	4	1	1	–	9.49	–	9.49
Ipswich	Dan.	953	–	–	–	14	8	6	58	34	24	5	2	3	8.07	1.46	6.61
Kingston	Taun.	404	1	16	3.96	2	2	–	9	7	2	–	–	–	2.72	.49	2.23
Lanesboro	North.	151	–	–	–	–	–	–	2	1	1	–	–	–	1.32	–	1.32
Lawrence	Dan.	7,232	5	74	1.02	63	43	20	22	16	6	2	2	–	1.20	.87	.33
Leicester	Wor.	621	–	–	–	2	1	1	6	5	1	–	–	–	1.28	.32	.96
Leominster	Graf.	2,350	2	23	.97	11	9	2	181	113	68	–	–	–	8.17	.47	7.70
Lexington	Graf.	1,163	3	48	4.12	1	–	1	304	155	149	–	–	–	26.22	.08	26.14
Littleton	Graf.	213	–	–	–	–	–	–	7	3	4	–	–	–	3.28	–	3.28
Longmeadow	Mon.	849	1	13	1.53	–	–	–	3	1	2	–	–	–	.35	–	.35
Lowell	Dan.	*10,424	–	–	–	2	1	1	5	4	1	–	–	–	–	–	–

Lndlow . . .	Mon.	1,345	2	29	2.15	18	11	7	16	12	4	–	–	–	2.52	1.33	1.19
Luuenburg . .	Gard.	350	–	–	–	1	1	–	2	1	1	–	–	–	.85	.28	.57
Lynn	W.E.F.	11,561	16	284	2.45	24	20	4	24	16	8	–	–	–	.41	.20	.21
Lynnfield . . .	Dan.	259	–	–	–	–	–	–	4	2	2	–	–	–	1.54	–	1.54
Manchester . .	Dan.	322	–	–	–	1	–	1	6	2	4	–	–	–	2.17	.31	1.86
Mansfield . . .	Fox.	1,013	1	13	1.28	2	1	1	2	2	–	–	–	–	.39	.20	.19
Marblehead . .	Dan.	1,398	1	17	1.21	3	2	1	18	14	4	–	–	–	1.50	.21	1.29
Marion . . .	Taun.	315	–	–	–	–	–	–	36	20	16	–	–	–	11.42	–	11.42
Mattapoisett . .	Taun.	259	–	–	–	3	1	2	9	7	2	–	–	–	4.63	1.16	3.47
Maynard . . .	Graf.	836	–	–	–	1	1	–	32	14	18	–	–	–	3.94	.12	3.82
Medford . . .	Med.	8,868	9	122	1.37	13	9	4	43	32	11	–	–	–	.63	.15	.48
Melrose . . .	Med.	2,798	3	53	1.89	2	–	2	–	–	–	1	1	–	.10	.07	.03
Merrimac . . .	Dan.	327	–	–	–	4	4	–	4	4	–	–	–	–	2.44	1.22	1.22
Methuen . . .	Dan.	2,263	1	16	.70	10	4	6	16	9	7	1	–	1	1.19	.44	.75
Middleboro . .	Taun.	1,215	1	8	.65	4	3	1	10	8	2	–	–	–	1.15	.33	.82
Milford . . .	Wren.	1,796	3	34	1.89	13	9	4	17	11	6	–	–	–	1.67	.72	.95
Millbury . . .	Wor.	917	–	–	–	2	1	1	3	2	1	–	–	–	.54	.22	.32
Milton . . .	Fox.	2,532	2	24	.94	8	4	4	23	14	9	–	–	–	1.22	.31	.91
Montague . . .	North.	1,112	2	30	2.69	4	3	1	38	24	14	–	–	–	3.77	.36	3.41
Nantucket . . .	Taun.	527	1	18	3.41	7	2	5	6	5	1	–	–	–	2.46	1.32	1.14
Natick . . .	Graf.	1,983	2	33	1.66	4	2	2	61	36	25	–	–	–	3.27	.20	3.07
Needham . . .	Fox.	1,954	1	16	.81	1	–	1	11	7	4	–	–	–	.61	.05	.56
New Bedford . .	W.E.F.	13,905	7	98	.70	17	10	7	24	19	5	3	1	2	.31	.12	.19
New Braintree . .	Wor.	53	–	–	–	–	–	–	1	1	–	–	–	–	1.88	–	1.88
Newbury . . .	Dan.	213	–	–	–	–	–	–	3	3	–	–	–	–	1.40	–	1.40
Newburyport . .	Dan.	1,391	2	26	1.86	2	–	2	12	11	1	1	1	–	1.07	.14	.93
Newton . . .	West.	*9,507	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
North Adams . .	North.	2,417	4	58	2.39	12	7	5	61	42	19	–	–	–	3.02	.50	2.52
Northampton . .	Bel.	2,424	1	5	.20	5	2	3	19	14	5	–	–	–	.99	.21	.78
North Andover .	Dan.	864	1	8	.92	15	8	7	65	49	16	1	–	1	9.37	1.73	7.64
North Attleboro .	Wren.	830	1	12	1.44	4	1	3	7	2	5	–	–	–	1.32	.48	.84
Northbridge . .	Graf.	1,416	1	17	1.20	4	3	1	45	20	25	–	–	–	3.46	.28	3.18
North Brookfield .	Wor.	232	1	14	6.03	–	–	–	6	4	2	–	–	–	2.58	–	2.58
Northfield . . .	Gard.	257	–	–	–	1	1	–	1	1	–	–	–	–	.77	.38	.39
North Reading . .	Psycho.	443	1	17	3.83	–	–	–	44	29	15	–	–	–	9.93	–	9.93
Norton . . .	Fox.	391	–	–	–	1	1	–	1	1	–	–	–	–	.51	.26	.25
Norwell . . .	Taun.	264	–	–	–	–	–	–	7	5	2	–	–	–	2.65	–	2.65
Norwood . . .	Fox.	1,908	3	35	1.83	4	3	1	19	12	7	–	–	–	1.20	.21	.99
Oak Bluffs . . .	Taun.	253	1	5	1.97	30	16	14	39	21	18	–	–	–	27.27	11.86	15.41
Orange . . .	Gard.	729	1	20	2.74	1	1	–	15	8	7	–	–	–	2.19	.14	2.05
Orleans . . .	Taun.	171	–	–	–	3	2	1	8	4	4	–	–	–	6.43	1.75	4.68
Oxford . . .	Wor.	673	–	–	–	1	1	–	3	3	–	–	–	–	.59	.15	.44
Palmer . . .	Mon.	1,163	2	42	3.61	9	5	4	11	7	4	–	–	–	1.71	.77	.94
Peabody . . .	Dan.	2,852	1	9	.31	–	–	–	–	–	–	1	–	1	.03	–	.03
Pembroke . . .	Taun.	235	–	–	–	5	5	–	7	6	1	–	–	–	5.10	2.12	2.98
Pepperell . . .	Wor.	451	–	–	–	3	3	–	2	1	1	–	–	–	1.10	.66	.44
Pittsfield . . .	Bel.	6,872	3	35	.50	18	12	6	45	37	8	–	–	–	.91	.26	.65
Plainfield . . .	Bel.	75	–	–	–	–	–	–	4	3	1	–	–	–	5.33	–	5.33
Plainville . . .	Fox.	202	–	–	–	1	–	1	2	2	–	–	–	–	1.48	.49	.99

TABLE 10. — *Towns in Which First Examinations of Retarded Children Were Held during 1937: Number of Special Classes; School Population; Number of First Examinations; Number of Children in Special Classes; Number of First Examinations, Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Retarded by Place of Residence* — Concluded

(1)	(2)	(3)	(4)	(5)	(6) 5÷3	(7)			(8)			(9)			(10) 7+8+9 ÷3	(11) 7÷3	(12) 8+9 ÷3
						FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS									PER CENT OF SCHOOL POPULATION, 1937		
CITY OR TOWN	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percentage of School Population in Special Classes	MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
						T.	M.	F.	T.	M.	F.	T.	M.	F.			
Plymouth	Wren.	1,991	2	30	1.50	2	–	2	–	–	–	–	–	–	.10	.10	–
Princeton	Wor.	114	–	–	–	1	1	–	2	2	–	–	–	–	2.63	.88	1.75
Provincetown	Wren.	593	1	8	1.34	7	6	1	17	15	2	–	–	–	4.04	1.18	2.86
Quincy	Wren.	11,160	8	145	1.29	14	9	5	157	101	56	1	1	–	1.54	.12	1.42
Randolph	Taun.	1,351	1	9	.66	2	2	–	4	2	2	–	–	–	.44	.15	.29
Raynham	Taun.	316	–	–	–	5	5	–	10	8	2	–	–	–	4.74	1.58	3.16
Reading	Psycho.	1,756	3	29	1.65	1	1	–	35	21	14	–	–	–	2.05	.06	1.99
Rehoboth	Taun.	451	–	–	–	5	4	1	3	3	–	–	–	–	1.77	1.11	.66
Revere	W.E.F.	5,870	10	191	3.25	13	10	3	92	61	31	1	–	1	1.80	.22	1.58
Richmond	North.	77	–	–	–	–	–	–	1	1	–	–	–	–	1.29	–	1.29
Rockland	Taun.	1,147	1	18	1.56	1	1	–	8	6	2	–	–	–	.78	.09	.69
Rockport	Dan.	414	1	18	4.34	1	1	–	1	1	–	–	–	–	.48	.24	.24
Rowley	Dan.	209	–	–	–	1	1	–	–	–	–	–	–	–	.47	.47	–
Russell	North.	221	–	–	–	2	1	1	9	6	3	–	–	–	4.97	.90	4.07
Salem	W.E.F.	3,725	5	114	3.06	24	15	9	11	10	1	–	–	–	.93	.64	.29
Salisbury	Dan.	296	1	13	4.39	1	1	–	5	3	2	1	1	–	2.36	.33	2.03
Sandisfield	Bel.	76	–	–	–	–	–	–	5	2	3	–	–	–	6.57	–	6.57
Saugus	Dan.	2,486	2	38	1.52	10	8	2	15	12	3	2	2	–	1.08	.40	.68
Scituate	Taun.	585	–	–	–	2	2	–	1	–	1	–	–	–	.51	.34	.17
Seekonk	Taun.	894	1	13	1.45	12	10	2	85	37	48	–	–	–	10.85	1.34	9.51
Shirley	Wor.	241	–	–	–	–	–	–	3	3	–	–	–	–	1.24	–	1.24
Shrewsbury	Wor.	1,257	2	24	1.90	–	–	–	7	6	1	–	–	–	.55	–	.55
Shutesbury	Gard.	44	–	–	–	1	–	1	3	2	1	–	–	–	9.09	2.27	6.82
Somerset	W.E.F.	853	1	16	1.87	4	1	3	4	1	3	2	2	–	1.17	.47	.70
Somerville	Boston	13,080	8	145	1.10	26	14	12	98	72	26	1	1	–	.95	.20	.75
Southbridge	West.	1,297	4	91	7.01	3	2	1	18	15	3	1	1	–	1.69	.23	1.46
Southwick	Bel.	254	1	11	4.33	4	4	–	11	9	2	–	–	–	5.90	1.57	4.33
Spencer	Wor.	485	–	–	–	9	8	1	7	5	2	–	–	–	3.29	1.85	1.44
Springfield	Mon.	*19,915	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Sterling	Wor.	236	–	–	–	1	1	–	10	6	4	–	–	–	4.66	.42	4.24
Stoneham	Med.	1,296	2	29	2.23	7	4	3	30	22	8	2	1	1	3.00	.54	2.46

Stoughton . . .	Fox.	1,111	1	17	1.53	4	2	2	13	13	–	–	–	–	1.53	.36	1.17
Stow . . .	Graf.	150	–	–	–	–	–	–	19	12	7	–	–	–	12.66	–	12.66
Sturbridge . . .	Wor.	238	–	–	–	1	–	1	17	11	6	–	–	–	7.56	.42	7.14
Sudbury . . .	Wor.	252	–	–	–	–	–	–	6	6	–	–	–	–	2.38	–	2.38
Swampscott . .	Dan.	1,246	2	23	1.53	–	–	–	12	9	3	1	1	–	1.04	–	1.04
Swansea . . .	W.E.F.	618	–	–	–	–	–	–	11	11	–	–	–	–	1.77	–	1.77
Templeton . .	Gard.	573	–	–	–	2	2	–	4	1	3	–	–	–	1.04	.35	.69
Tewksbury . .	Dan.	517	–	–	–	6	5	1	4	3	1	–	–	–	1.93	1.16	.77
Tisbury . . .	Taun.	315	1	10	3.17	6	3	3	20	12	8	–	–	–	8.25	1.90	6.35
Topsfield . . .	Dan.	161	–	–	–	1	–	1	–	–	–	–	–	–	.62	.62	–
Townsend . . .	Gard.	289	–	–	–	1	–	1	5	4	1	–	–	–	2.07	.34	1.73
Tyngsboro . . .	Dan.	222	–	–	–	–	–	–	8	7	1	–	–	–	3.60	–	3.60
Upton . . .	Graf.	273	–	–	–	–	–	–	6	4	2	–	–	–	2.19	–	2.19
Walpole . . .	Fox.	1,203	1	11	.91	5	3	2	17	13	4	–	–	–	1.82	.41	1.41
Waltham . . .	W.E.F.	5,061	8	181	3.57	8	5	3	70	45	25	–	–	–	1.54	.16	1.38
Ware	Bel.	673	1	12	1.78	9	6	3	28	15	13	–	–	–	5.49	1.33	4.16
Wareham . . .	Taun.	1,031	4	54	5.23	9	6	3	10	8	2	–	–	–	1.84	.87	.97
Warren . . .	Wor.	441	1	14	3.17	1	1	–	14	11	3	–	–	–	3.40	.23	3.17
Warwick . . .	Gard.	71	–	–	–	–	–	–	3	2	1	–	–	–	4.22	–	4.22
Washington . .	Bel.	33	–	–	–	–	–	–	2	1	1	–	–	–	6.06	–	6.06
Watertown . .	W.E.F.	5,555	5	65	1.17	7	4	3	30	23	7	–	–	–	.66	.12	.54
Wayland . . .	Wor.	471	–	–	–	1	1	–	2	2	–	–	–	–	.63	.21	.42
Webster . . .	West.	1,010	1	16	1.58	6	4	2	21	16	5	–	–	–	2.67	.59	2.08
Wellesley . . .	Fox.	2,136	2	16	.74	2	2	–	11	5	6	–	–	–	.60	.09	.51
Westborough . .	West.	589	1	12	2.03	9	9	–	7	3	4	–	–	–	2.71	1.52	1.19
West Bridgewater .	Taun.	519	–	–	–	3	2	1	12	7	5	–	–	–	2.89	.58	2.31
West Brookfield .	Wor.	215	–	–	–	–	–	–	5	4	1	–	–	–	2.32	–	2.32
Westfield . . .	Mon.	2,363	5	85	3.59	21	9	12	85	63	22	1	–	1	4.52	.88	3.64
Westminster . .	Wor.	247	–	–	–	3	1	2	2	1	1	–	–	–	2.02	1.21	.81
West Newbury . .	Dan.	199	–	–	–	1	1	–	2	1	1	–	–	–	1.50	.50	1.00
Westport . . .	Taun.	677	1	7	1.03	5	3	2	8	5	3	–	–	–	1.92	.74	1.18
West Springfield .	Mon.	2,283	4	74	3.24	12	7	5	33	27	6	–	–	–	1.97	.53	1.44
West Stockbridge .	North.	152	–	–	–	3	2	1	1	–	1	–	–	–	2.63	1.97	.66
Weymouth . . .	Fox.	3,202	4	49	1.53	–	–	–	1	1	–	–	–	–	.03	–	.03
Whitman . . .	Taun.	894	1	17	1.90	2	–	2	10	9	1	–	–	–	1.34	.22	1.12
Williamsburg . .	Bel.	295	–	–	–	2	2	–	2	1	1	–	–	–	1.35	.67	.68
Williamstown . .	North.	586	1	17	2.90	5	4	1	11	8	3	–	–	–	2.73	.85	1.88
Winchendon . .	Gard.	1,015	–	–	–	9	6	3	112	81	31	–	–	–	11.92	.89	11.03
Windsor . . .	Bel.	53	–	–	–	–	–	–	3	1	2	–	–	–	5.66	–	5.66
Winthrop . . .	Wren.	2,545	1	13	.51	5	1	4	14	10	4	–	–	–	.74	.19	.55
Woburn . . .	Med.	3,136	2	20	.63	26	14	12	28	24	4	–	–	–	1.72	.83	.89
Worcester . . .	W.E.F.	25,518	31	554	2.17	88	47	41	169	102	67	2	1	1	1.01	.34	.67
Worthington . .	Bel.	76	–	–	–	–	–	–	3	3	–	–	–	–	3.94	–	3.94
Wrentham . . .	Fox.	373	–	–	–	–	–	–	3	3	–	–	–	–	.80	–	.80
Grand Total .		351,935 [1]				1,278	813	465	4,933	3,232	1,701	55	36	19	1 78	.36	1.41
		319,317 [2]	352	5,629	1.76												

---

*These cities have their own examining units. However, other cases from a school source are examined by our various clinics. That the unusually large school population of these cities may not load our totals and give misleading total figures, we are not including them in the total figures at the bottom of this table.

[1] Total school population of towns having an examination by one of our clinics during 1937. This total is used in calculating the percentages of columns 10, 11 and 12.

[2] Total school population of towns having children in special classes during 1937. This total is used in calculating the percentages of column 6.

may be referred as retarded at the age of nine years or earlier and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total number of cases of retardation is subject to an accumulation over 9 years. We note that the percentage of .36 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates of the incidence of mental defect. Again, we must recall that this, too, is a figure for a single year, and that the actual accumulated number of mental defectives within the school system is much higher.

The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) for any one year are quite small in relation to the total school population. Inasmuch as the clinics are finding practically the same proportion of children retarded each year, it is necessary to consider the accumulation of cases that is occurring year after year before arriving at a total figure. The determination of this total number of retarded or mentally defective who have accumulated in a school at any one time is rather difficult. Therefore, we determined to use a different approach, and compare the *new cases* of retardation or mental defect diagnosed during one year with the *new cases* entering school during the same year. We recorded the number of children actually within the first grade of the various schools, the new cases of retardation and mental defect diagnosed the same year, and calculated the percentage. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller but the error will be on the side of conservatism.

It was found that there was a total of 40,288 children in the first grades of those schools in which first examinations of retarded children were held during the year 1937. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 6,266 children were referred to all clinics because of retardation for *the first time during the year 1937.* Comparing this total of 6,266 with the 40,288 new students entering the schools, we find that new cases of retardation and mental defect discovered during 1937 are 15.5 per cent of the number entering school during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that one child in six is retarded in some degree.

Dividing the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective during a single year are 3.1 per cent of the number of children entering school for the first time during a single year. The *new cases* diagnosed as retarded (not mentally defective) constitute 12.2 per cent of the number of children entering school for the first time. All of this, of course, is for the year 1937. We feel that these percentages of 3.1 for mental defect and 12.2 for retardation give us a much better picture of the relative amounts of these conditions actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have been having these examinations every year. In other instances the small number of cases referred is a matter of selection on the part of the superintendent. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 129 towns have provided a total of 352 special classes caring for 5,629 children. Referring to Table 7, we note that a total of 2,238 children were recommended for special classes during 1937.

That is, about one half the school rooms now devoted to special classes will be needed to take care of the new cases recommended for special class care in 1937. We see the urgent need for increasing the number of special classes now available.

III. Central Registry for Mental Defectives

In 1919 the Legislature amended Chapter 123 of the General Laws establishing a registry for the feebleminded. This law was amended in 1936, and now reads as follows:

> Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section thirteen, as appearing in the Tercentenary Edition and inserting in place thereof the following: — *Section 13.* "The department shall establish and maintain a registry of mental defectives, and may report therefrom such statistical information as it deems proper; but the name of any person so registered shall not be made public except upon written request therefore, to public officials or other persons having authority over the person so registered, or to charitable corporations incorporated in this commonwealth and subject to section twelve of chapter one hundred and eighty, and the records constituting the registry shall not be open to public inspection." (Approved May 22, 1936).

Dr. Walter E. Fernald for many years had expressed great interest in the carrying out of such a registry, feeling that it would give invaluable information as to the community problem of mental defect and would provide opportunity for the building up of a satisfactory plan for the care of such cases.

In 1922 institutions under this Department started sending in cards to the Registry, reporting all mental defectives examined by their traveling school clinics For many years the traveling school clinics constituted the sole source of information on mentally defective children. In 1929 and 1930 the present Director of the Division undertook the expansion of this work with the thought of bringing into use other sources contacting mental defectives in the community. Up to that point little attention had been given the mental defectives admitted to or cared for by mental hospitals. In addition, there had been no uniform reporting on admissions to our state schools for mental defectives. Arrangements were made to have all cases of this type reported by mental hospitals, state schools and several other clinics. Each year following, additions have been made to the number of sources reporting mental defectives to the Central Registry. At the present time we are receiving reports on mental defectives from (1) traveling school clinics; (2) admissions to state hospitals, (3) admissions to state schools, (4) cases placed on the waiting lists of state schools, (5) defective delinquents examined by hospital and Department psychiatrists; (6) out-patient examinations of state hospitals; (7) out-patient examinations of state schools; (8) mental hygiene clinics; (9) habit clincs; (10) child guidance clinics; (11) adjustment clinics; (12) defective delinquents admitted to Bridgewater; (13) mentally defective prisoners examined under the Briggs Law; (14) cases referred to the Division of Mental Deficiency; (15) cases examined by the Division of Mental Hygiene; and (16) children examined by the psychological clinic of the Springfield schools.

(*a*) *Type of Contact in Mental Defectives Reported to Central Registry, 1937*

Table 11 reports the type of contact in cases reported to the Central Registry during 1937. Reports were made by thirteen state hospitals; three state schools; the Department for Defective Delinquents at Bridgewater; Department of Mental Diseases (Briggs Law examinations); Division of Mental Deficiency, D.M.D.; Division of Mental Hygiene, D.M.D.; and the Springfield public schools. The largest number of cases was reported by the Walter E. Fernald State School, 966. Wrentham with 776 and Belchertown with 467 also reported large numbers. In the state hospitals Monson reported the largest number, 341; Taunton second with 333; and Danvers third with 300. The Springfield schools have been very cooperative and reported a total of 133 children examined in their psychological clinics during the year.

TABLE 11. — *Type of Contact in New Cases Reported to Central Registry for Mental Defectives, 1937, by Clinic*

	Total All Sources	Traveling School Clinic	Total Other Sources	Clinics for Juvenile Delinq.	Out-Patient State Hospitals	Out-Patient State Schools	Other Clinics	Admissions, etc. State Hospitals	Admissions, etc. State Schools	Waiting List State Schools
Boston Psychopathic	137	1	136	5	51	–	–	80	–	–
Boston State	125	81	44	27	–	–	–	17	–	–
Danvers	300	205	95	40	–	–	2	53	–	–
Foxborough	116	82	34	1	5	–	8	20	–	–
Gardner	125	86	39	3	3	–	21	12	–	–
Grafton	86	76	10	10	–	–	–	–	–	–
Medfield	166	135	31	8	–	–	–	23	–	–
Metropolitan	19	–	19	–	–	–	–	19	–	–
Monson	341	225	116	4	2	–	3	107	–	–
Northampton	111	92	19	12	3	–	–	4	–	–
Taunton	333	228	105	38	27	–	–	40	–	–
Westborough	51	21	30	–	–	–	–	30	–	–
Worcester	177	105	72	10	–	–	23	39	–	–
Belchertown	467	119	348	4	–	76	–	–	184	84
Walter E. Fernald	966	401	565	7	–	137	–	–	283	138
Wrentham	776	187	589	4	–	136	–	–	302	147
Bridgewater (Def. Delinquents)	105	–	105	–	–	–	–	–	105	–
Department (Briggs Law)	19	–	19	–	–	–	19	–	–	–
Division of Mental Deficiency	28*	–	28	–	–	–	28	–	–	–
Division of Mental Hygiene	59	18	41	–	–	–	41	–	–	–
Springfield Schools	133	–	133	–	–	–	133	–	–	–
Total	4,640	2,062	2,578	173	91	349	278	444	874	369
Per cent	100.0	44.4	55.6							

*The Division of Mental Deficiency had 53 other cases referred to it previously reported by the Division of Mental Hygiene.

Table 12. — *Age of Cases Reported to Central Registry for Mental Defectives, 1937, by Intelligence Quotient and Sex*

Age Groups	Total			0–.09			.10–.19			.20–.29			.30–.39		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0– 4	194	116	78	11	4	7	36	18	18	22	16	6	34	25	9
5– 9	856	562	294	12	9	3	41	29	12	39	27	12	80	50	30
10–14	1,915	1,264	651	10	8	2	27	16	11	29	18	11	54	39	15
15–19	957	581	376	12	7	5	9	4	5	16	10	6	29	14	15
20–29	376	184	192	8	7	1	11	3	8	15	10	5	27	14	13
30–39	167	53	114	2	1	1	3	2	1	12	1	11	5	2	3
40–49	104	37	67	1	–	1	2	1	1	3	1	2	11	3	8
50 plus	70	36	34	2	–	2	3	1	2	5	2	3	6	2	4
Unknown	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total	4,640	2,833	1,807	58	36	22	132	74	58	141	85	56	246	149	97
Per cent	100.0	100.0	100.0	1.3	1.3	1.2	2.9	2.6	3.2	3.0	3.0	3.1	5.3	5.3	5.4

Age Groups	.40–.49			.50–.59			.60–.69			.70+			Unknown		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0– 4	25	14	11	24	17	7	14	8	6	3	2	1	25	12	13
5– 9	91	53	38	171	117	54	342	225	117	61	41	20	19	11	8
10–14	84	47	37	313	194	119	1,242	840	402	139	90	49	17	12	5
15–19	92	55	37	302	197	105	447	272	175	38	17	21	12	5	7
20–29	52	23	29	104	45	59	120	64	56	27	14	13	12	4	8
30–39	27	8	19	43	16	27	42	15	27	14	1	13	19	7	12
40–49	16	7	9	34	12	22	18	6	12	4	–	4	15	7	8
50 plus	13	7	6	12	9	3	13	5	8	–	–	–	16	10	6
Unknown	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total	400	214	186	1,004	607	397	2,238	1,435	803	286	165	121	135	68	67
Per Cent	8.6	7.6	10.3	21.6	21.4	22.0	48.2	50.6	44.4	6.2	5.8	6.7	2.9	2.4	3.7

Our reports came from clinics of many different types. The fifteen traveling school clinics operating in the public schools furnished the largest number of defectives with a total of 2,062. Admissions to state schools were second in order with 769 children reported. Admissions to state hospitals were third with 444 cases reported. Waiting lists of state schools fourth with 369, out-patient examinations of state schools were fifth in order with 349 cases, and Defective Delinquents with 278 were sixth. These cases are examined through the law requiring the examination of juvenile delinquents or through admission to the Department for Defective Delinquents at Bridgewater.

(b) *Age, I.Q., and Sex of Mental Defectives Reported to Central Registry, 1937*

Table 12 outlines the age of cases reported to the Central Registry during 1937 by intelligence quotient and sex. Of the total of 4,640 cases, 2,833 or 61.1 per cent were males and 1,807 or 38.9 per cent were females. In the school clinic cases also we had greater amounts of retardation among the males. Here, however, we see that this same sex proportion persists in the older mental defectives being reported to the Central Registry.

In relation to intelligence we see comparatively few cases of lower mental grade being reported to the Registry, and increasing proportions as we go higher in the intellectual scale. This, of course, is to be expected as the general population shows this same general distribution. We know that there are many more persons in the community with an intelligence quotient between .60 and .69 than there are with intelligence quotients between 0 and .09. Therefore, we may expect to draw more of these higher grade cases in those being reported to the Central Registry.

In all I.Q. groups the excess of males noted in the totals is to be observed. The sex differences appear to be becoming more marked as we go higher in the intellectual scale. There are being relatively fewer high grade females reported to the Registry or, vice versa, there are relatively more males reported as we go higher in the intellectual scale.

TABLE 13. — *Age of Cases Reported to Central Registry for Mental Defectives, 1937, by Sex: Numbers and Percentages*

AGE GROUP	TOTAL		MALE		FEMALE	
	No.	%	No.	%	No.	%
0– 4	194	4.2	116	4.1	78	4.3
5– 9	856	18.4	562	19.8	294	16.3
10–14	1915	41.3	1,264	44.6	651	36.0
15–19	957	20.6	581	20.5	376	20.8
20–29	376	8.1	184	6.5	192	10.6
30–39	167	3.6	53	1.9	114	6.3
40–49	104	2.2	37	1.3	67	3.7
50 plus	70	1.5	36	1.3	34	1.9
Unknown	1	.02	–	–	1	.05
Total	4,640	100.0	2,833	100.0	1,807	100.0

(c) *Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1937*

Table 13 gives us a percentage distribution of the ages condensed from Table 12. Surprisingly large numbers of children are being reported at comparatively young ages. Thus in Table 13 we have 116 males and 78 females 4 years of age or less; 562 males and 294 females were between the ages of 5 and 9 years; 1,264 males and 651 females were between the ages of 10 and 14 years. From this point on we see a sharp dropping off in numbers. During the school period the intelligence of children is subjected to closer scrutiny and, therefore, we may expect larger numbers during the school ages. The cases examined under 4 years are reported, of course, by the various habit, child guidance and adjustment clinics dealing essentially with younger children. We note that the males predominate in cases reported in the groups 19 years or younger, 89 per cent of the males and 77 per cent of the females falling in these ages. Over 19, the females show larger percentages. In the group 20–29 years they present 10.6 per cent, with 6.5 per cent for the males; in the group 30–39 years 6.3 per cent, and 1.9 per cent for the males. It appears that the male mental defectives are reported to the Central Registry in the younger ages while the females show a tendency to a greater scatter throughout the age groups. There is a greater chance that male mental defectives will have their intellectual capacity interfere with their success in younger ages and thus bring them to the attention of various examining or reporting agencies. It is apparent that the female mental defectives tend to show greater success in the community and postpone the discovery of their defect until they are considerably older.

It is an interesting commentary on our present day civilization that a total of 4,640 cases of mental deficiency were reported to the Central Registry during a single year. This is at a rate of 105 per 100,000 of the general population. The admission rate to our state schools for mental defectives for the same year was 11 per 100,000, while the rate for cases in residence in state schools was 119. The numbers and proportions of the cases being reported as mentally defective gives us some idea of the possibilities for the future as far as mental deficiency is concerned. Quite obviously the State cannot assume the care of all of these defective children, and yet there is a rather good chance that many of them will be failures unless given a helping hand during the school period and the years immediately following. We see here the need for a state-wide supervisory group interested in and understanding the many problems connected with mental deficiency and retardation. The community adjustment of mental defectives is rarely accidental. It means intelligent direction and supervision at the hands of understanding persons. Otherwise, the economic load of caring for many thousands of failing mental defectives may become unbearable.

IV. Research in Mental Deficiency

In October, 1926, the Division inaugurated a research project in mental deficiency based upon the school clinic examinations. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Inasmuch as the material available now involves over 43,000 cases it is extremely difficult to publish the results of this work as rapidly as might be desired. As a total of over 106,000 examinations are now available, it is also highly desirable that the coding work be continued so that this rather remarkable sample might be subject to a thoroughgoing analysis. A request is being made that two additional workers be allowed so that the work may be carried on more rapidly.

V. Publications

The following articles were prepared during 1937 by the Director of the Division:

Dayton, N. A.: Height, Weight, Intelligence and Country of Origin in 31,939 Retarded Children. Proc. Am. Assn. on Mental Deficiency, Vol. XLII, No. 2, 1937.

Dayton, N. A.: What Massachusetts Does for Its Mental Defectives. Radio talk over Station WEEI on November 17, 1937. This is to be published at a later date.

VI. Social Service

The problem of mental deficiency is a growing one, primarily because due to school clinics, mental hygiene clinics, and the like, we are becoming more conscious of the number of mentally deficient in our midst. As many of these aments cannot be admitted to the State schools due to overcrowding, they are brought to the attention of the Department by private or public agencies or by individuals. Each case is investigated carefully before being taken on, or if unsuitable because of delinquency or other cause, it is referred to other agencies. Cases committed to the Department go through the same legal process as those committed to a

State school, only the Department assumes responsibility for community supervision. Because the Division has no funds for maintaining its cases, they must necessarily be self-supporting. If a case does not seem to demand the restriction implied in commitment to the Department, it may be taken on as a voluntary case. Both committed and voluntary cases require practically the same intensive supervision.

This past year the Department has taken on a new work, that of training younger children of low intelligence in their own homes. One worker devotes her time to outlining lessons suited to the needs of these children and training their parents in the methods to be employed in inculcating these lessons. Parents who have been unable to obtain admission to the State schools because of overcrowding or who desire to keep their children in the home as long as possible welcome this service, and this new work seems to fill a definite need in the community.

A case of good community adjustment follows:

Bertha T. was committed to the Department at twenty-one years, by a public agency which had cared for her since she was eight. She was taken from her own home on a neglect complaint as it was found that her mother had been immoral with a man boarder for some fifteen years. He was an alcoholic inadequate, quite content to be supported by Bertha's mother and to contribute nothing toward the support of the five illegitimate children she had by him. Mother considered feebleminded and showed no interest in her children who often went without proper food and clothes. Various churches supplied the family with necessities intermittently. Social agencies tried to break up the bad home situation and offered the mother outside work which was refused. Finally the children were removed from the home. One only of the children was found to be of normal mentality, two were committed to a school for the mentally deficient, one had died, the others are unknown. Bertha had infantile paralysis at two, did not walk until five, and has never developed into normal stature. When first placed in a foster home, she was quite untrained and she would steal food from the icebox and from the stores. She lied protectively. Because of her poor physical condition, was placed in simple country homes with understanding foster parents. Here she received good training and her bad habits were gradually corrected. She was considered "bright but mischievous", full of fun and good spirits, a favorite in the home. She learned to sew and crochet very well. Bertha repeated the first three grades. At sixteen, when she could not make the fourth grade, a mental examination was given and a nine year mentality was found. She was placed at housework, at first without wages, then at a small wage. She proved to be apt at this, inclined to want to do more than her strength warranted. Generous and warm-hearted to a fault, Bertha would give anything she had to her friends. On the other hand, if she took a dislike to anyone, she gave unmistakable signs of it by her behavior. She would answer in monosyllables if spoken to and her work would be done grudgingly.

Because Bertha had no interested relatives, she was committed to the Division at the age of 21 and was allowed to remain in the same foster home. Bertha took the change from the agency which had known her for so many years with perfect equanimity, when she found that she was not to be separated from the children in her foster family. A creature of routine, she would leave the visitor in the midst of a sentence to give the youngest child his prescribed cereal. Her loyalty to this family manifested itself in many ways. Although the visitor suspected that she was working too hard, she shielded her employer at every turn. She stayed up late at night to care for the children in sickness. When there was a rift in the family, no hint was ever given, and it was only through another source that visitor became aware of the strained relations in this home. Placing her in another home with twin babies soon made her forget the parting from the previous family, however. As Bertha was such a social little person and had made many contacts at church and in her previous foster homes, she was allowed to visit about, much to her delight. As church services were often above her head, she was placed in a Sunday School class of younger girls which the minister's wife conducted. Because of her good rote memory, she did satisfactory work in class. This minister's wife became much interested and later took her into her own home. Bertha at once became the champion of the girl of fourteen in the home. Her good spirits and sense of fun were at times embarrassing to the minister's wife, particularly when certain conservative parishioners called and Bertha's merry laugh rang through the house as she chased their small dog up and down the stairs. Bertha has made her own recreation as a rule, as visitor soon found that she did not fit into ordinary camp or vacation routines. Her own little group of well known and liked friends meant much more to her. A relative has been found on the Cape and here Bertha is in the seventh heaven of delight, digs clams, swims, fools with the children in the family and their elders, and is indeed a child of nine, happy and well liked. Bertha has handled her own finances under supervision for the past four years and has a bank account of over $500 to her credit.

At twenty-four, Bertha developed epilepsy. A conference was held and it was decided that institutionalization would be avoided if possible. A nerve clinic was consulted and treatment instituted. A place was found for Bertha in a nurses' home and since she has been here, for almost two years, there has been no return of the epileptic seizures. The routine life, the rest in the afternoon, the early to bed and early to rise regime have seemed to make it possible for her to live comfortably, to be self-supporting and, in fact, to have found her niche in life.

Table 14. — *Statistical Survey of Cases — Division of Mental Deficiency — Social Service — Year Ending November 30, 1937*

I			
Status — December 1, 1936:			
Committed cases	19		
Voluntary cases	125		
Pending	24		
		168	
Cases referred during year:			
Referred by public agencies	83		
Referred by private agencies	6		
Referred by D. M. D.	8		
Referred by individuals	4		
Reopened from previous years	4		
		105	
			273
II			
Cases closed during year:			
Cases in care of public agencies	21		
Cases in care of private agencies	12		
Investigations for Department — Briggs Law	3		
Cases moved: unable to locate	2		
Cases committed to institutions	1		
Investigations for Department	7		
Cases not supervisable	10		
Cases adjusted in homes	10		
		66	
III			
Service rendered:			
Placement:			
Home	27		
Industry	–		
Recreation	85		
Investigation	74		
Histories	34		
		220	
IV			
Status — November 30, 1937:			
Committed cases	19		
Voluntary cases	188		
		207	
Summary of Visits — Three Workers			1,562

Table 14 shows that during the year 1937, 168 cases were cared for. Of this total, 19 cases were committed to the Department of Mental Diseases, and 125 were voluntary cases. One hundred five new cases were opened during the year, mostly referred by public and private agencies. Sixty-six cases were closed. Of this number, 10 were found to be not suitable for supervision, and 10 were adjusted in the home. A total of 1,562 visits were made by the three social workers carrying on this work. At the end of the year 207 cases were under supervision.

(*c*) *The Socialization of the Mentally Defective*

It is more apparent each year that good early training of the mentally deficient is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admission to our state schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high grade workers who are willing to give their services for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a state-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives residing in the community. It seems advisable that we plan for a state-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of small local agencies. The local agency, being on the ground has a distinct advantage, for it is able to meet the individual problem immediately, when the possibility of adjustment is at its height.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our state schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in state schools will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in state schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table 10 we observed that .36 per cent of our school population were diagnosed as mentally defective *during a single year.* In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1937 present a number which was 3.1 per cent of the number of children entering school for the first time during the same year. This compares the newly discovered cases of mental defect with the new children entering school for the same year.

We now have some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary educational and vocational training, we will enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented and in others they will diminish in exact proportion to the length of the training and supervision provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happily for the future of civilization this is not the case. If this linkage were a reality we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feebleminded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to train the older mental defective properly. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age, and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VII. Analysis of Waiting Lists of All State Schools, 1937

In 1929 the Division assumed a new duty of assembling statistical data in reference to the waiting lists comprising urgent applications to the three state schools for the mentally deficient. A brief code was outlined embracing descriptive data on these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the state schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On November 30, 1937 there were 91 cases on the waiting list of the Belchertown State School, 1,990 cases on the waiting list of the Walter E. Fernald State School, and 1,028 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three state schools was 3,109. Of these, 47.9 per cent were males and 52.1 per cent were females.

Table 15 outlines the number of cases on the waiting lists of our three state schools in accordance with place of residence. Residents of Suffolk County show the largest number of cases on the waiting lists with a total of 874. Middlesex County is second with 720; Essex third with 338; and Worcester County fourth with 309. The smallest numbers on the waiting lists are presented by Nantucket with 1 case, Dukes with 3, and Hampshire with 17 cases.

TABLE 15. — *Cases on the Waiting List of the Three State Schools on November 30, 1937, by County and City or Town of Residence*

County and City or Town of Residence	Number	County and City or Town of Residence	Number	County and City or Town of Residence	Number
BARNSTABLE	45	Amesbury	11	HAMPSHIRE	17
		Andover	13		
Barnstable	10	Beverly	9	Amherst	3
Bourne	2	Danvers	9	Belchertown	5
Brewster	2	Georgetown	1	Chesterfield	1
Chatham	1	Gloucester	19	Easthampton	2
Dennis	5	Groveland	1	Granby	3
Falmouth	11	Hamilton	1	Northampton	1
Mashpee	2	Haverhill	38	Ware	2
Orleans	2	Ipswich	8		
Provincetown	8	Lawrence	52	MIDDLESEX	720
Yarmouth	2	Lynn	64		
		Manchester	1	Acton	2
BERKSHIRE	19	Marblehead	3	Arlington	14
		Merrimac	2	Ashby	1
Adams	1	Methuen	14	Ashland	1
Cheshire	1	Middleton	1	Ayer	2
Great Barrington	1	Nahant	2	Bedford	1
Lee	1	Newbury	1	Belmont	13
Lenox	1	Newburyport	22	Billerica	3
North Adams	1	North Andover	1	Boxborough	2
Pittsfield	5	Peabody	12	Burlington	1
Stockbridge	1	Rockport	4	Cambridge	104
Washington	1	Rowley	1	Carlisle	1
West Stockbridge	1	Salem	33	Chelmsford	5
Williamstown	4	Saugus	11	Concord	4
Windsor	1	Swampscott	3	Dracut	1
		Topsfield	1	Everett	32
BRISTOL	229			Framingham	18
		FRANKLIN	15	Holliston	1
Acushnet	1			Hudson	12
Attleboro	14	Buckland	2	Lexington	5
Dartmouth	4	Colrain	1	Lincoln	1
Dighton	1	Conway	2	Littleton	2
Easton	4	Gill	1	Lowell	56
Fairhaven	9	Greenfield	1	Malden	48
Fall River	62	Heath	1	Marlborough	10
Mansfield	13	Montague	3	Maynard	5
New Bedford	88	Northfield	1	Medford	43
North Attleboro	7	Orange	1	Melrose	13
Norton	1	Sunderland	1	Natick	11
Rehoboth	3	Warwick	1	Newton	38
Somerset	2			North Reading	1
Taunton	17	HAMPDEN	37	Pepperell	3
Westport	3			Reading	10
		Chicopee	6	Sherborn	2
DUKES	3	Holyoke	4	Shirley	1
		Ludlow	1	Somerville	63
Gosnold	1	Springfield	23	Stoneham	8
Oak Bluffs	2	Westfield	2	Tewksbury	71
		West Springfield	1	Townsend	5
ESSEX	338			Wakefield	17

Table 15. — *Cases on the Waiting List of the Three State Schools on November 30, 1937, by County and City or Town of Residence* — Concluded

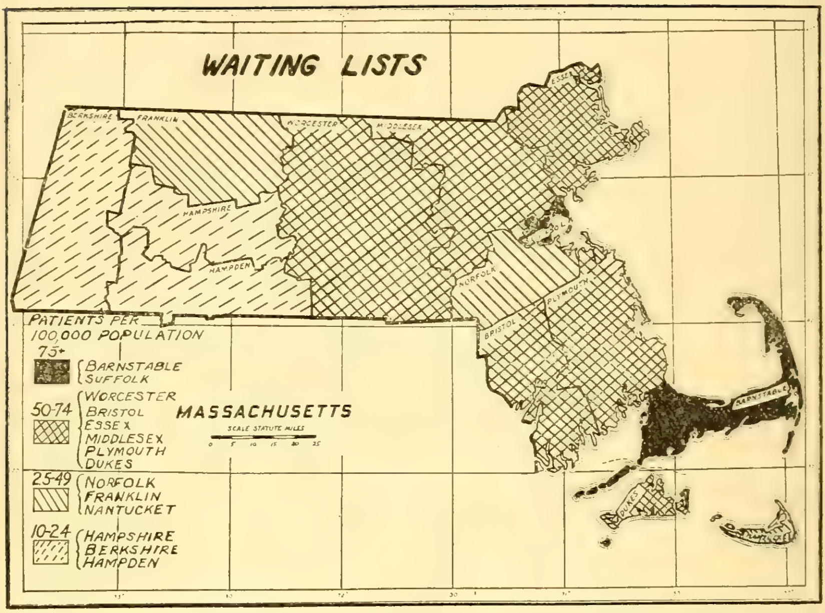
County and City or Town of Residence	Number	County and City or Town of Residence	Number	County and City or Town of Residence	Number
Waltham	24	Westwood	2	Clinton	6
Watertown	19	Weymouth	10	Fitchburg	39
Wayland	2			Gardner	1
Westford	4	PLYMOUTH	90	Grafton	3
Weston	1			Harvard	4
Wilmington	6	Abington	2	Holden	1
Winchester	16	Bridgewater	15	Hopedale	2
Woburn	17	Brockton	28	Lancaster	1
		Hanover	3	Leicester	2
NANTUCKET	1	Hanson	2	Leominster	20
		Hingham	5	Milford	10
Nantucket	1	Kingston	3	Millbury	4
		Lakeville	1	Northbridge	4
NORFOLK	148	Middleborough	6	North Brookfield	1
		Norwell	1	Oxford	1
Bellingham	2	Plymouth	6	Phillipston	2
Braintree	6	Rockland	2	Royalston	1
Brookline	10	Scituate	5	Shrewsbury	5
Canton	4	Wareham	5	Southborough	1
Cohasset	2	West Bridgewater	1	Southbridge	2
Dedham	7	Whitman	5	Spencer	2
Foxborough	2			Sterling	1
Franklin	4	SUFFOLK	874	Sturbridge	1
Holbrook	1			Sutton	1
Medfield	2	Boston	787	Templeton	4
Medway	2	Chelsea	44	Uxbridge	2
Millis	2	Revere	30	Webster	11
Milton	11	Winthrop	13	Westborough	7
Needham	7			West Brookfield	2
Norfolk	1	WORCESTER	309	Winchendon	3
Norwood	12			Worcester	149
Quincy	32	Athol	4		
Randolph	4	Auburn	2	NON-RESIDENTS	–
Sharon	8	Blackstone	1		
Stoughton	8	Boylston	5	UNKNOWN	264
Walpole	5	Brookfield	1		
Wellesley	4	Charlton	3	Grand Total	3,109

In reviewing the reasons for the urgency of admission, we note that retardation was the cause of application in 68 per cent of both sexes together. Behavior was the primary reason in 8 per cent for both sexes. Marked physical defect was the reason in 1.3 per cent of cases, and .2 per cent were social problems.

With regard to the intelligence quotient of children on the waiting lists, we note that the males exceeded the females in the idiot group (males 3.7, females 3.5 per cent), the imbecile group (males 24 per cent, females 21 per cent), and the not mentally defective group (males 8 per cent, females 6 per cent). The females showed a higher percentage than the males in the moron group (females 32.9 per cent, males 25.7 per cent).

In reference to the ages of applicants on the waiting lists, 76 per cent of the males were under 15 years of age, while but 55 per cent of the females fell in this group. In the age group 15–19 years 14 per cent of the males and 21 per cent of the females were reported. But 4 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 18 per cent of the females. Thirty cases on the list were 40 years of age or over. These cases make up .7 per cent of the males and 1.2 per cent of the females. It is clear that many of the mentally defective boys get into difficulties under 15 years of age. The girls have more difficulties in the older ages.

A study was also made of the source of application by county of residence, and compared with the estimated population of these counties in 1937 (Graph II). The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 117 applicants. Suffolk was second with 94; Middlesex third with 74; Essex fourth with 66; Bristol and Worcester fifth with 62 each. Plymouth, Dukes, Norfolk, Franklin, Nantucket, Hampshire, Berkshire and Hampden presented the lowest rates with 53, 50, 44, 29, 29, 22, 15 and 11 persons on the application list per 100,000 of the population of each county, respectively.



Graph II. — Residence of Applicants on Waiting Lists of State Schools, 1937. Rates per 100,000 Estimated Population of Same County

The total of 3,109* on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional institution to care for these mentally deficient individuals.

VIII. Recommendations

Every three months the Division prepares a detailed analysis of the waiting list of each state school and presents it to the superintendent of the institution for his information. Our analyses of the waiting lists for admission to the three state schools have demonstrated the need for increases in institutional provision for mental defectives. The total of 3,109 cases on the waiting lists indicates an urgent need for the enlargement of exisiting facilities and the construction of an additional state school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable. The state school is the nucleus around which a satisfactory plan for the care of mental defectives must be built. There is a type of mental defective with certain physical or conduct difficulties that can be best cared for within a state school. Without adequate provision for this destructive institutional type of case, other efforts in the care of this group are severely handicapped.

For several years the Director has been advising the social supervision of (a) special problem children in special classes and (b) retarded children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. This survey studied sample groups of children still in special classes and children who had left special classes. The findings suggested that it would be very helpful in the adjustment of these children to have a plan for their supervision while still in the public schools and after leaving. If we are to aid these children in remaining in the community, it is urgently necessary that we enlarge the scope of our supervisory activities and help these children not only while they are in public schools but until they are twenty-one. The Department of Public Welfare, for example, supervises children placed in their care until they are twenty-one, and the majority of these children are normal in respect to intelligence. How much more important it is that children who are retarded mentally should have assistance up to the same age!

---

*This total is revised monthly with consideration of all withdrawals and new additions during the month.

In the past the supposedly ideal treatment of the mental defective of high mental grade has been admission to a specialized school, a period of education and training, followed by placement at wages and supervision in the community. There is little doubt but that this schedule is necessary and advisable for certain types of cases. However, with changing economic and social conditions, increasing numbers of mental defectives have come to the attention of various social and state agencies. For several years the three State schools in Massachusetts have had a resident population of over 5,000 persons, and about 400 admissions each year. To the Central Registry for Mental Defectives over 4,000 *new cases* of mental deficiency have been reported each year. One in ten of the new cases being registered is gaining admission to a State school, leaving ninety per cent still in the community. Within ten years our registry will have over 40,000 new cases recorded. About 4,000 of these will have gained admission to a State school, leaving 36,000 remaining in the community. The need for community supervision is obvious.

The cost of State school care in Massachusetts, including capital charges and depreciation, is about $450 per year. Community supervision can be supplied by our Divisional workers at a cost of about $30 per year. If we jump ahead to the 40,000 new cases that will be registered by 1948, we see that the cost of making institutional provision for this entire group* would be approximately $80,000,000. In addition, the cost of maintenance would be approximately $18,000,000 per annum. State-wide community care of this group would cost approximately $1,200,000 per year. Here we have the suggestion that community care is not going to be the advisable approach for the future but the absolutely necessary one. Of course, we shall have to go part way in increasing our institutional provision for types which cannot be cared for in the community. However, the providing of care for the majority of mental defectives coming to our attention will have to be effected on a community supervision basis because of the obviously prohibitory costs of other forms of care.

The special class movement has been of great help in the keeping of the younger retarded children in the community. Without this development in the field of education many additional thousands of children would have had to be admitted to one of our state schools. The average cost of caring for children in special classes is about $130 per child. The average school cost per normal child for the same year is about $90. Thus, the special class care of the retarded child averaged $40 higher than that of the normal child. When we compare this additional amount of $40 or the entire sum of $130 per child with the annual cost of $450 for caring for the defective child in one of our state schools, the economy of the special class movement becomes evident. The special class cares for this retarded group until they are sixteen. When they leave school this supervision is relaxed and difficulties arise. At the age of 16 the mental defective is not ready to stand on his own feet alone and unassisted. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period, and would undoubtedly keep in the community many now being admitted to state schools between the ages of 16 and 21. Community adjustment and self-support are accomplishments which are beyond many mental defectives unless a guiding hand is available. The means of providing this needed assistance should be effected at the earliest possible date.

Since 1927 the Division has been carrying on a research project based on the school clinic records. Coding of the material has been a rather slow process with only one worker, and the number of publications has been necessarily small. Over 106,000 examinations are available for study and offer an unparalleled opportunity for the study of the retarded and mentally defective child. Up to the present date about 43,000 of these records have been coded and are ready for analysis. That the work may be accelerated and these valuable facts given to the world, it is suggested that two additional research workers be placed on the Division staff.

---

*This estimate is based upon a conservative construction cost per bed of $2,000. Recent costs in Massachusetts have run above $3,000 per bed.

There is great need for an appropriation to care for cases committed to this Division or cared for on a voluntary basis. The present economic situation has greatly increased the demands for social supervision of the mentally defective. Individuals and agencies are coming to us more and more with requests for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to stand this expense. The task of finding other positions for these persons has complicated our divisional problems. We are handicapped in our work by the fact that certain cases need temporary financial support to tide them over until a new position can be obtained. Otherwise, the only recourse available is admission to one of our state schools, and we have seen that this is a very expensive procedure. Such a policy is not only short-sighted from the economic standpoint but it is, in addition, a real injustice to retarded individuals who through years of effort have earned the right to remain in the community. In addition, other individuals under supervision and working for very small wages occasionally need money for the dentist, medical care and clothing. At present these sums must be paid out of their slender earnings. The annual appropriation of a sum of $1,000 will enable us to carry out this work in an effective way.

At the end of 1936 the Division was carrying a total of 207 persons on its books. Many of these would require admission to a State school if this supervision were not available. The keeping of these cases in the community has been responsible for a saving to the Commonwealth of many thousands of dollars reckoned in terms of State school care. At a time when expenses of state school provision are becoming almost prohibitive, the enlargement of the divisional activities along the line of community supervision seems a more sensible way of caring for the thousands of mental defectives coming to our attention. We should be working toward a state-wide plan for the community supervision of mental defectives. A plan for the supervision of mental defectives in the younger years will mean a smaller number of these individuals becoming public charges later in life.

Sincere appreciation is herewith expressed to the Commissioner for his cooperation throughout the year.

Respectfully submitted,
NEIL A. DAYTON, M.D., *Director.*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1937, as follows:

Visits to the Hospitals		180
Histories taken at Hospitals		5,468
Visits to relatives of patients and others for investigation:		
By outside visits	5,847	
By office calls	964	
By telephone	1,548	
Total Investigations		8,359
Cases submitted for deportation to the U. S. Commissioner of Immigration		8
Cases submitted for deportation by the Department		106

Support Cases, not including Ex-Service men of the World War

Cases pending November 30, 1936	911	
New Cases	3,141	
		4,052
Made Reimbursing	1,215	
Accepted as State Charges	2,024	
Pending November 30, 1937	813	
		4,052

Reimbursing Cases

Cases remaining in Hospitals November 30, 1936	2,249	
New Cases	1,506	
		3,755
Died	413	
Discharged or on visit November 30, 1937	796	
Dropped — accepted as State Charges	132	
Transferred to other Institutions	101	
Accepted by Veterans' Administration	9	
Remaining in Hospitals November 30, 1937	2,304	
		3,755

Cases of Ex-Service men of the World War considered by the U. S. Veterans' Administration for support between November 30, 1936 and November 30, 1937

Cases remaining in Hospitals November 30, 1936	13	
New Cases	28	
Reopened Cases	0	
		41
Died	0	
Discharged or on visit	32	
Transferred to other State Institutions	1	
Made Reimbursing	0	
Rejected	1	
Remaining in Hospitals November 30, 1937	7	
		41
Ex-service men actually in the Hospitals November 30, 1937		477
Cases chargeable to Veterans' Administration	7	
Cases not yet chargeable (rejected or pending)	470	
		477

Attorney-General Cases

Cases pending in the office of Attorney-General, November 30, 1936	114	
Reported during the year	39	
		153
Cases closed during the year	32	
Cases pending November 30, 1937	121	
		153

Summary of Work of Investigators and Clerical Force

There were 611 investigations made at various Probate Courts. In addition to their outside work, the staff of Investigators spent 5,207 hours in the office preparing for such work and reporting the results of their investigations.

Letters: — 2,568 letters were written concerning the general work of the Division and 1,209 letters concerning ex-service men and Veterans' Administration matters. Five hundred and forty-three (543) Clinical abstracts and 788 stencil forms were transmitted to the Veterans' Administration.

Documents: — 6,930 Documents relating to Probate matters were handled. Five thousand eight hundred and ninety-nine (5,899) history slips were prepared for the use of the Investigators and, including transfer records, a total of 7,516 histories were written.

Bills: — About 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to $9,241.00 were rendered to the Veterans' Administration during the year.

Receipts for Support of Reimbursing Patients

Hospital	Year ending: Nov. 30, 1936	Year ending: Nov. 30, 1937	Total since Jan. 1, 1904
Psychopathic	$652.02	$1,427.26	$40,390.13
Boston	86,138.59	77,737.31	1,711,112.89
Danvers	103,950.00	110,616.68	2,244,377.45
Foxborough	50,159.78	48,601.04	718,358.71
Gardner	23,234.55	36,307.36	429,042.85
Grafton	18,665.43	15,229.64	454,607.72
Medfield	43,684.01	39,479.05	792,260.80
Metropolitan	35,876.03	36,823.10	233,514.20
Northampton	93,059.94	90,832.03	1,721,495.36
Taunton	53,463.49	64,034.94	1,250,103.28
Westborough	124,663.70	111,937.16	2,218,785.80
Worcester	65,145.41	71,608.03	1,666,410.25
Monson	19,774.20	15,097.86	390,187.83
Belchertown	6,298.58	7,220.87	81,140 38
Fernald School	16,805.21	24,949.08	340,945.97
Wrentham	14,079 58	13,800.55	167,158.66
State Infirmary	3,572.89	1,370.54	93,763.05
Bridgewater	6,265.69	2,094.62	114,156.36
Hospital Cottages	238.62	250.05	2,609.93
Family Care	–	–	17,344.87
Foxborough Labor	–	–	3,370.45
Alms Houses	–	–	923.66
	$765,727.72	$769,417.17	$14,692,060.60

Yearly Totals from Jan. 1, 1904

From January 1, 1904 to September 30, 1904	$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers $3,421.75)	182.240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)	917,593.67
Year ending November 30, 1932 (including soldiers 849.00)	819,870.81
Year ending November 30, 1933 (including soldiers 11,220.00)	778,830.53
Year ending November 30, 1934 (including soldiers 6,698.00)	754,582.59
Year ending November 30, 1935 (including soldiers 4,642.00)	779,117.76
Year ending November 30, 1936 (including soldiers 7,634.00)	765,727.72
Year ending November 30, 1937 (including soldiers 9,477.00)	769,417.17
	$14,692,060.60

This report shows that the total collections on account of reimbursements for support of patients were $769,417.17. Of this amount $9,477 was received for the support of ex-service men of the World War, leaving a balance of $759,940.17 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of $27.23.

I am submitting on the same sheet, a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1936, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are $14,692,060.60.

Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1937

Institutions	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1937		United States Deportation Cases			Soldier Cases		
						Daily Average Number		Average Weekly Per Capita	Daily Average Number		Average Weekly Per Capita
	M.	F.		M.	F.	M.	F.		M.	F.	
Psychopathic	.76	.84	7.11	–	1	.03	–	35.00	–	–	–
Boston	84.02	136.99	7.15	74	173	–	–	–	.96	.92	14.00
Danvers	96.70	178.75	7.49	106	226	–	–	–	1.01	.24	14.00
Foxborough	30.76	94.35	7.68	40	101	–	–	–	.33	.09	14.00
Gardner	31.87	59.79	7.11	32	58	–	–	–	.06	–	14.00
Grafton	17.36	28.16	6.80	24	22	–	–	–	–	.96	14.00
Medfield	39.14	64.85	7.85	33	73	.11	–	35.00	.44	–	14.00
Metropolitan	31.11	56.97	7.44	43	89	–	–	–	–	.21	14.00
Northampton	66.36	163.25	7.30	83	189	–	–	–	.02	–	14.00
Taunton	36.05	108.08	7.48	43	114	–	–	–	2.80	.12	14.00
Westborough	99.45	179.51	7.69	89	196	–	–	–	.36	2.24	14.00
Worcester	68.25	105.45	7.43	70	118	–	–	–	.12	1.38	14.00
Monson Sane	25.07	31.19	5.22	29	41	–	–	–	–	–	–
Monson Insane	–	–	–	–	–	–	–	–	–	–	–
Belchertown	16.26	16.03	4.44	21	20	–	–	–	–	–	–
W. E. Fernald	33.13	23.98	5.15	54	37	–	–	–	–	–	–
Wrentham	28.56	18.97	4.95	43	28	–	–	–	–	–	–
Infirmary	.35	7.05	8.21	–	9	–	–	–	–	–	–
Bridgewater	10.76	13.60	3.92	5	–	–	–	–	1.00	–	14.00
Hosp. Cottages	1.82	–	2.62	3	–	–	–	–	–	–	–
Family Care	–	–	–	–	–	–	–	–	–	–	–
	717.78	1,287.81	7.21	792	1,495	.14	–	35.00	7.10	6.16	14.00

This Division has an active reimbursing list of approximately 2,300, the maximum rate in any case being $10 per week and the minimum rate being $1 per week.

Investigations by this Division have resulted in the deportation to other states and countries of 95 patients during the year ending November 30, 1937, and this would seem to have effected a savings to the Commonwealth of approximately $50,000.

Respectfully submitted,
Paul A. Green, *Supervisor.*

Acknowledgment

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the appropriation received to be used in the work of completing and publishing some of the researches conducted under previous grants. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date our research project was further extended by the Foundation for a three-year period and ended on July 1, 1934. The present grant for publication purposes covers the period from January 1, 1935 to December 31, 1939.

David L. Williams, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH

To the Commissioner of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1937, is respectfully submitted.

During the past year a large amount of investigative and research work has been completed in reference to certain items to be covered in the first volume. The amount of detail involved in sorting the cards of this study, based upon over 100,000 cases, is tremendous. However, it is expected that this material will soon be ready for publication.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully submitted,
Neil A. Dayton, M.D., *Director.*

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1937, is respectfully submitted.

SUMMARY OF CONTENTS, DIVISION OF STATISTICS

I. Departmental Statistics, Tables A to J. — Pages 125–134
II. Statistical Review: Subjects of Text Discussion.
  A General Discussion of All Classes under Care. — Pages 137–143
  B. Admissions to Mental Hospitals during 1937. — Pages 143–173
  C. Discharges to the Community from Mental Hospitals During 1937. — Pages 173–196
  D. Deaths in Mental Hospitals During 1937. — Pages 196–215
  E. Resident Population and Patients Out of Mental Hospitals on September 30, 1937. — Pages 215–237
  F. General Discussion of All Classes under Care in State Schools. — Pages 238–243
  G. Admissions to State Schools During 1937. — Pages 243–251
  H. Discharges to the Community from State Schools During 1937. — Pages 251–261
  J. Deaths in State Schools During 1937. — Pages 261–271
  K. Resident Population and Patients Out of State Schools on September 30, 1937. — Pages 272–289
  L. General Discussion of Epileptics (Non-Psychotic) Under Care, 1937. — Page 290
  M. Admission of Non-Psychotic Epileptic Patients, 1937. — Pages 290–291
  N. Discharges to the Community of Epileptic Patients (Non-Psychotic), 1937. — Pages 291–292
  O. Deaths of Epileptic Patients (Non-Psychotic), 1937. — Page 293
  P. Non-Psychotic Epileptics in Residence on September 30, 1937. — Pages 293–294
III. Graphs
  Departmental Statistics — Graphs A to C.
  Mental Diseases — Graphs 1– 9, inclusive.
  Mental Deficiency — Graphs 10–16, inclusive.
IV. Detailed Tables.
  Mental Diseases — Pages 300–436
  Mental Deficiency — Pages 437-466
  Non-Psychotic Epileptics at Monson State Hospital — Pages 294–298

The Statistical work of the Department was completely reorganized in 1927, when complete centralization of procedure was effected in the 13 State Hospitals and the 3 State Schools. At that time a new system of recording data on all patients was put into effective operation, both at the individual institutions and at the central Department. By this means the amount of available data on our patient population, both insane and feebleminded, was tremendously increased. The system was installed also at the Bridgewater State Hospital, the Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus we have a total of 21 institutions coming under the Department statistical system which gives us an invaluable State-wide sample of mental disease or defect for any one year. Approximately 98% of admissions for mental disease in the Commonwealth are reported by this means.

Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient and at the end of the year a set of 20 standard tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution and the machine equipment at the central office made use of to relieve institutions of these duties. The Division also prepares the annual report for each hospital and school which is required by the United States Bureau of the Census. Other analyses are made from time to time in connection with various research projects under way in certain hospitals and schools.

During 1934, a new departure was made in presenting statistics on patients in our mental hospitals. In addition to presenting data in accordance with the new psychiatric classification of mental disorders, all admissions, discharges, deaths, resident population and patients out of institutions were divided into first and readmissions. For years all patients entering hospitals have been divided into first and readmissions. However, it is a new approach to divide discharges, deaths and the resident population in the same manner. It was deemed necessary statistically, to make this classification in view of the fact that the proportions of cases who are first admissions and readmissions vary markedly throughout the groups mentioned above. For instance, first admissions and readmissions show widely differing discharge and death rates. Different proportions of first and readmitted cases remain in residence. Readmitted cases remain in residence about half a year longer than first admissions and for that reason present a slower turnover and a lower discharge rate. For instance, our annual statistics for the year 1937 showed us that the discharge rate for first admissions was 153 per 1,000, or one case out of every six under care, while that for readmissions was 103 for each 1,000 readmissions under care, or about 1 in 9. First admissions who died showed a death rate of 86 per 1,000 first admissions under treatment, or 1 in 11, while the readmissions showed a death rate of 35, or 1 in 28.

The above differentiation and analysis of deaths, discharges and resident population in accordance with their status at admission is a new approach and has been developed in Massachusetts and used for the first time in the Department Annual Reports. The differing results for the two groups are so outstanding that this method of presenting our data will be continued in all future Reports.

Attention is also called to the fact that the 1934 Report was the first to add an analysis of patients out of institutions, on visit, etc., at the end of the year. In view of the fact that these patients comprise 10% of the total number of cases on the books of mental hospitals in this State, their inclusion in our annual statistics has been made a permanent procedure.

From year to year certain general refinements and additions are made to the Annual Report. These are adopted in accordance with the numbers of requests for new and heretofore unpublished data, or to complete the presentation of certain items which had formerly been only partially covered.

The present year of 1937 marks a very significant change in the presentation of statistics by the Department. It has been deemed advisable to change completely the set-up used in the past in reference to the cases designated as first or readmissions. When Massachusetts adopted its statistical system in accordance with the advices of the National Committee for Mental Hygiene in the year 1917, first admissions under court commitment were to take precedence over all other forms of admissions. Consequently, previous admissions under temporary care or observation commitment were discarded in deciding whether a case was a first or a readmission. At the time of the adoption of this criterion, it was felt that the court commitment cases were usually psychotic, while the other forms of admission embraced the non-psychotic group. Recently, an investigation under our Rockefeller Research project showed that definite changes have taken place over the years which render invalid these original assumptions*. Our research analyses have shown that substantial numbers of temporary care and observation care cases discharged at the end of the ten-day or thirty-five day period have been diagnosed as "with psychosis". Under the old statistical plan, these admissions did not count. If these patients were admitted a year or two later on a court commitment, the previous temporary care admission would be discarded and the present admission considered as a first admission. Cases have been encountered with several previous admissions, all with psychosis, coming in under the various short forms of admission. Yet, when first admitted on court commitment, they have been recorded as a first admission.

These facts have seemed to warrant a complete change in the classification of our first and readmissions. Experience has taught that a first or readmission should mean exactly what this classification suggests. A first admission should mean that the patient is entering a mental hospital for the *first time*. Clearly, the administrative detail of his entrance, such as form of admission, is a minor issue. In turn, a readmission should mean that the patient has had a previous admission to a mental hospital and is again being returned to a mental hospital. The old classification as to first and readmissions, originally adopted in accordance with the criteria of the National Committee for Mental Hygiene, no longer meets our changed requirements.

---

*The research material for the years 1917–1933 has been used to give us the data for trend studies, all presented on the new basis. The tables showing changes in the psychoses over the years 1917–1933 are also based upon the research analysis. Otherwise the present report would offer data which could not be compared with the earlier years.

Beginning with the statistics of 1937, the old classification has been discarded. From this date a first admission will mean that the patient is coming to a mental hospital for the first time, and not a multiple admission under various legal or administrative forms. In turn, a readmission will be a bona fide return to the hospital from the community.

It may be well to explain that the inclusion of all types of admission forms in our regular statistics will mean an increase in admission rates in comparison with the previous statistics based on court commitments only. However, the admission rates of the past, based on court admissions only, are understating the number of psychotic individuals admitted to our mental hospitals. It is obvious that this condition should be corrected at the earliest possible moment. While this change will increase our admission rates, at the same time it will also increase the discharge rates. The present emphasis on court cases tends to minimize the efficiency of our hospitals in that patients remaining for shorter periods, those not admitted by temporary care, observation or voluntary admission are excluded from the statistics on discharge. Many of these are definitely psychotic. This means that our discharge rates are based on the court cases, which have a longer hospital stay. Inclusion of the short residence psychoses will balance this situation and show the true situation in reference to both discharge rates and the length of hospital stay. For example, the court cases "with mental disorder" who were discharged during 1936 showed a hospital residence of 1.1 years (first admissions) and 1.8 years (readmissions). By including all types of admissions the 1937 cases "with mental disorder" who were discharged show an average hospital stay of .7 years (first admissions) and 1.1 years (readmissions). This change will enable us to present for the first time, the true picture of the outcome of *all* admissions with mental disorder and of the general efficiency of our mental hospitals in Massachusetts.

Another change has been initiated beginning with the 1937 report. For many years the statistics of the Monson State Hospital have been unsatisfactory owing to the obvious mixture of the patients at that institution. Monson has not only cared for epileptics with psychoses but also other, and often younger, patients who have epilepsy without the presence of a mental disorder. For some years the section on convulsive disorders of the American Psychiatric Association has presented a separate clinical classification for epileptics without mental disorder. Other states have used this clinical classification in reporting their non-psychotic epileptics and it has been deemed advisable that Massachusetts should conform to this procedure so that comparable statistics may be available. As a consequence, this year the statistics of the Monson State Hospital are divided into two sections. The first section is based on the psychiatric classification and presents data on the epileptic psychoses using the regular standard tables of the American Psychiatric Association. The second section is based upon the clinical classification of convulsive disorders, non-psychotic. These tables are presented completely in the Annual Report of the Monson State Hospital, and certain of the tables on the non-psychotic epileptics are also presented in a new section in the Annual Report of the Department of Mental Diseases.

With the exception of the above changes, the present report presents the same material as in preceding years. The main part of the report, devoted to mental diseases, offers separate sections on admissions, discharges, deaths, and resident population. The material of these sections is, of course, divided into first and readmissions. The section on mental deficiency presents the same division into sections. Owing to the extremely small number of readmissions, however, the discharges, deaths, and resident population are not divided into first and readmissions. The third section on non-psychotic epileptics completes the report which embraces a total of 286 tables.

Respectfully submitted,
NEIL A. DAYTON, M.D., *Director*.

DEPARTMENTAL STATISTICS

TABLE A. — *General Statement of the Department for the Year Ending November 30,1937 — By Institution*

INSTITUTIONS	Year of Opening	Number Patients Under Care	Number Total Admissions[1]	ACREAGE			VALUATION (See Notes)			
				Total Acres	Buildings, Sites and Grounds, (Acres)	Under Cultivation, (Acres)	Land[4]	Buildings and Betterments[5]	Personal Property[6]	Total
Hospitals for Mental Diseases:										
Boston Psychopathic	1912	77	2,121	2	2	–	$48,900.00	$458,382.89	$66,577.37	$573,860.26
Boston State	1839[2]	2,405	882	224.66	212.66	12	974,100.00	3,884,018.87	429,343.75	5,287,462.62
Danvers	1878	2,303	963	517.68	254.18	263.5	101,317.00	2,937,738.10	271,215.26	3,310,270.36
Foxborough	1893	1,348	319	352.4	270.4	82.00	35,400.00	2,366,636.24	363,317.83	2,765,354.07
Gardner	1902	1,395	147	1,856.00	1,446.55	409.45	41,403.00	1,596,455.97	461,502.65	2,099,361.62
Grafton	1915[3]	1,463	158	1,087.9	797.65	290.25	39,512.00	1,407,519.26	235,360.33	1,682,391.59
Medfield	1896	1,893	341	666.65	427.65	239.00	55,242.00	1,839,569.40	410,037.70	2,304,849.10
Metropolitan	1930	1,753	268	386.96	304.05	82.91	79,025.00	4,599,798.59	546,096.02	5,224,919.61
Northampton	1858	1,956	668	610.70	390.70	220.00	175,565.00	2,854,862.94	281,128.55	3,311,556.49
Taunton	1854	1,686	598	467.95	318.20	149.75	62,075.00	2,390,816.60	367,342.51	2,820,234.11
Westborough	1886	1,454	485	763.93	562.05	201.88	60,830.00	1,753,254.58	491,820.78	2,305,905.36
Worcester	1833	2,334	800	584.95	407.95	177.00	389,507.00	2,548,944.53	490,112.67	3,428,564.20
Monson (epileptic)	1898	1,531	198	661.79	530.12	131.67	17,645.00	1,932,906.06	457,245.40	2,407,796.46
Total		21,598	7,948	8,183.57	5,924.16	2,259.41	$2,080,521.00	$30,570,904.03	$4,871,100.82	$37,522,525.85
Schools for Mental Defectives:										
Belchertown	1922	1,313	112	774.1	657.60	116.5	$28,858.10	$2,598,367.68	$431,370.23	$3,058,596.01
Walter E. Fernald	1848	1,982	208	2,051.69	1,732.63	319.06	149,694.00	2,457,785.92	466,928.90	3,074,408.82
Wrentham	1907	2,000	176	594.5	410.50	184.00	34,252.00	1,742,895.93	466,514.19	2,243,662.12
Total		5,295	496	3,420.29	2,800.73	619.56	$212,804.10	$6,799,049.53	$1,364,813.32	$8,376,666.95
Grand Total		26,893	8,444	11,603.86	8,724.89	2,878.97	$2,293,325.10	$37,369,953.56	$6,235,914.14	$45,899,192.80

---

[1] During Statistical Year ending September 30, 1937

[2] Taken over by State in 1908.

[3] Part of Worcester State Hospital from 1877 to 1915.

[4] Valuation as per Sections 13 to 17, Chapter 58, General Laws.

[5] Valuation by Committee of Comptroller and Representatives of Institutional Departments.

[6] Valuation as per Regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1937 — By Institutions*

INSTITUTIONS	Number Patients Actually in Institution	Number Total Admissions[1]	Number of Officers and Employees								Number of Patients to Each		
			Total	Physicians	Resident Dentists	Industrial and Educational Department	Social Workers	Graduate Nurses	Other Nurses and Attendants	All Others	Resident Physicians	Nurse and Attendant	Employee
Hospitals for Mental Diseases:													
Boston Psychopathic Hospital	77	2,121	151	11	1	2	5	15	37	80	7	1.48	1.96
Boston State Hospital	2,405	882	728	14	–	17	4	43	413	237	172	5.27	3.30
Danvers State Hospital	2,303	963	524	13	1	8	4	47	273	178	177	7.19	4.39
Foxborough State Hospital	1,348	319	322	8	1	6	2	17	163	125	169	7.48	4.18
Gardner State Hospital	1,395	147	320	8	1	9	2	40	142	118	175	7.66	4.35
Grafton State Hospital	1,463	158	398	9	1	7	1	47	157	176	163	7.17	3.67
Medfield State Hospital	1,893	341	452	7	1	8	2	28	232	174	273	7.28	4.18
Metropolitan State Hospital	1,753	268	387	9	1	6	2	31	213	125	195	7.18	4.52
Northampton State Hospital	1,956	668	452	11	1	6	3	19	262	150	178	6.96	4.32
Taunton State Hospital	1,686	598	434	11	1	7	3	35	230	147	154	6.36	3.88
Westborough State Hospital	1,454	485	414	10	1	6	3	34	185	175	146	6.63	3.51
Worcester State Hospital	2,334	800	623	12	1	9	3	77	294	227	195	6.28	3.74
Monson State Hospital (epileptic)	1,531	198	412	8	1	4	2	27	225	145	192	6.07	3.71
Total	21,598	7,948	5,617	131	12	95	36	460	2,826	2,057	165	6.57	3.85
Schools for Mental Defectives:													
Belchertown State School	1,313	112	295	5	1	20	3	4	162	100	263	7.90	4.45
Walter E. Fernald State School	1,982	208	463	9	1	34	3	1	291	124	221	6.78	4.28
Wrentham State School	2,000	176	390	9	1	26	2	0	251	101	223	7.96	5.12
Total	5,295	496	1,148	23	3	80	8	5	704	325	230	7.47	4.61
Grand Total	26,893	8,444	6,765	154	15	175	44	465	3,530	2,382	175	6.73	3.98

[1] During Statistical Year Ending September 30, 1937.

TABLE C. — *Average Weekly Per Capita Costs* for Maintenance and Operation for the Period 1917 to 1937, by Institutions*

INSTITUTIONS	1917	1920	1925	1930	1931	1932	1933	1934	1935	1936	1937
Hospitals for Mental Diseases:											
Boston Psychopathic Hospital	$25.95	$36.90	$48.94	$55.20	$56.141	$55.522	$54.901	$54.735	$55.959	$58.852	$63.632
Boston State Hospital	5.71	7.64	6.73	7.18	7.054	6.937	6.385	6.551	7.732	8.551	9.914
Danvers State Hospital	5.61	7.24	6.45	6.97	6.789	6.27	5.584	5.745	6.591	6.991	7.622
Foxborough State Hospital	8.36	10.60	8.27	7.75	7.526	6.704	5.851	6.288	7.091	7.893	8.583
Gardner State Hospital	5.02	6.92	6.73	6.95	6.658	6.017	5.468	5.405	6.59	6.955	7.627
Grafton State Hospital	5.38	7.34	7.13	7.37	7.509	6.623	6.048	6.183	7.553	8.363	8.744
Medfield State Hospital	5.49	7.29	6.36	6.82	6.605	6.175	5.484	5.569	6.542	7.095	7.464
Metropolitan State Hospital	–	–	–	–	6.900	5.359	4.842	5.257	6.094	6.737	7.725
Northampton State Hospital	5.15	6.52	6.43	6.22	6.003	5.421	4.678	5.117	5.81	6.69	7.358
Taunton State Hospital	5.57	6.65	6.71	7.35	7.002	6.312	5.724	5.80	6.731	7.648	8.001
Westborough State Hospital	6.19	8.10	7.36	7.32	7.301	6.826	5.788	6.079	7.351	7.976	8.650
Worcester State Hospital	5.26	6.42	6.78	7.09	6.984	6.493	6.024	6.138	7.066	7.869	8.332
Monson State Hospital (epileptic)	5.44	7.42	6.62	7.42	6.922	6.248	5.738	6.016	7.028	7.951	8.817
Average per capita cost including Psychopathic	$5.71	$7.45	$7.02	$7.33	$7.137	$6.508	$5.849	$6.04	$7.071	$7.755	$8.440
Average per capita cost excluding Psychopathic	$5.57	$7.27	$6.80	$6.97	$6.916	$6.304	$5.665	$5.865	$6.88	$7.564	$8.245
Schools for Mental Defectives:											
Belchertown State School	–	–	$8.06	$8.03	$7.807	$6.546	$5.599	$6.047	$6.832	$7.448	$7.963
Walter E. Fernald State School	$4.68	$6.70	6.99	7.19	7.158	6.661	5.672	5.87	6.683	7.192	7.340
Wrentham State School	4.57	6.95	6.81	6.62	6.268	5.787	4.919	5.195	5.808	6.225	6.594
Average per capita cost	$4.64	$6.81	$7.14	$7.25	$6.996	$6.317	$5.381	$5.63	$6.40	$6.895	$7.216
Average per capita cost of all institutions	$5.54	$7.34	$7.04	$7.32	$7.111	$6.472	$5.760	$5.96	$6.942	$7.59	$8.206

*This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1937*

INSTITUTIONS	1917	1920	1925	1930	1931	1932	1933	1934	1935	1936	1937
Hospitals for Mental Diseases:											
Boston Psychopathic Hospital	–	–	2.05	.59	.87	.16	4.08	3.38	3.58	4.04	5.04
Boston State Hospital	5.09	7.21	7.63	12.21	13.04	10.34	11.45	10.65	10.68	8.09	6.38
Danvers State Hospital	5.71	7.49	12.32	19.55	17.83	17.31	17.23	15.92	14.33	12.72	12.29
Foxborough State Hospital	3.08	3.97	6.29	14.30	14.10	13.36	15.17	12.10	11.38	9.63	8.28
Gardner State Hospital	1.63	1.32	2.89	9.19	7.49	7.62	7.66	6.21	5.50	4.24	6.60
Grafton State Hospital	2.06	2.76	1.98	4.22	2.84	3.19	4.95	4.75	4.45	2.99	2.28
Medfield State Hospital	2.63	2.97	4.48	6.02	5.92	7.25	6.97	8.72	5.71	6.39	5.41
Metropolitan State Hospital	–	–	–	–	8.96	11.01	9.92	8.66	7.90	6.59	5.40
Northampton State Hospital	6.58	10.21	13.15	23.18	24.21	22.87	22.06	19.34	17.70	14.11	12.33
Taunton State Hospital	5.22	5.40	8.36	13.17	12.67	12.49	12.63	12.24	8.78	8.44	9.40
Westborough State Hospital	5.39	5.05	11.18	29.45	30.14	25.41	28.27	23.59	19.59	19.13	16.45
Worcester State Hospital	4.61	7.10	6.62	12.28	11.75	10.83	10.60	9.40	8.50	6.59	6.71
Monson State Hospital (epileptic)	2.35	2.06	4.82	4.86	4.78	4.67	4.21	4.37	3.13	3.20	2.17
Average	4.11	3.28	7.12	12.99	12.53	11.86	12.49	11.25	9.77	8.46	7.73
Schools for Mental Defectives:											
Belchertown State School	–	–	.36	1.85	1.51	1.64	1.74	1.37	1.75	1.26	1.35
Walter E. Fernald State School	1.07	1.19	2.17	3.82	2.88	2.94	4.41	4.09	2.58	2.43	3.41
Wrentham State School	.41	.38	1.04	2.62	2.61	2.25	2.06	2.39	2.87	2.31	1.88
Average	.81	.83	1.33	2.90	2.42	2.35	2.90	2.76	2.45	2.06	2.31
Grand Average	3.66	4.59	6.08	11.16	10.67	10.15	10.78	9.70	8.47	7.35	6.85
Family Care Under Department	9.95	–	23.67	3.65	–	–	6.12	–	–	–	–

NOTE: — See tables showing number and percentage paying patients on page 134 for institutions for the Insane, Feebleminded and Epileptic, and page 134 for Institutions for the Feebleminded.

TABLE E. — *Percentage of Total Net Expenditures by the State Expended for the Care of Mental Diseases, Mental Defectives and Epileptics from 1913 to 1937*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feebleminded and Epileptic*	Percentage
1913	$24,543,221.70	$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74
1933	64,091,084.85	8,921,067.31	13.92
1934	71,570,396.94	10,684,191.91	14.93
1935	83,034,847.94	14,314,064.13	17.33
1936	93,384,601.54	14,398,158.44	15.42
1937	98,604,007.51	13,533,255.49	13.72

*Includes Department, Institutions, Mental Wards at Tewksbury, and State Farm (Bridgewater).

NOTE: — The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available. Previous to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

Financial statement verified.
Approved: (Table E. above)

GEORGE E. MURPHY,
Comptroller.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feebleminded, and Epileptic, and Overcrowding on September 30, 1937*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percentage
State Hospitals				
Worcester State Hospital	2,373	2,334	−39	−1.64
Taunton State Hospital	1,282	1,670	388	30.26
Northampton State Hospital	1,693	1,947	254	15.00
Danvers State Hospital	1,868	2,314	446	23.87
Westborough State Hospital	1,287	1,482	195	15.15
Boston State Hospital	2,116	2,368	252	11.90
Boston Psychopathic Hospital	109	71	−38	−34.86
Grafton State Hospital	1,258	1,442	184	14.62
Medfield State Hospital	1,588	1,912	324	20.40
Gardner State Hospital	1,195	1,396	201	16.82
Foxborough State Hospital	1,131	1,342	211	18.65
Metropolitan State Hospital	1,587	1,745	158	9.95
Total	17,487	20,023	2,536	14.50
Monson State Hospital (epileptic)	1,164	1,521	357	30.67
Total State Hospitals and Monson	18,651	21,544	2,893	15.51
State Schools				
Belchertown State School	1,100	1,301	201	18.27
Walter E. Fernald State School	1,540	1,962	422	27.40
Wrentham State School	1,361	1,981	620	45.55
Total	4,001	5,244	1,243	31.06
Aggregate All D.M.D. Institutions	22,652	26,788	4,136	18.25
Bridgewater	908	887	−21	−2.31
Tewksbury	603	484	−119	−19.73
Grand Total All Institutions	24,163	28,159	3,996	16.53

NOTE: — Minus sign indicates number or percentage below capacity.

TABLE G. — *Number of Patients and Overcrowding in State Insitutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1937*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING Excess Number of Patients	OVERCROWDING Percentage
1905				
State Hospitals	8,552	8,552	–	–
Monson Hospital — Epileptic	462	521	59	12.77
State Hospitals and Monson	9,014	9,073	59	.65
Bridgewater and State Infirmary	1,022	998	–24	–2.34
State Schools	1,002	1,028	26	2.59
Total	11,038	11,099	61	.55
1906				
State Hospitals	8,873	8,618	–255	–2.87
Monson Hospital — Epileptic	591	531	–60	–10.15
State Hospitals and Monson	9,464	9,149	–315	3.32
Bridgewater and State Infirmary	1,225	1,088	–137	–11.18
State Schools	1,262	1,120	–142	–11.25
Total	11,951	11,357	–594	–4.97
1907				
State Hospitals	9,351	8,853	–498	–5.32
Monson Hospital — Epileptic	699	570	–129	–18.45
State Hospitals and Monson	10,050	9,423	–627	–6.23
Bridgewater and State Infirmary	1,316	1,179	–137	–10.41
State Schools	1,272	1,228	–44	–3.45
Total	12,638	11,830	–808	–6.39
1908				
State Hospitals	9,356	9,503	147	1.57
Monson Hospital — Epileptic	699	686	–13	–1.85
State Hospitals and Monson	10,055	10,189	134	1.33
Bridgewater and State Infirmary	1,321	1,271	–50	–3.78
State Schools	1,312	1,332	20	1.52
Total	12,688	12,792	104	.81
1909				
State Hospitals	9,534	9,961	427	4.47
Monson Hospital — Epileptic	699	695	–4	–.57
State Hospitals and Monson	10,233	10,656	423	4.13
Bridgewater and State Infirmary	1,334	1,338	4	.29
State Schools	1,582	1,443	–139	–8.78
Total	13,149	13,437	288	2.19
1910				
State Hospitals	9,627	10,364	737	7.65
Monson Hospital — Epileptic	853	770	–83	–9.73
State Hospitals and Monson	10,480	11,134	654	6.24
Bridgewater and State Infirmary	1,335	1,428	93	6.96
State Schools	1,690	1,567	–123	–7.27
Total	13,505	14,129	624	4.62
1911				
State Hospitals	10,346	10,634	288	2.78
Monson Hospital — Epileptic	853	851	–2	–.23
State Hospitals and Monson	11,199	11,485	286	2.55
Bridgewater and State Infirmary	1,413	1,487	74	5.23
State Schools	1,820	1,642	–178	–9.78
Total	14,432	14,614	182	1.26
1912				
State Hospitals	10,612	11,087	475	4.47
Monson Hospital — Epileptic	853	887	34	3.98
State Hospitals and Monson	11,465	11,974	509	4.43
Bridgewater and State Infirmary	1,471	1,507	36	2.44
State Schools	1,820	1,845	25	1.37
Total	14,756	15,326	570	3.86
1913				
State Hospitals	11,128	11,430	302	2.71
Monson Hospital — Epileptic	853	922	69	8.08
State Hospitals and Monson	11,981	12,352	371	3.09
Bridgewater and State Infirmary	1,491	1,510	19	1.27
State Schools	2,063	1,920	–143	–6.93
Total	15,535	15,782	247	1.58

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1937* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1914				
State Hospitals	11,279	11,713	434	3.84
Monson Hospital — Epileptic	976	963	−13	−1.33
State Hospitals and Monson	12,255	12,676	421	3.43
Bridgewater and State Infirmary	1,491	1,526	35	2.34
State Schools	2,088	2,194	106	5.07
Total	15,834	16,396	562	3.54
1915				
State Hospitals	11,489	12,240	751	6.53
Monson Hospital — Epileptic	968	1,015	47	4.85
State Hospitals and Monson	12,457	13,255	798	6.40
Bridgewater and State Infirmary	1,491	1,531	40	2.68
State Schools	2,488	2,309	−179	−7.19
Total	16,436	17,095	659	4.00
1916				
State Hospitals	11,699	12,505	806	6.88
Monson Hospital — Epileptic	967	993	26	2.68
State Hospitals and Monson	12,666	13,498	832	6.56
Bridgewater and State Infirmary	1,491	1,556	65	4.35
State Schools	2,628	2,582	−46	−1.75
Total	16,785	17,636	851	5.07
1917				
State Hospitals	11,940	12,831	891	7.46
Monson Hospital — Epileptic	967	1,042	75	7.75
State Hospitals and Monson	12,907	13,873	966	7.48
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,673	−45	−1.65
Total	17,116	18,107	991	5.78
1918				
State Hospitals	11,988	12,961	973	8.11
Monson Hospital — Epileptic	967	954	−13	−1.34
State Hospitals and Monson	12,955	13,915	960	7.41
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,763	45	1.65
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	12,233	12,968	735	6.00
Monson Hospital — Epileptic	967	922	−45	−4.65
State Hospitals and Monson	13,200	13,890	690	5.22
Bridgewater and State Infirmary	1,491	1,327	−164	−10.99
State Schools	2,823	2,739	−84	−2.97
Total	17,514	17,956	442	2.52
1920				
State Hospitals	12,593	13,204	611	4.85
Monson Hospital — Epileptic	967	960	−7	−.72
State Hospitals and Monson	13,560	14,164	604	4.45
Bridgewater and State Infirmary	1,508	1,522	14	−.92
State Schools	2,823	2,820	−3	−.10
Total	17,891	18,506	615	3.43
1921				
State Hospitals	12,626	13,829	1,203	9.52
Monson Hospital — Epileptic	967	1,036	69	7.13
State Hospitals and Monson	13,593	14,865	1,272	9.35
Bridgewater and State Infirmary	1,581	1,563	−18	−1.13
State Schools	2,823	2,941	118	4.17
Total	17,997	19,369	1,372	7.62

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1937* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1922				
State Hospitals	12,781	14,108	1,327	10.38
Monson Hospital — Epileptic	967	1,113	146	15.09
State Hospitals and Monson	13,748	15,221	1,473	10.71
Bridgewater and State Infirmary	1,581	1,589	8	.50
State Schools	2,823	2,849	26	.92
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	13,073	14,374	1,301	9.95
Monson Hospital — Epileptic	967	1,089	122	12.61
State Hospitals and Monson	14,040	15,463	1,423	10.13
Bridgewater and State Infirmary	1,581	1,588	7	.44
State Schools	3,498	3,239	−259	−7.40
Total	19,119	20,290	1,171	6.12
1924				
State Hospitals	13,160	14,686	1,526	11.59
Monson Hospital — Epileptic	967	1,159	192	19.85
State Hospitals and Monson	14,127	15,845	1,718	12.16
Bridgewater and State Infirmary	1,581	1,670	89	5.62
State Schools	3,498	3,460	−38	−1.08
Total	19,206	20,975	1,769	9.21
1925				
State Hospitals	13,343	15,156	1,813	13.58
Monson Hospital — Epileptic	967	1,182	215	22.23
State Hospitals and Monson	14,310	16,338	2,028	14.17
Bridgewater and State Infirmary	1,581	1,652	71	4.49
State Schools	3,498	3,593	95	2.71
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	13,542	15,306	1,764	13.02
Monson Hospital — Epileptic	967	1,160	193	19.95
State Hospitals and Monson	14,509	16,466	1,957	13.48
Bridgewater and State Infirmary	1,581	1,683	102	6.45
State Schools	3,498	3,660	162	4.63
Total	19,588	21,809	2,221	11.33
1927				
State Hospitals	14,240	15,659	1,419	9.96
Monson Hospital — Epileptic	967	1,211	244	25.23
State Hospitals and Monson	15,207	16,870	1,663	10.93
Bridgewater and State Infirmary	1,581	1,727	146	9.23
State Schools	3,498	3,787	289	8.26
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	14,482	16,055	1,573	10.86
Monson Hospital — Epileptic	967	1,214	247	25.54
State Hospitals and Monson	15,449	17,269	1,820	11.78
Bridgewater and State Infirmary	1,581	1,728	147	9.29
State Schools	3,550	3,912	361	10.16
Total	20,580	22,909	2,328	11.31
1929				
State Hospitals	14,580	16,425	1,845	12.65
Monson Hospital — Epileptic	1,037	1,241	204	19.67
State Hospitals and Monson	15,617	17,666	2,049	13.12
Bridgewater and State Infirmary	1,581	1,725	144	9.10
State Schools	3,654	3,941	287	7.85
Total	20,852	23,332	2,480	11.89

Table G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feebleminded and Epileptic on September 30, 1905–1937* — Concluded

Institutions by Years	Rated Capacity	Actual Number of Patients in Institutions	Overcrowding	
			Excess Number of Patients	Percentage
1930				
State Hospitals	14,689	16,809	2,120	14.43
Monson Hospital — Epileptic	1,131	1,290	159	14.05
State Hospitals and Monson	15,820	18,099	2,279	14.40
Bridgewater and State Infirmary	1,581	1,749	168	10.62
State Schools	3,866	4,159	293	7.57
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	16,171	17,474	1,303	8.05
Monson Hospital — Epileptic	1,131	1,340	209	18.47
State Hospitals and Monson	17,302	18,814	1,512	8.73
Bridgewater and State Infirmary	1,581	1,632	51	3.22
State Schools	4,061	4,412	351	8.64
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	16,372	17,859	1,487	9.08
Monson Hospital — Epileptic	1,171	1,396	225	19.21
State Hospitals and Monson	17,543	19,255	1,712	9.75
Bridgewater and State Infirmary	1,511	1,601	90	5.95
State Schools	4,297	4,566	269	6.26
Total	23,351	25,422	2,071	8.86
1933				
State Hospitals	16,612	18,263	1,651	9.93
Monson Hospital — Epileptic	1,059	1,412	353	33.33
State Hospitals and Monson	17,671	19,675	2,004	11.34
Bridgewater and State Infirmary	1,511	1,543	32	2.11
State Schools	3,893	4,771	878	22.55
Total	23,075	25,989	2,914	12.62
1934				
State Hospitals	16,612	18,638	2,026	12.19
Monson Hospital — Epileptic	1,059	1,453	394	37.20
State Hospitals and Monson	17,671	20,091	2,420	13.69
Bridgewater and State Infirmary	1,511	1,488	−23	−1.52
State Schools	3,893	4,933	1,040	26.71
Total	23,075	26,512	3,437	14.89
1935				
State Hospitals	16,848	19,111	2,263	13.43
Monson Hospital — Epileptic	1,147	1,476	329	28.68
State Hospitals and Monson	17,995	20,587	2,592	14.40
Bridgewater and State Infirmary	1,511	1,446	−65	−4.30
State Schools	3,999	5,009	1,010	25.25
Total	23,505	27,042	3,537	15.04
1936				
State Hospitals	16,848	19,673	2,825	16.76
Monson Hospital — Epileptic	1,147	1,514	367	31.99
State Hospitals and Monson	17,995	21,187	3,192	17.73
Bridgewater and State Infirmary	1,511	1,389	−122	−8.07
State Schools	3,999	5,133	1,134	28.35
Total	23,505	27,709	4,204	17.88
1937				
State Hospitals	17,487	20,023	2,536	14.50
Monson Hospital — Epileptic	1,164	1,521	357	30.67
State Hospitals and Monson	18,651	21,544	2,893	15.51
Bridgewater and State Infirmary	1,511	1,371	−140	−9.26
State Schools	4,001	5,244	1,243	31.06
Total	24,163	28,159	3,996	16.53

Note: — Minus sign indicates number or percentage below capacity.

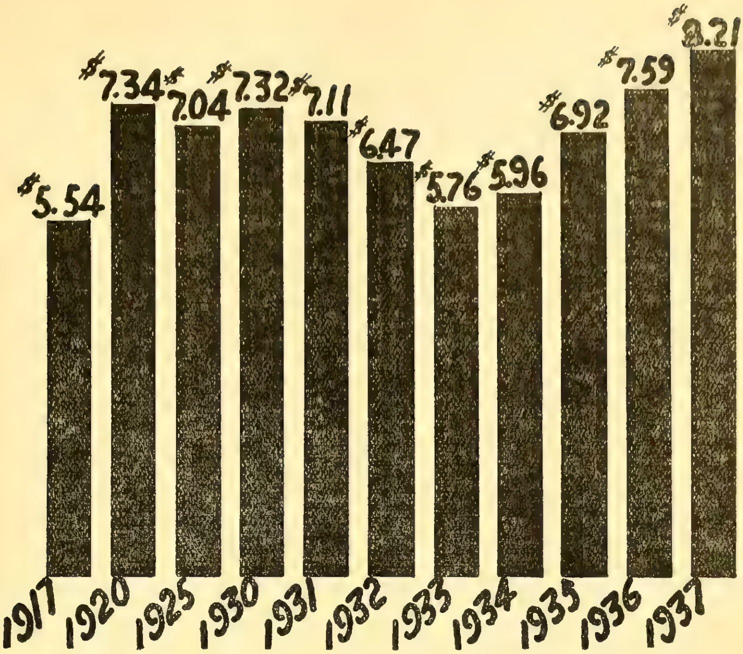
Table H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904–1937*[1]

Year	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.4
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,336	12.2
1929	19,391	2,345	12.0
1930	19,848	2,361	11.0
1931	20,446	2,310	11.2
1932	20,856	2,219	10.6
1933	21,218	2,156	10.1
1934	21,579	2,066	9.5
1935	22,033	1,998	9.0
1936	22,576	2,053	9.1
1937	22,915	2,081	9.1

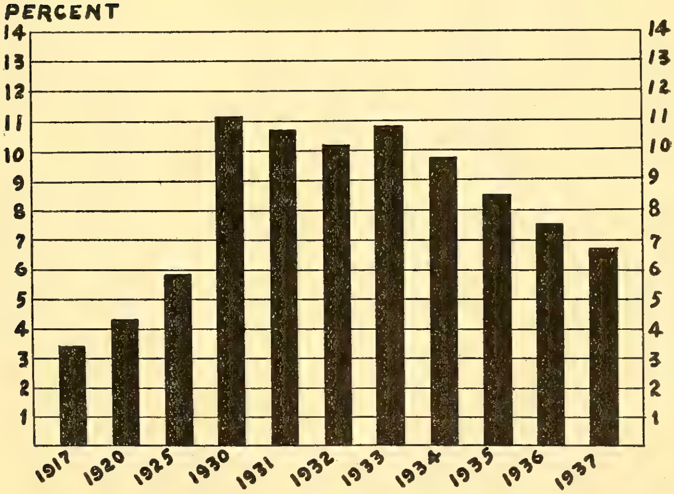
[1] Includes Mental Wards, Tewksbury, and Bridgewater.

Table J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904–1937*

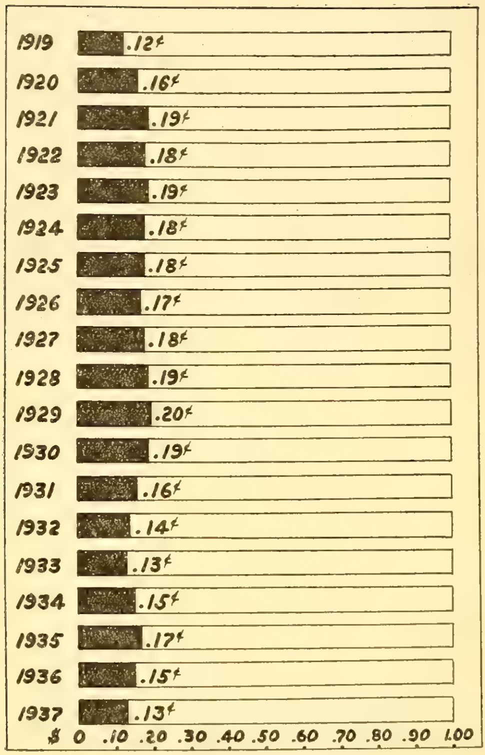
Year	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0
1934	4,993	197	3.9
1935	5,009	199	3.9
1936	5,133	195	3.8
1937	5,244	203	3.9



Graph A. — Average Weekly per Capita Costs for Maintenance, 1917 to 1937



Graph B. — Per Cent of Cost of Maintenance for All Patients, Collected from Paying Patients, 1917 to 1937



GRAPH C. — PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919 TO 1937

STATISTICAL REVIEW MENTAL DISORDERS

Secton A. General Discussion of All Classes Within Mental Hospitals, 1937, and Previous Years

Section A is devoted to a general discussion of all classes within mental hospitals and presents material in reference to the care of mental patients in Massachusetts for the years 1904–1937. Other items of general interest are outlined.

All Classes Within Hospitals, 1937

Table 1 shows the total number of patients of all classes within public and private institutions on September 30, 1937.

There were 30,610 patients of all classes under treatment in public and private institutions on September 30, 1937. This is a rate of 697 patients under treatment for each 100,000 in the general population*, or approximately one person in 143. Of this total number 23,812 (77.7%) were diagnosed "with mental disorders"; 5,255 (17.1%) were mentally defective; 234 (.7%) were both epileptic and mentally defective; 175 (.5%) were classified as "others"; 110 (.3%) were "borderline or dull"; and 1,024 (3.3%) were epileptic.

Table 1. — *Patients of All Classes Within Institutions on September 30, 1937*

Institutions	Total All Forms	With Mental Disorder	Without Mental Disorder				
			Epileptic and Mentally Defective	Epileptic	Mentally Defective	Borderline or Dull[1]	Other Groups
Mental Hospitals							
Boston State	2,368	2,364	–	–	–	–	4
Boston Psychopathic	71	56	–	–	3	–	12
Danvers	2,314	2,303	–	–	1	–	10
Foxborough	1,342	1,340	–	–	–	–	2
Gardner	1,396	1,368	–	–	25	–	3
Grafton	1,442	1,439	–	–	2	–	1
Medfield	1,912	1,910	–	–	–	–	2
Metropolitan	1,745	1,745	–	–	–	–	–
Northampton	1,947	1,931	–	–	10	–	6
Taunton	1,670	1,669	–	–	–	–	1
Westborough	1,482	1,473	–	–	2	–	7
Worcester	2,334	2,326	–	–	4	–	4
Monson (Epileptic)	1,521	558	–	957	3	–	3
Total	21,544	20,482	–	957	50	–	55
State Schools							
Belchertown	1,301	–	20	–	1,253	27	1
Walter E. Fernald	1,962	–	61	–	1,871	28	2
Wrentham	1,981	–	124	–	1,802	55	–
Total	5,244	–	205	–	4,926	110	3
Other Public Institutions							
Mental Wards (State Infirmary)	484	473	–	–	11	–	–
Bridgewater	887	859	–	1	22	–	5
Infirmaries	227	76	–	54	97	–	–
Hospital Cottages for Children	126	–	29	7	55	–	35
Total	1,724	1,408	29	62	185	–	40
Private and Governmental Institutions							
McLean Hospital	205	200	–	1	–	–	4
Veterans' Adm. Facility No. 95	635	631	–	–	1	–	3
Veterans' Adm. Facility No. 107	950	928	–	–	1	–	21
Eighteen other private institutions	308	163	–	4	92	–	49
Total	2,098	1,922	–	5	94	–	77
Total — All Classes	30,610	23,812	234	1,024	5,255	110	175

---

[1] Patients not mentally defective.

*Estimated population, 1937 — 4,391,428.

The total number under care in the twenty-two state and governmental institutions was 30,097 or 98.3%. In the nineteen private institutions the number was 513 or 1.6%.

During the year the number of patients within hospitals increased from a total of 29,969 on September 30, 1936, to a total of 30,610 on September 30, 1937, an increase of 641 patients or 2.1%.

(*a*) *The Mentally Ill*

The total patients "with mental disorder" in public and private institutions on September 30, 1937, numbered 23,812. This is a rate of 542 per 100,000 of the population of the State, or one to every 184 of the population.

The total "with mental disorder" in State institutions numbered 21,890, a rate of 498 per 100,000 or one to every 200 of the population. There was an increase over the previous year of 113 patients. Government hospitals cared for 1,559 insane patients, a rate of 35 per 100,000 or one in every 2,857 of the population.

The total insane in private institutions was 363 as compared with 364 for the year 1936. This is at the rate of 8 per 100,000 or one in every 12,500 of the population.

(*b*) *The Epileptic and Mentally Defective*

There were 234 patients who were both epileptic and mentally defective in public institutions at the end of the year, a rate of 5 per 100,000 of the population. At the three State schools 205 patients had epilepsy in addition to their mental defect.

(*c*) *The Epileptic*

The epileptic population numbered 1,024, most of whom were cared for in public institutions. The rate is 23 per 100,000, or one out of 4,347 of the population. Nine hundred and fifty-seven, or 93% of these were at the Monson State Hospital for Epileptics.

(*d*) *The Mentally Defective*

There were 92 mentally defective patients in private institutions and 5,163 cases in public and governmental institutions, a total of 5,255. This is a rate of 119 per 100,000 of the population of the State, or one out of every 840. There was an increase over the previous year of 128 patients.

(*e*) *Borderline or Dull*

One hundred and ten resident patients were classified as of "borderline or dull" intelligence. The rate for this group is 2 per 100,000 of the general population.

(*f*) *Other Groups Without Mental Disorder*

Patients in public, governmental and private institutions classified under "other groups without mental disorder" numbered 175. One hundred and twenty-two were in public institutions, comprising 69% of the total within hospitals. The rate for this class is 4 per 100,000 of the general population of the State. In the above group are included cases of alcoholism, drug addiction, psychopathic personality, and others not included in sections (b), (c), (d), or (e) above.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904–1937

Table 2 shows the number of patients actually within public, private and governmental institutions on September 30 of each year from 1904 to 1937 inclusive, and the annual increase for each year. In all hospitals the number rose from 10,948 in 1904 to 30,383 in 1937, an increase of 177 per cent or 5.2% per year. The average annual increase in number of patients within hospitals is 596 cases.

The number of patients within State hospitals rose from 9,666 in 1904 to 22,915 in 1937, an increase of 137% or 4.0% per year. The average annual increase was 416 patients per year. The patients within State schools rose from 847 in 1904 to 5,244 in 1937, an increase of 519% or 15% per year. The average annual increase was 130 patients per year. The average annual increase of patients within private institutions for the insane and mentally defective was 49 and .8 respectively.

TABLE 2. — *Total Patients Within All Public, Private and Governmental Institutions September 30, 1904–1937: Rates per 100,000 Estimated State Population, and Annual Increase*[1]

YEAR	TOTAL			STATE HOSPITALS[2]			STATE SCHOOLS			GOVERNMENTAL AND PRIVATE INSTITUTIONS					
										MENTAL DISORDERS[4]			MENTALLY DEFECTIVE		
	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000
1904	10,948	858	361.3	9,666	897	319.0	847	47	28.0	256	–70	8.4	179	–16	5.9
1905	11,536	588	373.9	10,071	405	326.4	1,028	181	33.3	260	4	8.4	177	–2	5.7
1906	11,805	269	375.7	10,237	166	325.8	1,120	92	35.6	277	17	8.8	171	–6	5.4
1907	12,302	497	384.7	10,602	365	331.5	1,228	108	38.4	307	30	9.6	165	–6	5.2
1908	13,277	975	408.0	11,460	858	352.2	1,332	104	40.9	325	18	10.0	160	–5	4.9
1909	13,943	666	421.2	11,994	534	362.3	1,443	111	43.6	339	14	10.2	167	7	5.0
1910	14,646	703	435.1	12,562	568	373.2	1,567	124	46.5	336	–3	10.0	181	14	5.4
1911	15,129	483	443.0	12,972	410	379.9	1,642	75	48.0	341	5	10.0	174	–7	5.1
1912	15,850	721	457.6	13,481	509	389.2	1,845	203	53.3	362	21	10.5	162	–12	4.7
1913	16,312	462	464.5	13,862	381	394.7	1,922	77	54.7	366	4	10.4	162	–	4.6
1914	16,820	508	472.4	14,202	340	398.9	2,194	272	61.6	357	–9	10.0	67	–95	1.9
1915	17,395	575	482.0	14,657	455	406.1	2,309	115	64.0	367	10	10.2	62	–5	1.7
1916	18,069	674	494.0	15,054	397	411.5	2,582	273	70.6	373	6	10.2	60	–2	1.6
1917	18,612	543	502.1	15,434	380	416.4	2,673	91	72.1	446	73	12.0	59	–1	1.6
1918	18,951	339	504.7	15,476	42	412.1	2,763	90	73.6	491	45	13.1	221	162	5.9
1919	18,811	–140[3]	494.5	15,409	–67	405.1	2,739	–24	72.0	452	–39	11.9	211	–10	5.5
1920	19,177	366	497.8	15,686	277	407.2	2,820	81	73.2	453	1	11.8	218	7	5.7
1921	20,041	864	514.9	16,428	742	422.1	2,941	121	75.6	485	32	12.5	187	–31	4.8
1922	20,271	230	515.6	16,810	382	427.5	2,849	–92	72.5	443	–42	11.3	169	–18	4.3
1923	20,916	645	526.6	17,051	241	429.3	3,239	390	81.6	452	9	11.4	174	5	4.4
1924	21,940	1,024	547.0	17,515	464	436.6	3,460	221	86.3	787	335	19.6	178	4	4.4
1925	22,645	705	559.0	17,990	475	444.1	3,593	133	88.7	895	108	22.1	167	–11	4.1
1926	22,876	231	559.2	18,149	159	443.7	3,660	67	89.4	890	–5	21.8	177	10	4.3
1927	23,492	616	568.8	18,597	448	450.2	3,787	127	91.7	914	24	22.1	194	17	4.7
1928	24,362	870	584.2	18,997	400	455.6	3,912	125	93.8	1,267	353	30.4	186	–8	4.5
1929	24,877	515	590.9	19,391	394	460.6	3,941	29	93.6	1,322	55	31.4	223	37	5.3
1930	25,675	798	604.2	19,848	457	467.1	4,159	218	97.8	1,468	146	34.5	200	–23	4.7
1931	26,646	971	621.2	20,446	598	476.7	4,412	253	102.8	1,603	135	37.4	185	–15	4.3
1932	27,179	533	627.8	20,856	410	481.8	4,566	154	105.4	1,568	–35	36.2	189	4	4.4
1933	27,893	714	638.5	21,218	362	485.7	4,771	205	109.2	1,719	151	39.3	185	–4	4.2
1934	28,532	639	647.2	21,579	361	489.5	4,933	162	111.9	1,831	112	41.5	189	4	4.3
1935	29,172	640	670.4	22,033	454	506.3	5,009	76	115.1	1,927	96	44.2	203	14	4.6
1936	29,836	664	682.5	22,576	543	516.4	5,133	124	117.4	1,919	–8	43.9	208	5	4.7
1937	30,383	547	691.8	22,915	339	521.8	5,244	111	119.4	2,001	82	45.5	223	15	5.0
Average — 34 Years		(596)			(416)			(130)			(49)			(.8)	

---

[1] Population estimated for each intercensal year. [2] Includes Bridgewater and Tewksbury. [3] Minus sign indicates decrease. [4] Includes Veterans' Adm. Facility No. 95 from April 25, 1924, and Veterans' Adm. Facility No. 107 from August 11, 1928.

Patients Out of Institutions at End of Year

Table 3 records the total number of patients out "on visit" and "on escape" at the end of each year, 1928–1937.

TABLE 3. — *Patients on Visit and Escape from State Hospitals on September 30, 1928–1937: Numbers and Percentages*

Year	Total Patients on Books[1]	Patients on Visit	Patients on Escape	Percentage on Visit	Percentage on Escape
1928	20,996	1,496	250	7.1	1.2
1929	21,359	1,502	197	7.0	.9
1930	22,103	1,742	222	7.9	1.0
1931	22,453	1,514	178	6.7	.8
1932	23,022	1,679	147	7.3	.6
1933	23,606	1,817	160	7.7	.6
1934	23,872	1,764	138	7.4	.6
1935	24,450	2,021	85	8.2	.3
1936	25,155	2,184	72	8.7	.3
1937	25,621	2,302	68	8.9	.2

[1] All classes on books of State Hospitals, Tewksbury and Bridgewater.

The number of patients "on visit" increased from 1,496 in 1928 to 2,302 in 1937 and the percentages from 7.1 to 8.9. Clearly the hospitals are placing a larger percentage of their patients in the community as time goes on. The percentage of patients "on escape" decreased from 250 in 1928 to 68 in 1937 and the percentages from 1.2 to .2.

Table 4 shows the total number of visits taking place during the single year, 1937. We have recorded the total number of visits made by patients during the entire year, have compared this with the daily average population, and calculated a visit rate for each hospital. The Monson Hospital shows the highest visit rate with 397 visits per 1,000 of the daily average population. In order follow Danvers with 383; Psychopathic Hospital with 376; Northampton with 306; and Westborough with 284. The rate for the entire State hospital group is 234. The males, with a rate of 242, show a greater tendency to go out on visit than the females (227). Grafton, Medfield and Gardner show low visit rates as they are chiefly transfer hospitals caring for patients of a chronic type.

TABLE 4. — *Number of Patients Placed on Visit during the Year 1937, by Institution and Sex: Rates per 1,000 Daily Average Population on Books*

Institutions	Daily Average Population on Books			Number of Patients Placed on Visit during Year			Rates per 1,000 Daily Average Population		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Monson	771	824	1,595	367	267	634	476.0	324.0	397.4
Danvers	1,205	1,397	2,602	418	580	998	346.8	415.1	383.5
Boston Psychopathic	79	51	130	29	20	49	367.0	392.1	376.9
Northampton	1,035	1,216	2,251	331	360	691	319.8	296.0	306.9
Westborough	785	1,026	1,811	249	267	516	317.1	260.2	284.9
Taunton	927	937	1,864	269	261	530	290.1	278.5	284.3
Foxborough	645	783	1,428	131	224	355	203.1	286.0	248.5
Worcester	1,372	1,441	2,813	331	305	636	241.2	211.6	226.0
Boston State	1,129	1,519	2,648	244	265	509	216.1	174.4	192.2
Metropolitan	801	931	1,732	152	133	285	189.7	142.8	164.5
Medfield	827	1,158	1,985	110	118	228	133.0	101.8	114.8
Gardner	859	738	1,597	63	93	156	73.3	126.0	97.6
Grafton	749	741	1,490	22	10	32	29.3	13.4	21.4
Total	11,184	12,762	23,946	2,716	2,903	5,619	242.8	227.4	234.6
McLean	105	162	267	57	57	114	542.8	351.8	426.9
Vet. Adm. Fac. No. 107	898	–	898	298	–	298	331.8	–	331.8
Vet. Adm. Fac. No. 95	666	–	666	80	–	80	120.1	–	120.1
Tewksbury	88	409	497	–	9	9	–	22.0	18.1
Bridgewater	884	–	884	1	–	1	1.1	–	1.1
Total	2,641	571	3,212	436	66	502	165.0	115.5	156.2
Grand Total	13,825	13,333	27,158	3,152	2,969	6,121	227.9	222.6	225.3

TABLE 5. — *Visits, Escapes, Family Care Placement and Returns, 1937, by Month: Numbers and Rates per 1,000 Cases on Books*[1]

	TOTAL			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	2,717	2,912	5,629	213	183	396	236	286	522	327	342	669	165	154	319	152	164	316
Returned from visit	1,862	1,974	3,836	139	120	259	177	189	366	201	197	398	213	188	401	102	111	213
On escape	301	43	344	25	3	28	21	2	23	14	3	17	20	5	25	17	–	17
Returned from escape	285	39	324	31	5	36	18	2	20	14	3	17	18	3	21	17	3	20
Placed in family care	72	193	265	6	21	27	5	25	30	3	14	17	12	24	36	7	16	23
Returned from family care	53	179	232	3	20	23	1	14	15	1	16	17	9	16	25	4	14	18
On books at end of month	146,266	157,401	303,667	12,089	13,097	25,186	12,091	13,100	25,191	12,159	13,120	25,279	12,149	13,166	25,315	12,121	12,183	24,304
Visit rate per 1,000 on books	18.5	18.5	18.5	16.6	13.9	15.7	19.5	21.8	20.7	26.8	26.0	26.4	13.5	11.6	12.6	12.5	14.2	13.0
Return rate per 1,000 on books	12.7	12.5	12.6	11.4	9.1	10.2	14.6	14.4	14.5	16.5	15.0	15.7	17.5	14.2	15.8	8.4	9.1	8.7

	MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	231	241	472	158	195	353	242	288	530	241	220	461	279	314	593	254	275	529	219	250	469
Returned from visit	92	118	210	141	167	308	112	138	250	149	159	308	179	194	373	177	202	379	180	191	371
On escape	19	–	19	20	–	20	31	5	36	22	2	24	41	6	47	32	7	39	39	10	49
Returned from escape	16	2	18	16	1	17	28	4	32	21	1	22	43	3	46	26	5	31	37	7	44
Placed in family care	4	15	19	3	15	18	6	9	15	8	10	18	9	16	25	6	17	23	3	11	14
Returned from family care	3	24	27	3	10	13	3	9	12	9	12	21	4	10	14	10	20	30	3	14	17
On books at end of month	12,177	13,171	25,348	12,196	13,188	25,384	12,193	13,208	25,401	12,238	13,246	25,484	12,272	13,275	25,547	12,296	13,311	25,607	12,285	13,336	25,621
Visit rate per 1,000 on books	18.9	18.2	18.6	12.9	14.7	13.9	19.8	21.8	20.8	19.6	16.6	18.0	22.7	23.6	23.2	20.6	20.6	20.6	17.8	18.7	18.3
Return rate per 1,000 on books	7.5	8.9	8.2	11.5	12.6	12.1	9.2	10.4	9.8	12.1	12.0	12.0	14.5	14.6	14.6	14.3	15.1	14.8	14.6	14.3	14.4

[1] Includes all State Hospitals, Bridgewater and Tewksbury.

Table 5 presents the number of visits, escapes and cases placed in family care during each month of 1937 and also the cases returned each month. The visit rates and the return rates show the tendency for the fewest patients to go out in the months of January and February, the rates being 12.6 and 13.0 respectively. The visit rates rise to higher levels in the warmer months of April, May, June, July, and August. The highest visit rate for the year per 1,000 patients on the books was 26.4 in the holiday month of December. In general, the rates for cases returned from visit follow the general trend observed in the visit rates themselves. The only month in which the return rate exceeded the visit rate was January. The total visit rate is higher than the return rate due to the fact that a certain proportion of cases sent on visit never return to the hospital but are discharged to the community.

FAMILY CARE UNDER INSTITUTIONS TRUSTEES AND UNDER THE DEPARTMENT

Table 6 shows that cases in family care on September 30, 1937, (336 cases) showed a gain of 13 patients over the total for 1936 (323 cases). A total of 270 new cases were placed in family care during the year. Of these 187 were returned to the institution during the year, while 70 cases were taken from family care through return to the community or death or change of status to visit, etc. At the end of the year Gardner, with 118 patients out, had the largest number in family care. Worcester was next with 108, and Westborough third with 30 patients out in family care.

TABLE 6. — *Family Care Under Institution Trustees During 1937*

HOSPITALS	Patients in Family Care September 30, 1936			Number Admitted during Year			Number Returned to Institution during Year			Other Cases leaving Family Care Status during Year			Patients Remaining in Family Care September 30, 1937		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	–	15	15	–	11	11	–	16	16	–	4	4	–	6	6
Danvers	–	10	10	–	3	3	–	3	3	–	1	1	–	9	9
Foxborough	1	3	4	–	3	3	–	1	1	1	–	1	–	5	5
Gardner	8	106	114	10	60	70	2	54	56	2	8	10	14	104	118
Grafton	1	11	12	6	21	27	3	8	11	2	1	3	2	23	25
Medfield	–	8	8	–	4	4	–	3	3	–	–	–	–	9	9
Metropolitan	–	2	2	2	7	9	1	4	5	–	2	2	1	3	4
Northampton	2	13	15	11	9	20	4	7	11	2	3	5	7	12	19
Taunton	1	2	3	–	3	3	–	1	1	–	2	2	1	2	3
Westborough	11	19	30	6	11	17	5	6	11	–	6	6	12	18	30
Worcester	24	86	110	40	63	103	25	44	69	13	23	36	26	82	108
Total	48	275	323	75	195	270	40	147	187	20	50	70	63	273	336

Table 7 shows the status of family care between 1904 and 1937. In the early years, family care cases were supervised almost entirely by the Department of Mental Diseases. Gradually this supervision has been taken over by the individual institutions. The Department ceased to supervise family care cases in 1934. At the end of 1937 a total of 336 cases were under family care supervision, 273 females and 63 males. The number of 336 under care during 1937 is at the rate of approximately 7 per hundred thousand of the general population.

EX-SERVICE MEN IN STATE HOSPITALS, 1928–1937

On September 30, 1928, there were 387 ex-service men in State hospitals, while on September 30, 1937, there were 536 (Table 8). The daily average number on the books during each statistical year increased from 409.18 in 1928 to 597.19 in 1937. The daily average number actually cared for during the nine-year period increased from 393.97 to 520.53. The load of ex-service men in State hospitals is steadily increasing in spite of the fact that there are two Veterans' hospitals in Massachusetts.

TABLE 7. — *Patients in Family Care from Institutions and Under the Department of All State Hospitals September 30, 1904–1937*

YEAR	FAMILY CARE GRAND TOTAL			FROM INSTITUTIONS			UNDER THE DEPARTMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	14	199	213	–	–	–	14	199	213
1905	13	243	256	1	2	3	12	241	253
1906	13	282	295	–	10	10	13	272	285
1907	13	270	283	–	8	8	13	262	275
1908	12	238	250	1	5	6	11	233	244
1909	10	239	249	–	8	8	10	231	241
1910	16	269	285	2	8	10	14	261	275
1911	15	294	309	1	10	11	14	284	298
1912	15	327	342	2	24	26	13	303	316
1913	14	352	366	2	28	30	12	324	336
1914	21	320	341	9	30	39	12	290	302
1915	28	375	403	27	290	317	1	85	86
1916	35	363	398	35	299	334	–	64	64
1917	29	296	325	29	249	278	–	47	47
1918	23	263	286	23	219	242	–	44	44
1919	27	228	255	27	190	217	–	38	38
1920	15	201	216	15	167	182	–	34	34
1921	10	185	195	10	154	164	–	31	31
1922	12	187	199	12	158	170	–	29	29
1923	9	159	168	9	132	141	–	27	27
1924	4	152	156	4	132	136	–	20	20
1925	10	154	164	10	131	141	–	23	23
1926	8	149	157	8	127	135	–	22	22
1927	14	156	170	14	136	150	–	20	20
1928	28	128	156	28	109	137	–	19	19
1929	23	147	170	23	130	153	–	17	17
1930	23	146	169	23	132	155	–	14	14
1931	19	173	192	19	151	170	–	22	22
1932	24	184	208	24	171	195	–	13	13
1933	34	231	265	34	217	251	–	14	14
1934	35	242	277	35	242	277	–	–	–
1935	38	273	311	38	273	311	–	–	–
1936	48	275	323	48	275	323	–	–	–
1937	63	273	336	63	273	336	–	–	–

TABLE 8.— *Ex-Service Men in State Hospitals, 1928–1937: Daily Average Numbers*[1]

YEAR	Number on Books September 30			Daily Average Number on Books during Year			Daily Average Number Actually in Hospital during Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	387	–	387	408.18	1.00	409.18	392.97	1.00	393.97
1929	414	7	421	409.07	7.35	416.42	350.46	6.36	356.82
1930	369	5	374	368.03	4.62	372.65	329.94	4.62	334.56
1931	360	8	368	371.24	7.15	378.39	339.55	7.15	346.70
1932	401	8	409	415.39	9.00	429.39	380.34	8.62	388.96
1933	383	8	391	417.22	8.00	425.22	374.86	8.00	382.86
1934	416	6	422	421.45	5.75	427.20	374.18	5.16	379.34
1935	475	6	481	464.41	5.70	470.11	401.47	4.26	405.73
1936	506	9	515	504.38	8.00	512.38	456.09	7.00	463.09
1937	528	8	536	587.96	9.23	597.19	515.14	5.39	520.53

[1] Includes all State Hospitals, Bridgewater and Tewksbury.

Section B. All Admissions to Mental Hospitals During 1937

As mentioned in the report of the Division of Statistics, (Page 123), this year marks a change in the presentation of the Department statistics. Up to this year Departmental statistics have been presented on the basis of cases admitted to hospitals under court commitment, the data on temporary care, observation and voluntary admissions being considered separately. As it has been found that non-inclusion of these other types of admissions has made our statistics less complete than might be desired, the method of analysis has been changed. Beginning with 1937 we include in our statistics all types of admissions to mental hospitals, whatever the legal form admitting the patient.

All First and Readmissions, 1937

Table 9 presents the total number of first and readmissions admitted to mental hospitals during 1937 by forms of admission. There was a total of 6,786 admissions during the year, 3,782 males and 3,004 females. A total of 4,985 were first admissions and 1,801 readmissions. In the first admissions 3,080 patients came in under court commitment, 1,142 under temporary care, 588 under observation, and 175 under voluntary papers. Of the 1,801 readmissions, 1,267 were admitted under court commitment, 291 under temporary care, 149 under observation, and 94 on voluntary papers. We note that the court commitments predominate in both first and readmissions and in both sexes.

Table 9. — *First and Readmissions to State Hospitals, 1937, by Form of Admission and Sex*

Year	Sex	Aggregate	First Admissions					Readmissions				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1937	T.	6,786	4,985	3,080	1,142	588	175	1,801	1,267	291	149	94
	M.	3,782	2,770	1,558	700	401	111	1,012	668	190	101	53
	F.	3,004	2,215	1,522	442	187	64	789	599	101	48	41

First Admissions and Readmissions, 1917–1937

Table 10 presents the numbers and rates for first and readmissions to all Massachusetts mental hospitals over the years 1917–1937. The figures of this table are presented on the new basis as they have been taken from our Rockefeller Research Project. This analysis uses the same method of evaluation, including court commitments, observation, temporary care and voluntary admissions, beginning with the year 1917.

It has been the aim of the Statistical Division to present a state-wide picture of mental disorders, and we therefore include figures for the private institutions as well as the public mental hospitals. As economic and social changes may cause a shifting of patients from private to public institutions, it is felt that a report embracing both groups is necessary to show us the true incidence of mental disease in our state population; that is, as far as incidence can be checked by the numbers of patients coming into mental hospitals. The total column, showing the admission rates of first admissions to hospitals of all types, presents a rate of 105 in 1917 and drops to 92, the low of all years, in 1920. This, it will be recalled, is the first year of the eighteenth amendment. Gradual increases occur but the 1917 rate of 105 is not surpassed until 1931 when a rate of 106 is observed. In 1935 there is a sharp increase which can be attributed chiefly to rises in first admissions in the governmental and private institutions. The year 1936 presents the high rate of 119, and 1937 drops to 114. Over the 21-year period, between 1917 and 1937, the first admission rates have increased from 105 to 114 or but nine patients.

The readmissions show a rate of 38 in 1917, dropping to the low of 31 in 1923 and increasing gradually to 40 per 100,000 of the population in 1934. From that point on the rates rise slowly to the high of 42.5 in 1937. Over the 21-year period the readmissions have shown an increase of but 4 patients per 100,000 of the population. These figures in first and readmissions are for the state-wide sample including *all* types of institutions admitting mental patients.

In the State hospitals, we observe the first admission rate of 97 in 1917. The low of 84 occurs in 1920 and gradually returns to a higher level. The year 1931, with a rate of 100, is the first year to surpass the 1917 figure of 97. In 1935 is seen a rise to 105, with a high rate of 110 in 1936, and the lower figure of 107 in 1937. The readmissions to State hospitals show a rate of 34 in 1917, dropping slowly to the low of 28.4 in 1926, and rising gradually from that date onward. Nineteen hundred and thirty-four, with a rate of 36.9, is the first year to surpass 1917. The high rate of 38.1 is observed in 1936.

In summarizing this table, it would appear that the State hospitals have shown a moderate increase in first admission rates of about 10% between 1917 and 1937.

TABLE 10. — *First Admissions and Readmissions to Public, Governmental and Private Hospitals for Mental Diseases, 1917–1937: Number and Rate*[1] *per 100,000 Population of State*

YEAR	TOTAL — ALL HOSPITALS				STATE HOSPITALS — D.M.D.[2]				BRIDGEWATER[3] AND TEWKSBURY		GOVERNMENTAL HOSPITALS[3] [4]		McLEAN[3]		OTHER PRIVATE HOSPITALS[5]	
	Number		Rate		Number		Rate									
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
1917	3,912	1,427	105.5	38.5	3,605	1,283	97.2	34.6	89	26	–	–	62	60	156	58
1918	3,832	1,494	102.0	39.7	3,559	1,348	94.7	35.8	81	21	–	–	64	65	128	60
1919	3,981	1,411	104.6	37.0	3,642	1,277	95.7	33.5	80	17	–	–	64	66	195	51
1920	3,562	1,358	92.4	35.2	3,239	1,246	84.0	32.3	82	21	–	–	51	29	190	62
1921	3,733	1,423	95.9	36.5	3,394	1,343	87.2	34.5	83	21	–	–	45	25	211	34
1922	4,058	1,360	103.2	34.5	3,764	1,238	95.7	31.4	111	17	–	–	31	31	152	74
1923	3,748	1,241	94.3	31.2	3,430	1,141	86.3	28.7	98	18	–	–	50	34	170	48
1924	4,091	1,606	101.9	40.0	3,565	1,241	88.8	30.9	104	25	95	285	53	21	274	34
1925	4,107	1,323	101.3	32.6	3,689	1,167	91.0	28.8	108	18	107	64	63	33	140	41
1926	3,939	1,299	96.2	31.7	3,541	1,164	86.5	28.4	109	28	44	26	70	23	175	58
1927	4,000	1,320	96.8	31.9	3,669	1,194	88.8	28.9	97	8	36	26	73	32	125	60
1928	4,313	1,558	103.4	37.3	3,882	1,363	93.0	32.6	75	26	8	45	67	50	281	74
1929	4,319	1,434	102.5	34.0	3,950	1,281	93.8	30.4	80	11	20	42	71	51	198	49
1930	4,341	1,523	102.1	35.8	4,091	1,398	96.2	32.8	74	17	22	52	86	38	68	18
1931	4,573	1,623	106.6	37.8	4,313	1,472	100.5	34.3	53	25	41	50	101	61	65	15
1932	4,534	1,578	104.7	36.4	4,337	1,479	100.1	34.1	42	17	15	16	104	56	36	10
1933	4,660	1,646	106.6	37.6	4,385	1,504	100.3	34.4	50	26	34	47	85	42	106	27
1934	4,636	1,769	105.1	40.1	4,347	1,628	98.6	36.9	41	21	60	45	101	53	87	22
1935	4,943	1,820	113.6	41.8	4,573	1,635	105.1	37.5	41	20	80	45	122	62	127	58
1936	5,213	1,843	119.2	42.1	4,809	1,667	110.0	38.1	35	11	45	48	146	81	178	36
1937	5,008	1,870	114.0	42.5	4,740	1,650	107.9	37.5	40	28	28	49	177	74	23	69

---

[1] Population estimated for intercensal years.
[2] Non-psychotic epileptics excluded from 1937 onward.
[3] Court admissions only up to and including 1927, all admissions for subsequent years.
[4] Non-residents of Massachusetts excluded from 1928 onward.
[5] Court admissions only; readmissions estimated 1928–1934.

The readmissions, while operating on a lower level, have shown about the same relative increase. When we come to the total of all hospitals, including the governmental and private institutions, we find about the same degree of increase. An increase of 10% over a twenty-one year period is about one half of one per cent increase per year.

First and Readmissions, 1937, by Hospital

Table 11 presents the admission forms used in first and readmissions in 1937 by hospital. Of the total first admissions, 54% were court commitments, 29% were admitted under temporary care, 11% under observation commitment, and 3% under voluntary papers. In the readmissions, 61% were court admissions, 26% temporary care, 8% observation commitments, and 3% voluntary. As might be expected, court commitment is being used more often in the case of readmissions.

Table 11. — *First and Readmissions to State Hospitals, 1937, by Form of Admission and by Hospital*

Hospitals	Aggregate	First Admissions									
		Total		Court		Temporary Care		Observation		Voluntary	
		No.	%	No.	%	No.	%	No.	%	No.	%
Boston State	882	624	100.0	463	74.19	105	16.82	56	8.97	–	–
B. Psychopathic	2,121	1,598	100.0	100	6.25	1,258	78.72	198	12.39	42	2.62
Danvers	963	675	100.0	472	69.92	123	18.22	76	11.25	4	.59
Foxborough	319	201	100.0	168	83.58	8	3.98	23	11.44	2	.99
Gardner	147	99	100.0	59	59.59	19	19.19	14	14.14	7	7.07
Grafton	158	52	100.0	49	94.23	–	–	3	5.76	–	–
Medfield	341	182	100.0	168	92.30	7	3.84	7	3.84	–	–
Metropolitan	268	–	–	–	–	–	–	–	–	–	–
Northampton	668	507	100.0	418	82.44	30	5.91	55	10.84	4	.78
Taunton	598	436	100.0	338	77.52	52	11.92	41	9.40	5	1.14
Westborough	485	323	100.0	274	84.82	7	2.16	40	12.38	2	.61
Worcester	800	540	100.0	422	78.14	17	3.14	94	17.40	7	1.29
Monson (epileptic)	198	156	100.0	30	19.23	–	–	–	–	126	80.76
Bridgewater	77	40	100.0	25	62.50	–	–	15	37.50	–	–
Tewksbury	–	–	–	–	–	–	–	–	–	–	–
Total[1]	8,025	5,433	100.0	2,986	54.96	1,626	29.92	622	11.44	199	3.66

Hospitals	Readmissions										Transfers
	Total		Court		Temporary Care		Observation		Voluntary		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Boston State	215	100.0	157	73.02	37	17.20	21	9.76	–	–	43
B. Psychopathic	516	100.0	19	3.68	420	81.39	60	11.62	17	3.29	7
Danvers	254	100.0	201	79.13	29	11.41	23	9.05	1	.39	34
Foxborough	81	100.0	70	86.41	4	4.93	6	7.40	1	1.23	37
Gardner	39	100.0	31	79.48	4	10.25	3	7.69	1	2.56	9
Grafton	33	100.0	31	93.93	–	–	2	6.06	–	–	73
Medfield	98	100.0	92	93.87	3	3.06	3	3.06	–	–	61
Metropolitan	–	–	–	–	–	–	–	–	–	–	268
Northampton	154	100.0	136	88.31	6	3.89	7	4.54	5	3.24	7
Taunton	146	100.0	124	84.93	12	8.21	6	4.10	4	2.73	16
Westborough	135	100.0	118	87.40	3	2.22	9	6.66	5	3.70	27
Worcester	217	100.0	188	86.63	4	1.84	21	9 67	4	1.84	43
Monson (epileptic)	37	100.0	13	35.13	–	–	1	2.70	23	62.16	5
Bridgewater	28	100.0	25	89.28	–	–	3	10.71	–	–	9
Tewksbury	–	–	–	–	–	–	–	–	–	–	–
Total	1,953	100.0	1,205	61.69	522	26.72	165	8.44	61	3 12	639

[1] Totals are admissions not persons due to admissions at Psychopathic being committed to other hospitals

In the first admissions, Grafton is high in court commitments with 94% The Psychopathic Hospital is high in the temporary care admissions with 78%, and Worcester is high in the observation commitment with 17%. Gardner is high in the voluntary admissions with 7%. In the readmissions Grafton remains high in the court commitments with 93%, Psychopathic is high in the temporary care admissions with 81%, the observation admissions with 11% and the voluntary admissions with 3%. The variations in the use of different types of admissions to certain hospitals demonstrate clearly the differing administrative problems facing the superintendents of those hospitals.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1928–1937

In Table 12 we note that the admission rates for voluntary admissions to all mental hospitals increased from 9.7 in 1928 to 10.2 in 1937. The public mental hospitals increased from 238 voluntary admissions in 1928 to 381 in 1937, an increase of 60%. Over the same years the private institutions decreased from 181 in 1928 to 70 in 1937, a decrease of 61%.

TABLE 12. — *Voluntary Care Admissions to Public and Private Institutions, 1928–1937*[1]

YEAR	Total Number Public and Private Institutions	Rate per 100,000 estimated population of State	Public Institution Number	Private Institution Number
1928	419	9.70	238	181
1929	448	10.22	266	182
1930	437	10.28	321	116
1931	466	10.96	367	99
1932	433	10.18	358	75
1933	432	9.88	324	108
1934	447	10.13	387	60
1935	454	10.43	398	56
1936	483	11.00	411	72
1937	451	10.27	381	70

[1] All public and private institutions for the insane and epileptic.

LEGAL STATUS OF FIRST ADMISSIONS DURING 1937, BY HOSPITAL

Table 13 gives the various combinations of legal forms used in first admissions to mental hospitals during 1937. For example, a patient may enter under temporary care (ten day paper), be committed for observation (35 days) and at the end of that period be committed for an indefinite period. The court commitment, used alone, is the most common form, comprising 27 per cent of first admissions. The temporary care admission is second with 22 per cent. Next we have the combination of temporary care followed by court commitment comprising 18 per cent, and fourth, the combination of observation commitment followed by court commitment in 11 per cent.

Considering the State hospitals only, regular court commitment was used to the greatest extent in the following institutions: Grafton — 78%, Medfield — 64%, and Boston State — 49%. In the temporary care form of admission, Boston Psychopathic Hospital shows the high figure of 70%. In order follow Danvers with 18.3%, and Gardner with 18.2%. The combination of temporary care followed by court commitment comprises 35% of admissions at Danvers, 22% at Northampton and 20% at both Taunton and Worcester.

LEGAL STATUS OF ALL CASES READMITTED DURING 1937

The following table compares the percentage distributions of the combinations of admission forms in first admissions and readmissions during 1937. Court

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1937

	All Cases Admitted for First Time	*All Readmitted Cases*
Court Commitment	27.8	28.0
Temporary Care	22.6	15.9
Observation	9.2	5.8
Voluntary	2.0	3.6
Temporary Care and Voluntary	1.2	1.5
Temporary Care and Observation	2.6	2.4
Temporary Care and Court	18.5	27.5
Temporary Care, Observation and Court	3.8	4.1
Observation and Court	11.6	10.1
Others and Court	.1	.7
Other Combinations	.6	.4
	100.0	100.0

TABLE 13. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1937, by Hospital: Numbers and Percentages*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOXBOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTHAMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,384	27.8	311	49.9	–	–	140	20.8	81	40.2	25	25.2	41	78.8	117	64.4	176	34.7
Temporary Care	1,125	22.6	97	15.5	744	70.9	123	18.3	8	4.0	18	18.2	–	–	7	3.8	30	5.9
Observation	459	9.2	49	7.8	142	13.5	57	8.5	16	8.0	7	7.1	3	5.8	6	3.3	29	5.7
Voluntary	101	2.0	–	–	–	–	1	.1	1	.5	5	5.0	–	–	–	–	–	–
Temporary Care and Voluntary	63	1.2	–	–	36	3.4	1	.1	–	–	2	2.0	–	–	–	–	4	.8
Temporary Care and Observation	129	2.6	7	1.1	17	1.6	19	2.8	7	3.5	7	7.1	–	–	1	.5	26	5.1
Temporary Care and Court	923	18.5	113	18.1	90	8.6	237	35.1	38	18.9	8	8.1	–	–	21	11.5	113	22.3
Temporary Care, Observation and Court	189	3.8	11	1.8	9	.9	32	4.7	7	3.5	8	8.1	1	1.9	1	.5	53	10.5
Observation and Court	579	11.6	28	4.5	1	.1	63	9.3	42	20.9	18	18.2	7	13.5	29	16.0	76	15.0
Others and Court	5	.1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Combinations	28	.6	8	1.3	10	1.0	2	.3	1	.5	1	1.0	–	–	–	–	–	–
Total	4,985	100.0	624	100.0	1,049	100.0	675	100.0	201	100.0	99	100.0	52	100.0	182	100.0	507	100.0

LEGAL STATUS	TAUNTON		WESTBOROUGH		WORCESTER		MONSON		McLEAN		BRIDGEWATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	132	30.3	160	49.5	170	31.5	13	25.0	5	2.8	12	30.0	1	6.3	–	–
Temporary Care	52	11.9	7	2.2	17	3.1	–	–	22	12.4	–	–	–	–	–	–
Observation	26	6.0	35	10.8	73	13.5	–	–	1	.6	15	37.5	–	–	–	–
Voluntary	2	.5	–	–	7	1.3	38	73.1	39	22.1	–	–	4	25.0	4	33.3
Temporary Care and Voluntary	–	–	–	–	–	–	–	–	20	11.3	–	–	–	–	–	–
Temporary Care and Observation	15	3.4	5	1.5	21	3.9	–	–	4	2.3	–	–	–	–	–	–
Temporary Care and Court	89	20.4	12	3.7	110	20.4	–	–	76	42.9	–	–	8	50.0	8	66.6
Temporary Care, Observation and Court	32	7.3	16	5.1	14	2.6	–	–	2	1.1	–	–	3	18.7	–	–
Observation and Court	85	19.5	86	26.6	128	23.7	1	1.9	2	1.1	13	32.5	–	–	–	–
Others and Court	–	–	–	–	–	–	–	–	5	2.8	–	–	–	–	–	–
Other Combinations	3	.7	2	.6	–	–	–	–	1	.6	–	–	–	–	–	–
Total	436	100.0	323	100.0	540	100.0	52	100.0	177	100.0	40	100.0	16	100.0	12	100.0

TABLE 14. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1937, by Hospital: Numbers and Percentages*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSY'PATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	504	28.0	78	36.4	–	–	63	24.8	30	37.0	6	15.4	19	57.6	51	52.1	44	28.6
Temporary Care	286	15.9	36	16.7	177	68.6	29	11.4	4	4.9	4	10.3	–	–	3	3.1	6	3.9
Observation	105	5.8	19	8.8	38	14.7	9	3.5	4	4.9	1	2.6	2	6.1	2	2.0	4	2.6
Voluntary	64	3.6	–	–	4	1.6	1	.4	–	–	1	2.6	–	–	–	–	4	2.6
Temporary Care and Voluntary	27	1.5	–	–	10	3.9	–	–	1	1.2	–	–	–	–	–	–	1	.6
Temporary Care and Observation	44	2.4	2	.9	4	1.6	14	5.5	2	2.5	2	5.1	–	–	1	1.0	3	1.9
Temporary Care and Court	495	27.5	59	27.4	16	6.2	104	40.9	21	25.9	11	28.2	3	9.1	21	21.4	72	46.8
Temporary Care, Observation and Court	74	4.1	8	3.7	3	1.2	15	5.9	3	3.7	4	10.3	1	3.0	–	–	9	5.8
Observation and Court	181	10.1	12	5.6	–	–	19	7.5	16	19.8	10	25.5	8	24.2	20	20.4	11	7.2
Others and Court	13	.7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Combinations	8	.4	1	.5	6	2.2	–	–	–	–	–	–	–	–	–	–	–	–
Total	1,801	100.0	215	100.0	258	100.0	254	100.0	81	100.0	39	100.0	33	100.0	98	100.0	154	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		McLEAN		BRIDGE-WATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	38	26.0	71	52.6	74	34.1	6	30.0	1	1.4	20	71.4	–	–	3	18.8
Temporary Care	12	8.2	3	2.2	4	1.8	–	–	8	10.8	–	–	–	–	–	–
Observation	2	1.4	5	3.7	15	6.9	1	5.0	–	–	3	10.7	–	–	–	–
Voluntary	2	1.4	3	2.2	3	1.4	12	60.0	27	36.5	–	–	4	12.1	3	18.8
Temporary Care and Voluntary	2	1.4	1	.7	1	.5	1	5.0	8	10.8	–	–	–	–	2	12.4
Temporary Care and Observation	4	2.7	4	3.0	6	2.8	–	–	–	–	–	–	2	6.1	–	–
Temporary Care and Court	58	39.7	12	8.9	61	28.1	–	–	28	37.8	–	–	21	63.6	8	50.0
Temporary Care, Observation and Court	9	6.2	16	11.9	3	1.4	–	–	–	–	–	–	3	9.1	–	–
Observation and Court	19	13.0	16	11.9	50	23.0	–	–	–	–	–	–	–	–	–	–
Others and Court	–	–	3	2.2	–	–	–	–	2	2.7	5	17.9	3	9.1	–	–
Other Combinations	–	–	1	.7	–	–	–	–	–	–	–	–	–	–	–	–
Total	146	100.0	135	100.0	217	100.0	20	100.0	74	100.0	28	100.0	33	100.0	16	100.0

commitment and the voluntary forms are used more commonly in readmissions than in first admissions. Temporary care and observation forms are substantially reduced in readmissions.

Table 14 shows the distribution of the combinations of legal forms in readmissions for 1937, by hospital. Court commitment was used most often at Grafton, Medfield and Westborough, comprising 57, 52 and 52% of readmissions, respectively.

Temporary care admissions followed by court commitment, were found in 46% of the Northampton readmissions, 40% at Danvers, and 39% at Taunton. Temporary care admissions were high at the Psychopathic Hospital with 68%, Boston State and Danvers being next in order with 16 and 11%, respectively.

It is interesting to note that of the 2,114 cases admitted to the Boston Psychopathic Hospital during 1937, over 90% were temporary care, observation or voluntary cases. Of this total 905 went directly to other institutions through commitment or transfer. These cases, of course, are not duplicated in our statistics, being counted but once.

Mental Disorders of Admissions, 1937, by Form of Admission

Table 15 shows the psychoses admitted under the various legal forms. In first admissions, 99% of court commitments were diagnosed as "with mental disorder" and only .8% "without mental disorder." In the temporary care admissions 66% were psychotic and 33% without psychoses. In the observation commitment, 43% were with mental disorder and 56% classified as not insane. In the voluntary form, 66% were with mental disorder and 33% without mental disorder. Obviously the temporary care, observation and voluntary forms are being used in admitting the borderline cases of mental disorder, many of whom are being diagnosed as "without mental disorder". In the readmissions, very similiar percentages are observed for the various admission forms.

In first admissions the psychoses with cerebral arteriosclerosis made up 23% of court commitments, dementia praecox 20%, and manic-depressive psychoses 11%. The temporary care group shows "without psychoses" with 26%, the alcoholic psychoses 15%, and the psychoneuroses 12%. In the observation group, the leading groups are "without psychoses" with 45%, the alcoholic psychoses 10% and the psychoneuroses 6%. In the voluntary admissions, without psychoses is high with 31%, followed by convulsive disorders with 21%, and the psychoneuroses with 16%.

In the readmissions the leading psychoses among the court commitments are dementia praecox 32%, manic-depressive psychoses 27%, and alcoholic psychoses 7%. The temporary care cases show without psychoses high with 36%, the alcoholic psychoses second with 14% and the manic-depressive group third with 9%. Among the observation admissions, the without psychoses group with 53% is followed by 11% in the alcoholic group and 8% in the manic-depressive psychoses. Among the voluntary admissions, the three leading psychoses are without psychoses — 22%, manic-depressive — 18%, and psychoses with convulsive disorders — 16%.

The outstanding point of this table, possibly, is the large number of cases coming in on the short residence forms and classified as psychotic who could be returned to the community. In the first admissions, 760 temporary care cases "with mental disorder" were returned to the community at the end of a ten-day period. In the observation group (35 days), 258 persons "with mental disorder" were returned to the community. Among the readmissions 176 temporary care cases and 66 observation cases were returned to the community also, although diagnosed as having a mental disorder.

Number of Times Admitted, All Admissions, 1937

Table 16 presents the number of the present admission of patients coming into mental hospitals during 1937. Of the 6,786 admissions, 4,985 or 73% were admitted for the first time, 775 or 11% were having their second admission, 490 or 7% their third admission, 251 or 3% their fourth admission, and 129 or 1% their fifth admission. Twenty-four patients, or .4%, were having their tenth or higher admission. While nearly three-quarters of mental cases coming into mental hospitals are first admissions, the readmissions show many cases who have been in

Table 15. — *First and Readmissons to Hospitals for Mental Diseases*[1] *during 1937, by Form of Admission and Mental Disorders: Numbers and Percentages*

Mental Disorders	First Admissions										Readmissions										Transfers	
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	167	3.4	151	4.9	4	.4	4	.7	8	4.6	42	2.3	31	2.4	6	2.1	1	.7	4	4.3	56	7.6
With other forms of syphilis	19	.4	17	.6	–	–	1	.2	1	.6	6	.3	6	.5	–	–	–	–	–	–	4	.5
With epidemic encephalitis	7	.1	7	.2	–	–	–	–	–	–	4	.2	3	.2	1	.3	–	–	–	–	5	.7
With other infectious diseases	23	.5	7	.2	9	.8	5	.9	2	1.1	2	.1	1	.1	–	–	–	–	1	1.1	1	.1
Alcoholic psychoses	453	9.1	212	6.9	172	15.1	63	10.6	6	3.4	155	8.6	93	7.3	42	14.5	17	11.3	3	3.2	43	5.9
Due to drugs, etc.	32	.6	13	.4	15	1.3	3	.5	1	.6	10	.6	3	.2	4	1.4	3	2.0	–	–	1	.1
Traumatic psychoses	24	.5	19	.6	2	.2	3	.5	–	–	13	.7	10	.8	2	.7	1	.7	–	–	2	.3
With cerebral arteriosclerosis	853	17.1	724	23.4	83	7.3	46	7.8	–	–	93	5.2	83	6.5	8	2.7	2	1.3	–	–	53	7.2
With other disturbances of circulation	56	1.1	34	1.1	10	.9	11	1.9	1	.6	5	.3	2	.2	2	.7	1	.7	–	–	1	.1
With convulsive disorders (epilepsy)	96	1.9	42	1.4	13	1.1	4	.7	37	21.1	54	3.0	27	2.1	8	2.7	4	2.7	15	16.0	33	4.5
Senile psychoses	302	6.1	273	8.9	18	1.6	10	1.7	1	.6	24	1.3	23	1.8	1	.3	–	–	–	–	26	3.5
Involutional psychoses	146	2.9	139	4.5	7	.6	–	–	–	–	28	1.6	26	2.1	–	–	1	.7	1	1.1	24	3.3
Due to other metabolic diseases, etc.	72	1.4	52	1.7	13	1.1	7	1.2	–	–	6	.3	4	.3	2	.7	–	–	–	–	9	1.2
Due to new growth	10	.2	7	.2	2	.2	1	.2	–	–	2	.1	1	.1	–	–	1	.7	–	–	–	–
With organic changes of nervous system	85	1.7	73	2.4	8	.7	4	.7	–	–	13	.7	12	.9	1	.3	–	–	–	–	6	.8
Psychoneuroses	266	5.3	64	2.1	137	12.0	37	6.3	28	16.0	84	4.7	35	2.8	25	8.6	11	7.4	13	13.8	12	1.6
Manic-depressive psychoses	471	9.4	350	11.4	88	7.7	14	2.4	19	10.9	409	22.8	351	27.7	29	9.9	12	8.0	17	18.1	93	12.7
Dementia praecox	746	15.0	646	20.9	78	6.8	15	2.5	7	4.0	456	25.4	413	32.7	26	8.9	4	2.7	13	13.8	276	37.7
Paranoia and paranoid conditions	107	2.1	82	2.7	20	1.8	3	.5	2	1.1	44	2.4	36	2.8	5	1.7	1	.7	2	2.1	22	3.0
With psychopathic personality	58	1.2	39	1.3	9	.8	9	1.5	1	.6	43	2.4	35	2.8	2	.7	5	3.4	1	1.1	6	.8
With mental deficiency	103	2.1	86	2.8	9	.8	8	1.4	–	–	58	3.2	52	4.1	5	1.7	1	.7	–	–	45	6.1
Undiagnosed psychoses	94	1.9	19	.6	63	5.5	10	1.7	2	1.1	13	.7	4	.3	7	2.4	1	.7	1	1.1	8	1.1
Without psychoses	643	12.9	24	.8	297	26.0	267	45.4	55	31.4	222	12.3	16	1.3	105	36.2	80	53.6	21	22.2	8	1.1
Primary behavior disorders	152	3.0	–	–	85	7.4	63	10.7	4	2.3	15	.8	–	–	10	3.4	3	2.0	2	2.1	–	–
Total With Mental Disorder	4,190	84.1	3,056	99.2	760	66.5	258	43.9	116	66.3	1,564	86.8	1,251	98.7	176	60.5	66	44.3	71	75.5	726	98.9
Total Without Mental Disorder	795	15.9	24	.8	382	33.5	330	56.1	59	33.7	237	13.2	16	1.3	115	39.5	83	55.7	23	24.5	8	1.1
Grand Total	4,985	100.0	3,080	100.0	1,142	100.0	588	100.0	175	100.0	1,801	100.0	1,267	100.0	291	100.0	149	100.0	94	100.0	734	100.0

(See Table 205 for detail)

[1] Includes McLean Hospital, Bridgewater, Tewksbury, and Veterans' Administration Facilities No. 107 and No. 95.

mental hospitals repeatedly. The 1,801 patients admitted two or more times represented a total of 5,833 admissions some time during their lives. The average number of times admitted for all admissions for 1937 is 1.59 times for both males and females.

TABLE 16. — *Number of Times Admitted, All Admissions 1937: Percentage Distribution*

NUMBER OF TIMES ADMITTED	Number			Percentages		
	M.	F.	T.	M.	F.	T.
One	2,770	2,215	4,985	73.2	73.7	73.5
Two	453	322	775	12.0	10.7	11.4
Three	266	224	490	7.0	7.5	7.2
Four	135	116	251	3.6	3.9	3.7
Five	76	53	129	2.0	1.8	1.9
Six	34	34	68	.9	1.1	1.0
Seven	18	13	31	.5	.4	.4
Eight	9	13	22	.2	.4	.3
Nine	6	5	11	.2	.2	.2
Ten	15	9	24	.4	.3	.4
Total	3,782	3,004	6,786	100.0	100.0	100.0
Average Number of Times Admitted	1.59	1.59	1.59			

(See Table 204 for detail)

TABLE 17. — *Average Number of Times Admitted, All Admissions, 1937, by Mental Disorders*

MENTAL DISORDERS	Number	Average Number of Times Admitted
Manic-depressive psychoses	880	2.30
With psychopathic personality	101	2.11
Dementia praecox	1,202	1.82
With mental deficiency	161	1.82
With convulsive disorders (epilepsy)	150	1.76
With epidemic encephalitis	11	1.72
Traumatic psychoses	37	1.62
Due to drugs, etc.	42	1.57
Paranoia and paranoid conditions	151	1.56
Without psychoses	865	1.55
Alcoholic psychoses	608	1.53
Psychoneuroses	350	1.46
With organic changes of the nervous system	98	1.41
With other forms of syphilis	25	1.40
With syphilitic meningo-encephalitis	209	1.34
Involutional psychoses	174	1.25
Due to new growth	12	1.25
With other infectious diseases	25	1.20
With cerebral arteriosclerosis	946	1.16
Undiagnosed psychoses	107	1.16
With other disturbances of circulation	61	1.13
Senile psychoses	326	1.13
Due to other metabolic diseases, etc.	78	1.12
Primary behavior disorders	167	1.12
Total With Mental Disorder	5,754	1.61
Total Without Mental Disorder	1,032	1.48
Grand Total	6,786	1.59

(See Table 204 for detail)

Table 17 gives the average number of times admitted by mental disorders. These are arranged in order, showing the tendency for readmission in certain psychoses. The highest averages for the number of times admitted are as follows: manic-depressive psychoses — 2.3; with psychopathic personality — 2.1; dementia praecox — 1.8; with mental deficiency — 1.8; with convulsive disorders — 1.7; with epidemic encephalitis — 1.7; and traumatic psychoses — 1.6. Groups showing the least tendency to readmission are psychoses with other disturbances of circulation, senile psychoses, other metabolic diseases, and primary behavior disorders with an average of 1.1 each. The group "without mental disorder" comprise 15.2% of all admissions and show a high average of 1.48 admissions per patient. The borderline group evidently shows symptoms which cause their return to hospital although no psychosis is present.

NATIVITY AND PARENTAGE OF ADMISSIONS, 1937

Table 18 outlines the nativity of first admissions and readmissions for 1937, presenting rates for the same nativity groups in the population 15 years of age and over (1930 Census). The foreign born show a first admission rate of 154 per 100,000, and the native born a rate of 165. When the native born are divided in accordance with parentage, the native born with both parents foreign born show an admission rate of 160 and the native born with one parent foreign born and the other parent native born, an admission rate of 161. Apparently the higher rate for the native born is maintained by the high admission rates in the native born of foreign parentage or mixed parentage as the native born with both parents native born show the lowest rate of any of the groups (146).

In the readmissions, the foreign born show an admission rate of 44 per 100,000 while the native born show a much higher rate of 65. When this native born group is subdivided in accordance with parentage, we find the native born of foreign parentage with an admission rate of 62, the native born of mixed parentage with an admission rate of 69 and the native born of native parentage with an admission rate of 61. In the readmissions, the foreign born show the lowest admission rate of all the nativity groups and all of the native born groups are decidedly higher.

TABLE 18. — *Nativity and Parentage of First Admissions and Readmissions, 1937: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census*

ADMISSIONS	Aggregate	Foreign Born	Native Born	Nativity Unknown	PARENTAGE OF NATIVE BORN			
					Foreign	Mixed	Native	Unknown
Numbers								
First Admissions	4,985	1,589	3,389	7	1,283	501	1,375	230
Readmissions	1,801	459	1,342	–	501	215	581	45
All Types	6,786	2,048	4,731	7	1,784	716	1,956	275
Rates								
First Admissions	161.7	154.3	165.2	–	160.1	161.1	146.3	–
Readmissions	58.4	44.5	65.4	–	62.5	69.1	61.8	–
All Types	220.2	198.8	230.6	–	222.6	230.3	208.2	–

(See Tables 177 and 178 for detail)

ADMISSION AGES OF NATIVE AND FOREIGN BORN ADMISSIONS, 1937

Table 19 shows that the average age of the foreign born first admissions was 55 years while that of the native born was 42 years. When we divide the native born in accordance with parentage, the native born of foreign parentage present an average admission age of 40 years, the native born of mixed parentage an average age of 39 years, and the native born of native parentage an average admission age of 43 years.

In the readmissions, the foreign born show an average admission age of 50 years while the native born present an average age of 39 years. Subdividing the native born, we have an average of 38 years for the native born of foreign parentage, 39 years for the native born of mixed parentage, and 40 years for the native born of native parentage.

In interpreting this table it should be remembered that there are comparatively few of the foreign born in the younger age groups. Through restrictions of immigration the younger age groups have not been replaced in the foreign born. The foreign born remaining are steadily growing older from year to year while the native born are having these younger ages replaced each year.

TABLE 19. — *Admission Ages of First Admissions and Readmissions, 1937, by Nativity and Parentage: Averages*

NATIVITY	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Foreign Born	53.9	57.4	55.6	50.5	50.1	50.3
Native Born	41.9	43.4	42.5	39.3	40.3	39.7
Both Parents Foreign Born	40.4	41.2	40.7	38.1	39.3	38.6
One Parent Foreign Born, Other Native	40.3	39.2	39.9	38.9	41.1	39.7
Both Parents Native Born	42.7	45.5	43.9	40.4	40.9	40.6
Parentage Unknown	49.2	50.9	50.0	41.7	40.2	41.0
Nativity Unknown	45.0	74.1	57.5	–	–	–
Aggregate Average Age	45.4	48.2	46.7	41.9	43.1	42.4

(See Tables 177 and 178 for detail)

The most valuable comparisons can be made in the native born themselves, as the age differential is not as pronounced. The native born with one parent foreign and the other parent native tends to come into hospitals earliest, showing an average age of 39 years (first admissions). The native born with both parents foreign born are one year older (40 years). The native born with both parents native born are about 4 years older than the first group, or 43 years. Among the readmissions the native born of foreign parentage come to mental hospitals earliest, presenting an average of 38 years. The native born of mixed parentage are one year older with an average of 39 years, while the native born of native parentage are admitted at an average of 40 years. In both first and readmissions the native born of native parentage do not come into mental hospitals at as young ages as either the native born of foreign or mixed parentage.

ECONOMIC STATUS OF FIRST ADMISSIONS, 1937, BY USE OF ALCOHOL

Table 20 points out that 43% of first admissions during 1937 were abstinent in alcoholic habits, 25% temperate, and 25% intemperate. The sexes vary markedly, the females showing 10% of intemperance and the males 37%. Conversely, only 27% of the males are abstinent while 63% of the females fall in this classification. The dependent male first admissions show 30% abstinent while the comfortable show 34% abstinent. At the other extreme we find the dependent males showing 32% intemperate while the comfortable males show but 28% intemperate. The males tend to associate dependency and intemperance and, conversely, comfortable economic status and abstinence.

In the females the exact opposite is the case. The dependent females show 67% abstinent while the comfortable females show but 55% abstinent. At the other extreme the dependent females show 7% intemperate while the comfortable females show 11% intemperate. Thus, the females tend to associate intemperance and comfortable economic status and, conversely, the factor of dependency with abstinence.

From these statistics we would judge that men who are going to develop mental disorder will show a relationship between dependency and intemperance. Women who are about to develop mental disorder, however, will show an association between comfortable economic status and intemperance. The basic sex groups differ, however, in that the men are showing nearly four times as much intemperance as the women.

AVERAGE ADMISSION AGES OF ADMISSIONS, 1937, BY MENTAL DISORDERS AND INSTITUTION

Table 21 reveals that the average age of first admissions was 46.7 years and the average age of readmissions, 42.4 years. This lower admission age of readmissions is due to the fact that first admissions of the younger ages comprise the readmissions of subsequent years. Patients having admissions in the older ages do not tend to readmission. In both first admissions and readmissions, the patients "with mental disorder" show higher admission ages than patients "without mental disorder". In first admissions, high admission ages occur in senile psychoses — 76 years, cerebral arteriosclerosis — 70 years, other disturbances of circulation — 59 years,

TABLE 20. — *Economic Status of First Admissions, 1937, by Use of Alcohol and Sex: Percentage Distribution*

ECONOMIC STATUS	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Number	489	415	904	149	281	430	152	82	234	160	32	192	28	20	48
Percent	100.0	100.0	100.0	30.5	67.7	47.6	31.1	19.8	25.9	32.7	7.7	21.2	5.7	4.8	5.3
Marginal:															
Number	2,023	1,584	3,607	565	1,031	1,596	638	294	932	786	188	974	34	71	105
Percent	100.0	100.0	100.0	27.9	65.1	44.2	31.5	18.6	25.8	38.9	11.9	27.0	1.7	4.4	2.9
Comfortable:															
Number	145	133	278	50	74	124	53	43	96	41	15	56	1	1	2
Percent	100.0	100.0	100.0	34.5	55.6	44.6	36.6	32.3	34.5	28.3	11.3	20.1	.6	.8	.7
Unknown:															
Number	113	83	196	10	28	38	14	5	19	41	6	47	48	44	92
Percent	100.0	100.0	100.0	8.8	33.7	19.4	12.4	6.0	9.7	36.3	7.3	23.9	42.5	53.0	46.9
Total:															
Number	2,770	2,215	4,985	774	1,414	2,188	857	424	1,281	1,028	241	1,269	111	136	247
Percent	100.0	100.0	100.0	27.9	63.8	43.9	30.9	19.1	25.7	37.1	10.9	25.5	4.0	6.1	4.9

due to new growth — 53 years, involutional psychoses — 52 years, and organic changes of the nervous system — 50 years. Of the twenty-two mental disorders, thirteen show older admission ages in the males. Psychoses presenting the younger admission ages are epidemic encephalitis — 34 years, dementia praecox — 33 years, psychopathic personality — 32 years, and convulsive disorders and mental deficiency with 31 years each.

TABLE 21. — *Admission Ages of First Admissions and Readmissions, by Mental Disorders and Sex, 1937: Averages in Years*

MENTAL DISORDERS	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Senile psychoses	77.3	76.0	76.4	69.3	72.8	71.6
With cerebral arteriosclerosis	70.7	71.1	70.9	69.0	66.3	67.7
With other disturbances of circulation	61.6	57.8	59.7	52.5	57.5	54.5
Due to new growth	53.7	50.0	53.0	37.5	47.5	42.5
Involutional psychoses	56.5	50.3	52.0	58.5	53.8	54.6
With organic changes of nervous system	48.6	52.7	50.6	34.4	38.5	36.0
With other forms of syphilis	49.8	48.3	49.3	52.5	47.5	51.6
Paranoia and paranoid conditions	46.4	53.3	49.1	53.2	51.8	52.2
Due to other metabolic diseases, etc.	51.8	45.8	48.3	35.8	52.5	44.1
Traumatic psychoses	48.9	44.1	48.3	45.0	37.5	44.4
With syphilitic meningo-encephalitis	46.5	45.1	46.3	46.4	53.0	47.9
Due to drugs, etc.	44.1	46.4	45.1	51.2	51.6	51.5
Alcoholic psychoses	44.0	43.5	43.9	45.8	50.1	46.3
With other infectious diseases	45.8	32.5	41.1	37.5	17.5	27.5
Manic-depressive psychoses	37.2	39.0	38.2	45.0	43.8	44.2
Psychoneuroses	37.3	37.9	37.6	39.6	38.6	39.2
Undiagnosed psychoses	36.0	36.6	36.3	41.0	32.5	37.1
With epidemic encephalitis	35.0	27.5	34.0	35.0	–	35.0
Dementia praecox	30.7	35.6	33.2	34.4	38.4	36.1
With psychopathic personality	31.6	33.1	32.2	36.8	32.2	34.7
With convulsive disorders (epilepsy)	33.4	30.3	31.9	34.2	30.5	33.1
With mental deficiency	32.6	30.5	31.5	36.0	31.5	33.7
Without psychoses	37.3	36.7	37.2	40.5	36.7	39.5
Primary behavior disorders	29.3	25.3	27.9	24.1	27.0	25.8
Total With Mental Disorder	47.8	50.0	48.9	42.3	43.9	43.0
Total Without Mental Disorder	35.9	34.3	35.4	39.9	35.5	38.6
Grand Total	45.4	48.2	46.7	41.9	43.1	42.4

(See Tables 183 and 184 for detail)

In readmissions the high average ages occur in senile psychoses — 71 years, cerebral arteriosclerosis — 67 years, other disturbances of circulation — 54 years, involutional psychoses — 54 years, and paranoia — 52 years. The younger admission ages are observed in organic changes of the nervous system and dementia praecox with 36 years each; epidemic encephalitis — 35 years; psychopathic personality — 34 years; convulsive disorders and mental deficiency, 33 years each; and other infectious diseases with 27 years. Wide variations between the high average of 76 years for the senile psychoses and 31 years for convulsive disorders and mental deficiency show how necessary it is to consider the matter of age in any study of mental disorders.

Table 22 shows the differences in admission ages of the cases coming to the various hospitals. The highest average ages of first admissions are observed at the Boston State Hospital, 56 years; Danvers, 51 years; Taunton, 50.9 years; and Westborough, 50.1 years. Hospitals showing the youngest admission ages are Grafton with 40 years, Psychopathic with 35 years, and Monson with 30 years. In the readmissions the highest averages occur at Westborough with 46 years, Boston State with 45 years, and Northampton with 44 years. The Psychopathic Hospital, Grafton, and Monson show the youngest admission ages of 37, 35, and 32 years, respectively.

COUNTRY OF ORIGIN OF FOREIGN BORN ADMISSIONS, 1937

Table 23 gives the numbers of foreign born first admissions and readmissions, 1937, and compares these with the foreign born population 15 years of age and over from the same countries of origin (1930 census). In first admissions the high admission rates are shown by Austria — 377 per 100,000, Portugal — 229, Ireland, — 223, and France — 168. The low admission rates are shown by Greece — 102, Canada — 133, Poland — 139, and England — 142. In readmissions the high admission rates are shown by France — 101, Austria — 94, Russia — 69, and Ireland — 58. The low rates are shown by Germany and Poland — 29, England — 33, and Canada — 34.

TABLE 22. — *Age at Admission of First Admissions and Readmissions, 1937, by Hospitals: Averages*

HOSPITALS	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Boston Psychopathic	36.1	33.4	35.1	38.5	35.9	37.5
Boston State	54.1	58.9	56.3	44.3	46.6	45.4
Danvers	50.9	51.5	51.2	43.3	44.3	43.8
Taunton	48.6	53.1	50.9	40.2	42.1	41.1
Westborough	48.5	51.4	50.1	45.7	46.3	46.0
Northampton	48.8	50.7	49.7	44.0	45.4	44.8
Worcester	48.5	50.0	49.1	40.9	44.9	42.6
Foxborough	48.2	49.4	48.8	44.0	35.5	40.7
Gardner	45.8	53.0	49.1	41.3	47.1	44.7
Medfield	45.6	50.7	48.0	39.4	46.3	42.8
Grafton	40.8	39.9	40.4	38.8	33.8	35.9
Monson	32.9	28.0	30.8	33.8	28.5	32.8
Veterans' Administration Facility No. 95	48.3	–	48.3	41.8	–	41.8
Veterans' Administration Facility No. 107	44.3	–	44.3	45.0	–	45.0
McLean	41.4	43.1	42.2	38.5	43.9	41.2
Bridgewater	31.8	–	31.8	41.4	–	41.4
All Hospitals	45.4	48.2	46.7	41.9	43.1	42.4

(See Tables 185 and 186 for detail)

TABLE 23. — *Country of Origin of Foreign Born, First Admissions and Readmissions, 1937: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census*

COUNTRY	COUNTRY OF ORIGIN OF FOREIGN BORN			RATES PER 100,000 POPULATION SAME COUNTRY OF ORIGIN		
	Population 1930 Census 15+ Years	First Admissions 1937 [1]	Readmissions 1937	Total Admissions	First Admissions	Readmissions
Austria	4,244	16	4	471.	377.	94.
Portugal	24,376	56	13	283.	229.	53.
Ireland	157,770	353	93	282.	223.	58.
France	5,925	10	6	270.	168.	101.
Russia	67,262	89	47	202.	132.	69.
Italy	123,452	175	66	195.	141.	53.
Finland	12,902	20	5	193.	155.	38.
Germany	20,230	32	6	187.	158.	29.
Sweden	36,343	50	16	181.	137.	44.
Scotland	31,345	45	11	178.	143.	35.
England	76,943	110	26	176.	142.	33.
Canada [2]	284,465	381	97	168.	133.	34.
Poland	71,072	99	21	168.	139.	29.
Greece	16,598	17	6	138.	102.	36.
All Other Countries	96,862	137	42	184.	141.	43.
Unknown	–	6	–	–	–	–
Total	1,029,789	1,596	459	199.	154.	44.

(See Tables 176 and 179–180 for detail)

[1] Countries showing five or less First Admissions are included with "All Other Countries."

[2] Includes Newfoundland.

COUNTRY OF ORIGIN OF NATIVE BORN (FOREIGN OR MIXED PARENTAGE) FIRST AND READMISSIONS, 1937

Table 24 presents the same data as the preceding table, but for the native born of foreign or mixed parentage by country of origin. The numbers of admissions are compared with the population of the same country of origin 15 years of age and over (1930 Census). In first admissions the high admission rates are presented by Greece — 438 per 100,000, Austria — 330, Portugal — 278, and Finland — 197.

The low admission rates are shown by Scotland — 118, France — 129, and Poland and Sweden with 132 each. In the native born readmissions, the high rates are shown by Austria — 165, Russia — 103, Portugal — 102, and Ireland — 75. The low rates are shown by France — 14, Poland and Germany — 50 each, and Scotland and Italy — 54 each.

TABLE 24. — *Country of Origin of Native Born of Foreign or Mixed Parentage, First Admissions and Readmissions, 1937: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census*

COUNTRY	COUNTRY OF ORIGIN OF NATIVE BORN			RATES PER 100,000 POPULATION SAME COUNTRY OF ORIGIN		
	Population 1930 Census 15 + Years	First Admissions 1937	Readmissions 1937	Total Admissions	First Admissions	Readmissions
Austria	4,238	14	7	495.	330.	165.
Greece	2,967	13	1	471.	438.	33.
Portugal	13,628	38	14	381.	278.	102.
Russia	44,637	78	46	277.	174.	103.
Finland	8,098	16	5	259.	197.	61.
Ireland	338,599	599	255	252.	176.	75.
Italy	77,738	142	42	236.	182.	54.
Canada[1]	304,303	471	175	212.	154.	57.
Sweden	32,419	43	24	206.	132.	74.
England	95,684	137	55	200.	143.	57.
Germany	43,570	61	22	190.	140.	50.
Poland	49,170	65	25	183.	132.	50.
Scotland	31,272	37	17	172.	118.	54.
France	6,937	9	1	144.	129.	14.
All Other Countries	58,824	84	35	202.	142.	59.
Unknown	–	145	22	–	–	–
Total	1,112,084	1,952	746	242.	175.	67.

(See Tables 181 and 182 for detail)

[1] Includes Newfoundland.

Admission Rate — Native Born of Native Parentage: First Admissions — 152. (1,437 cases); Readmissions — 63. (596 cases).

CITIZENSHIP OF ADMISSIONS, 1937

Table 25 presents the citizenship of first and readmissions for all mental hospitals during the year 1937. In the first admissions, citizens by birth show the low rate of 107 per 100,000 of the corresponding population. Naturalized citizens present a rate of 114 and the aliens show the high admission rate of 120. Among the readmissions, the citizens by birth show the high admission rate of 42, naturalized citizens are slightly lower with 39, and the aliens lowest of all with 37. In first admissions the admission rate of the aliens is approximately 11% higher than that of the citizens by birth. In readmissions the admission rate of the aliens is approximately 12% lower than that of the citizens by birth.

TABLE 25. — *Citizenship of Admissions, 1937: Rates per 100,000 of Corresponding Population, Massachusetts Census, 1930*

ADMISSIONS	Aggregate	Citizens	Naturalized	Alien	Unknown
Numbers					
First Admissions	4,985	3,389	605	607	384
Readmissions	1,801	1,342	208	191	60
All Types	6,786	4,731	813	798	444
Rates					
First Admissions	117.3	107.9	114.8	120.6	–
Readmissions	42.3	42.7	39.4	37.9	–
All Types	159.6	150.7	154.3	158.5	–

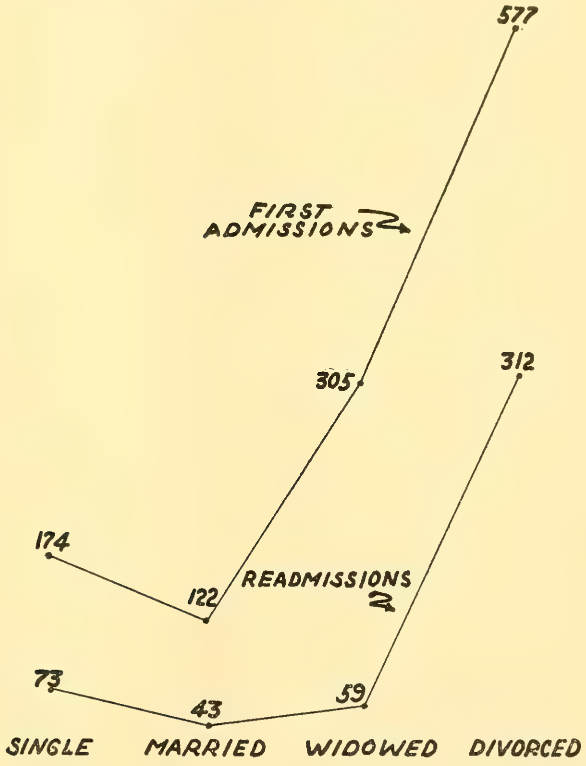
(See Table 193 for detail)

As the United States census data do not record citizenship by age, it is impossible to exclude those under 15 years in making up the above rates. As citizens by birth present several million persons in the population under the age of 15 years while the aliens present only a few in these ages, the rates as outlined favor the citizens by birth. Comparisons should be confined, therefore, to the admission rates presented by the naturalized foreign born and the alien foreign born. Apparently the naturalized foreign born are a better prospect in regard to mental disorder than the foreign born who do not become citizens.

MARITAL STATUS OF ADMISSIONS, 1937: RATES PER 100,000 OF CORRESPONDING POPULATION

Table 26 and Graph 1 present the numbers and admission rates per 100,000 of the population for the various marital groups entering mental hospitals. The total line shows the male first admissions with a rate of 184 per 100,000 and the females a much lower rate of 136. In readmissions the males show a rate of 67 and the females a lower rate of 48.

In first admissions the married show the low admission rate of 122 per 100,000, the single are higher with 174, the widowed much higher with 305 and the divorced show the extremely high rate of 577. In the readmissions the married show the low rate of 43, the widowed are next with 59, the single show a rate of 73, and the divorced the extremely high rate of 312.



GRAPH 1. — MARITAL CONDITION OF FIRST ADMISSIONS AND READMISSIONS, 1937. RATES PER 100,000 POPULATION OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS

In all marital groups the admission rates for the males are higher than those of the females. We now measure these rates in terms of their departures from the low rates of the married group. The rate for the single females is 19% higher than that of the married females while the rate for the single males is 62% higher than that of the married males. The widowed females offer a rate 121% higher than

Table 26. — *Marital Status of First and Readmissions, 1937: Rates per 100,000 of Corresponding State Population 15 Years of Age and Over, 1930 Census*

Marital Status	Total Admissions						First Admissions						Readmissions					
	Number			Rate			Number			Rate			Number			Rate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	1,686	1,041	2,727	309.0	188.6	248.4	1,179	738	1,917	216.1	133.7	174.6	507	303	810	92.9	54.9	73.8
Married[1]	1,463	1,268	2,731	178.2	154.4	166.2	1,101	922	2,023	133.4	111.9	122.7	362	346	708	44.8	42.3	43.5
Widowed	394	534	928	544.1	293.6	364.9	328	448	776	452.9	246.3	305.1	66	86	152	91.1	47.2	59.7
Divorced	144	84	228	1,357.2	559.2	889.5	96	52	148	904.8	346.2	577.4	48	32	80	452.4	213.0	312.1
Separated	89	74	163	–	–	–	61	52	113	–	–	–	28	22	50	–	–	–
Unknown	6	3	9	213.6	158.0	191.2	5	3	8	178.0	158.0	169.9	1	–	1	35.6	–	21.2
Total	3,782	3,004	6,786	251.8	185.3	217.3	2,770	2,215	4,985	184.4	136.6	159.6	1,012	789	1,801	67.3	48.6	57.6

(See Tables 194 and 195 for detail)

[1] Rate includes "married" and "separated."

Table 27. — *Admission Ages of First Admissions and Readmissions, 1937, by Marital Status: Averages*

Marital Status	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Single	35.0	38.6	36.4	35.5	35.6	35.5
Married	50.4	47.5	49.0	47.7	45.0	46.4
Widowed	67.4	69.1	68.4	54.8	61.9	58.8
Divorced	45.8	49.4	46.4	43.1	43.4	43.2
Separated	48.7	44.6	46.8	46.4	42.2	44.6
Unknown	51.0	65.0	56.2	65.0	–	65.0
All Groups	45.4	48.2	46.7	41.9	43.1	42.4

(See Tables 196 and 197 for detail)

that of the married females while the widowed males are 239% higher than the married males. The rate of the divorced females is 211% higher than that of the married females and the rate of the divorced males is 579% higher than that of the married males.

Single, widowed, or divorced males show a much larger chance of developing mental disorder than do the females of these same groups. These differences suggest that marriage is more of a protective factor in the case of the males than in the case of the females.

MARITAL STATUS AND AVERAGE ADMISSION AGE, 1937

Table 27 presents the average admission ages of first admissions and readmissions by marital status. Female first admissions are about 2.8 years older than male first admissions (females — 48.2, males — 45.4 years). The widowed show the high admission age of 68 years, the married average 49 years, the divorced and separated 46 years each and the single 36 years. In the single, the widowed and the divorced, the females are admitted at average older ages than the males. In the married and the separated, however, the females are younger.

In readmissions the high admission age of 58 years occurs in the widowed, the married average 46 years, the separated 44 years, the divorced 43 years and the single 35 years. While the differences between the sexes are small we see the same relationships as in first admissions. Female readmissions present the higher admission ages in the single, the widowed and the divorced and show lower averages in the married and the separated.

The admission ages shown suggest that some of the differences shown in Table 26 may be due to age differences. While we may explain the high admission rate for the widowed on a basis of age we cannot do so in the case of the divorced. The average admission age of 46 years for the divorced indicates that this group is showing a large part of its admissions from the same ages as the married (average 49 years) yet the rate for the divorced is nearly five times that of the married. Again the single drawing admissions from the younger ages (average 36 years) with low admission rates, show a total admission rate which is higher than that of the married.

ECONOMIC STATUS OF ADMISSIONS, 1937

In Table 28 first admissions record 18% as dependent in economic status, 72% as marginal and 5% as comfortable. The females show slightly higher percentages in the extremes (the dependent and the comfortable) while the males tend to be average (marginal group).

In readmissions 15% were reported as dependent, 76% marginal and 6% comfortable. If the economic status of first admissions of previous years has remained constant then we may say that the dependent group is showing a lesser tendency to readmission than the marginal or comfortable groups.

TABLE 28. — *Economic Status of First and Readmissions, 1937: Percentage Distribution*

ECONOMIC STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	489	415	904	17.6	18.7	18.2	159	126	285	15.7	16.0	15.8
Marginal .	2,023	1,584	3,607	73.1	71.5	72.3	781	603	1,384	77.2	76.4	76.8
Comfortable	145	133	278	5.2	6.1	5.6	57	52	109	5.6	6.6	6.1
Unknown .	113	83	196	4.1	3.7	3.9	15	8	23	1.5	1.0	1.3
Total .	2,770	2,215	4,985	100.0	100.0	100.0	1,012	789	1,801	100.0	100.0	100.0

(See Tables 200 and 201 for detail)

ADMISSIONS FROM RURAL AND URBAN AREAS, 1937: RATES PER 100,000 POPULATION

In Table 29 first admissions from the urban areas show an admission rate of 121 and those from the rural areas a much lower rate of 48. The rate for the cities is approximately two and one-half times that of the rural areas. In the readmissions the urban group shows an admission rate of 43 with 18 for the rural sections. Here also the urban rate is approximately two and one-half times that of the rural rate. City dwellers have a far greater chance of being admitted for mental disorders than those living in the villages or rural areas.

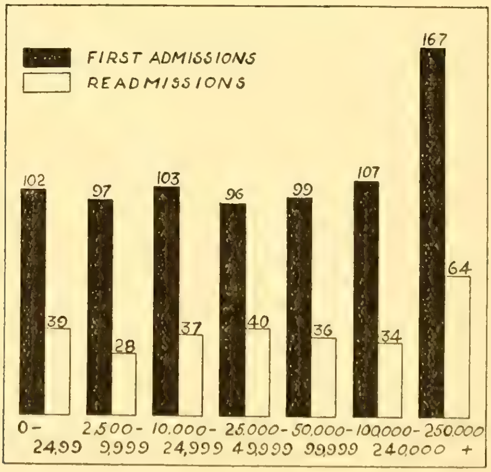
TABLE 29. — *Environment of First and Readmissions, 1937: Rates per 100,000 Population of Same Environment, 1930 Census*

ADMISSIONS	Total	Urban	Rural	Unknown
First Admissions				
Number	4,985	4,639	204	142
Rate	117.3	121.0	48.7	–
Readmissions:				
Number	1,801	1,663	78	60
Rate	42.3	43.4	18.6	–
All Admissions:				
Number	6,786	6,302	282	202
Rate	159.6	164.4	67.4	–

TABLE 30. — *Population of Place of Residence of First and Readmissions, 1937: Rates per 100,000 Same Population Unit, 1930 Census*

POPULATION	Population in Each Unit — 1930 Census	First Admissions		Readmissions	
		No.	Rate	No.	Rate
0– 2,499	199,957	204	102.0	78	39.0
2,500– 9,999	544,976	529	97.0	156	28.6
10,000– 24,999	693,428	721	103.9	262	37.7
25,000– 49,999	576,467	558	96.7	232	40.2
50,000– 99,999	460,411	457	99.2	170	36.9
100,000–249,999	993,187	1,066	107.3	339	34.1
250,000+	781,188	1,308	167.4	504	64.5
Unknown	–	142	–	60	–
Total	4,249,614	4,985	117.3	1,801	42.3

(See Tables 202 and 203 for detail)



GRAPH 2. — POPULATION OF PLACE OF RESIDENCE OF FIRST ADMISSIONS AND READMISSIONS, 1937: ADMISSION RATES PER 100,000 OF SAME POPULATION GROUP

POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS, 1937

Table 30 and Graph 2 show that first admissions show their low admission rate in the intermediate cities with population between 25,000 and 49,999. The admission rates for all population groups for the villages up to 100,000 population are very constant. The group 100,000–249,999 is higher with a rate of 107 and the large cities (250,000 plus) show a rate which is 56% higher than any of the other groups.

In the readmissions the low rate of 28 occurs in the 2,500–9,999 group. In readmissions as in first admissions the large cities (250,000 plus) with a rate of 64 are sixty per cent higher than any of the other population groups. In the readmissions the difference between the other population groups and the large cities is more pronounced.

Degree of Education of Admissions, 1937

Table 31 shows that 52% of first admissions during 1937 had a common school education and 23% a high school educaton. Five per cent report a college education and 5% were illiterate. The females present the higher percentages in the illiterate and high school groups, and the males are higher in the groups "reads and writes", common school and college.

In the readmissions, common school is again high with 53%, high school second with 28% and the college group third with 7%. It is to be noted that these three groups are showing higher percentages in readmissions than first admissions. If the educational accomplishments of first admissions of previous years have remained constant then these higher educational groupings are the ones tending to readmission. Sex differences are essentially the same as in first admissions.

Intemperate Use of Alcohol in Admissions, 1937

In Table 32 twenty-five percent or one in four of all first admissions and 28% of readmissions were recorded as intemperate in the use of alcohol. In first admissions the total for the group "with mental disorder" is 22% of intemperance and 41% in the group "without mental disorder". In readmissions the patients actually psychotic show 24% of intemperance while those "without mental disorder" recorded 57% intemperance.

Marked sex differences are observed. In first admissions with mental disorder the males show 34% intemperance and the females but 8%. In those without mental disorder, however, the sex differences are much less with 47% intemperate in the males and 29% in the females. Essentially the same relationships occur in readmissions. In male first admissions the high proportions of intemperance occur in the alcoholic psychoses — 100%, traumatic psychoses — 66%, without psychoses — 53%, psychopathic personality — 35%, due to drugs — 33%, and other metabolic diseases — 30%. In the females the same order is preserved with the exception that syphilitic meningo-encephalitis takes sixth position.

In the male readmissions the alcoholic psychoses show 100 % of intemperance, psychoses due to drugs — 75%, traumatic psychoses — 66%, without psychoses — 66%, psychopathic personality — 56%, and paranoia — 50%. In the female readmissions the alcoholic psychoses, traumatic psychoses, and other forms of syphilis show 100% intemperate. Without psychoses presents 43% and organic changes of the nervous system, 40%.

Intemperate alcoholic habits are present in a large per cent of mental disorders not diagnosed as the alcoholic psychoses. One in every four of first admissions and two out of every seven readmissions were intemperate in the use of alcohol. The higher percentages in the readmissions, particularly in certain psychoses, indicate that the intemperate use of alcohol is a prominent factor in causing the readmission.

Intemperate Use of Alcohol in First Admissions, 1917–1937

In Table 33 first admissions for the year 1917 show the high intemperance of 25.8%. This drops precipitately to the low of 14% in 1920, the first year of the Eighteenth Amendment. From that point onward there are slightly higher percentages, reaching to 20.2% in 1932. First admissions offered 19% of intemperance in 1933 when the prohibition amendment was repealed. Since that time we have seen gradual increases rising to 25.4% in 1937. This percentage for 1937 is the second highest in the 21 years of this series. The numbers intemperate increased from 884 in 1933 to 1,269 in 1937, an increase of 43%. Total admissions increased nine per cent between the same years.

TABLE 31. — *Degree of Education of First and Readmissions, 1937: Number and Percent*

DEGREE OF EDUCATION	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	131	118	249	4.7	5.3	5.0	31	31	62	3.1	3.9	3.4
Reads only	20	18	38	.7	.8	.8	7	6	13	.7	.8	.7
Reads and Writes	226	155	381	8.2	7.0	7.6	54	44	98	5.3	5.6	5.4
Common School	1,484	1,121	2,605	53.6	50.6	52.2	555	404	959	54.8	51.2	53.1
High School	597	563	1,160	21.5	25.4	23.3	262	242	504	25.9	30.7	28.0
College	160	99	259	5.8	4.5	5.2	85	49	134	8.4	6.2	7.8
Unknown	152	141	293	5.5	6.4	5.9	18	13	31	1.8	1.6	1.6
Total	2,770	2,215	4,985	100.0	100.0	100.0	1,012	789	1,801	100.0	100.0	100.0

(See Tables 198 and 199 for detail)

Table 32. — *First and Readmissions Classified as Intemperate in the Use of Alcohol, 1937, by Mental Disorders: Numbers and Percentages*[1]

Mental Disorders	Total First Admissions			Number Intemperate			Percentage Intemperate			Total Readmissions			Number Intemperate			Percentage Intemperate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	28	6	34	20.4	20.0	20.3	32	10	42	9	1	10	28.1	10.0	23.8
With other forms of syphilis	13	6	19	–	1	1	–	16.7	5.3	5	1	6	1	1	2	20.0	100.0	33.3
With epidemic encephalitis	6	1	7	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–
With other infectious diseases	15	8	23	3	1	4	20.0	12.5	17.3	1	1	2	–	–	–	–	–	–
Alcoholic psychoses	386	67	453	386	67	453	100.0	100.0	100.0	138	7	155	138	7	155	100.0	100.0	100.0
Due to drugs, etc.	18	14	32	6	3	9	33.3	21.4	28.1	4	6	10	3	2	5	75.0	33.3	50.0
Traumatic psychoses	21	3	24	14	2	16	66.7	66.7	66.7	12	1	13	8	1	9	66.7	100.0	69.2
With cerebral arteriosclerosis	458	395	853	104	15	119	22.7	3.8	13.9	47	46	93	15	8	23	31.9	17.4	24.7
With other disturbances of circulation	28	28	56	4	1	5	14.3	3.6	8.9	3	2	5	1	–	1	33.3	–	20.0
With convulsive disorders (epilepsy)	51	45	96	6	3	9	11.8	6.7	9.4	37	17	54	7	–	7	18.9	–	12.9
Senile psychoses	95	207	302	24	11	35	25.3	5.3	11.6	8	16	24	3	1	4	37.5	6.3	16.7
Involutional psychoses	40	106	146	4	1	5	10.0	.9	3.4	5	23	28	–	–	–	–	–	–
Due to other metabolic diseases, etc.	30	42	72	9	5	14	30.0	11.9	19.4	3	3	6	–	–	–	–	–	–
Due to new growth	8	2	10	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
With organic changes of nervous system	43	42	85	12	2	14	27.9	4.8	16.5	8	5	13	1	2	3	12.5	40.0	23.1
Psychoneuroses	131	135	266	26	7	33	19.8	5.2	12.4	49	35	84	9	1	10	18.4	2.8	11.9
Manic-depressive psychoses	198	273	471	37	16	53	18.7	5.9	11.3	158	251	409	42	20	62	26.6	7.9	15.2
Dementia praecox	364	382	746	65	10	75	17.9	2.6	10.1	259	197	456	42	6	48	16.2	3.0	10.5
Paranoia and paranoid conditions	50	57	107	7	5	12	14.0	8.8	11.2	14	30	44	7	2	9	50.0	6.7	20.4
With psychopathic personality	34	24	58	12	6	18	35.3	25.0	31.0	23	20	43	13	6	19	56.5	30.0	44.2
With mental deficiency	49	54	103	12	1	13	24.5	1.8	12.6	28	30	58	10	–	10	35.7	–	17.2
Undiagnosed psychoses	47	47	94	11	5	16	23.4	10.6	17.0	7	6	13	3	–	3	42.8	–	23.1
Without psychoses	450	193	643	241	71	312	53.6	36.8	48.5	160	62	222	106	27	133	66.2	43.5	59.9
Primary behavior disorders	98	54	152	17	2	19	17.3	3.7	12.5	6	9	15	2	2	4	33.3	22.2	26.7
Total With Mental Disorder	2,222	1,968	4,190	770	168	938	34.6	8.5	22.4	846	718	1,564	312	68	380	36.9	9.5	24.3
Total Without Mental Disorder	548	247	795	258	73	331	47.1	29.5	41.6	166	71	237	108	29	137	65.1	40.8	57.8
Grand Total	2,770	2,215	4,985	1,028	241	1,269	37.1	10.9	25.4	1,012	789	1,801	420	97	517	41.5	12.3	28.7

(See Tables 189 and 190 for detail)

[1] These percentages are based upon the total of each psychosis of first and readmissions.

TABLE 33. — *First Admissions, 1917–1937, Classified as Intemperate in the Use of Alcohol: Percentage Distribution*[1]

YEAR	First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,853	1,805	3,658	727	217	944	39.2	12.0	25.8
1918	1,860	1,727	3,587	589	144	733	31.6	8.3	20.4
1919	1,929	1,756	3,685	566	124	690	29.3	7.0	18.7
1920	1,708	1,571	3,279	392	69	461	22.9	4.3	14.0
1921	1,848	1,593	3,441	455	78	533	24.6	4.8	15.4
1922	2,049	1,764	3,813	555	100	655	27.0	5.6	17.1
1923	1,804	1,694	3,498	606	91	697	33.5	5.3	19.9
1924	1,959	1,677	3,636	683	95	778	34.8	5.6	21.3
1925	2,081	1,721	3,802	651	118	769	31.2	6.8	20.2
1926	1,941	1,714	3,655	608	154	762	31.3	8.9	20.8
1927	2,082	1,756	3,838	691	84	775	33.1	4.7	20.1
1928	2,212	1,820	4,032	681	118	799	30.7	6.4	19.8
1929	2,209	1,912	4,121	669	92	761	30.2	4.8	18.4
1930	2,295	1,978	4,273	674	111	785	29.3	5.6	18.3
1931	2,472	2,036	4,508	745	124	869	30.1	6.0	19.2
1932	2,510	1,988	4,498	786	126	912	31.3	6.3	20.2
1933	2,568	1,986	4,554	771	113	884	30.0	5.6	19.4
1934	2,589	1,960	4,549	833	148	981	32.1	7.5	21.5
1935	2,680	2,136	4,816	922	191	1,113	34.4	8.9	23.1
1936	2,846	2,189	5,035	1,027	215	1,242	36.0	9.8	24.6
1937	2,770	2,215	4,985	1,028	241	1,269	37.1	10.9	25.4

[1] Includes all State Hospitals, Bridgewater, Tewksbury, and McLean. U. S. Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

The males show vastly higher percentages of intemperance throughout the years. During the years preceding the Eighteenth Amendment the percentages of intemperance for the sexes were closer together than after the year 1920. It is to be noted that since 1933 the intemperance in the females has been rising more rapidly than in the males with the result that the relationship between males and females is approaching the relationship observed in the year 1917. Evidently prohibition was of the greatest assistance to the sex needing it the least — the females. Conversely, the return of liquor has resulted in a greater increase of intemperance in females than in males.

TABLE 34A. — *Number and Percentage with Senile Psychoses, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	104	154	258	5.6	8.5	7.0	13	16	29	1.9	2.5	2.2
1918	110	188	298	5.9	10.8	8.3	11	15	26	1.5	2.3	1.9
1919	105	186	291	5.4	10.5	7.8	4	14	18	.5	2.2	1.3
1920	116	194	310	6.7	12.3	9.4	8	17	25	1.1	2.7	1.9
1921	133	203	336	7.1	12.7	9.7	15	26	41	2.0	3.9	2.9
1922	133	178	311	6.4	10.0	8.1	6	15	21	9	2.3	1.6
1923	78	172	250	4.3	10.1	7.1	13	20	33	2.0	3.5	2.7
1924	84	137	221	4.2	8.1	6.0	13	17	30	1.8	2.8	2.2
1925	97	190	287	4.6	11.0	7.5	7	15	22	1.0	2.5	1.7
1926	88	184	272	4.5	10.7	7.4	8	18	26	1.2	3.0	2.0
1927	86	184	270	4.1	10.4	7.0	4	18	22	.5	2.9	1.7
1928	140	205	345	6.3	11.2	8.5	6	20	26	.7	2.8	1.7
1929	87	200	287	3.9	10.4	6.9	6	20	26	.7	3.1	1.8
1930	105	178	283	4.5	8.9	6.6	9	22	31	1.1	3.0	2.0
1931	89	186	275	3.6	9.1	6.1	8	19	27	.9	2.5	1.6
1932	90	133	223	3.5	6.6	4.9	9	18	27	1.0	2.4	1.7
1933	92	166	258	3.5	8.3	5.6	5	15	20	.5	1.9	1.2
1934	93	154	247	3.5	7.8	5.4	18	11	29	1.8	1.4	1.6
1935	112	178	290	4.1	8.3	6.0	11	19	30	1.1	2.3	1.7
1936	95	150	245	3.3	6.8	4.8	6	11	17	.6	1.2	.9
1937	95	207	302	3.4	9.3	6.0	8	16	24	.7	2.0	1.3
Total	2,132	3,727	5,859	4.6	9.5	6.8	188	362	550	1.1	2.5	1.8

INCIDENCE OF CERTAIN MENTAL DISORDERS IN FIRST ADMISSIONS AND READMISSIONS, 1917–1937

Tables 34A to 34J, inclusive, show the percentage of first admissions and readmissions for certain psychoses over the period 1917–1937, inclusive. Only those psychoses which were most important numerically are reported. Heretofore these percentages have been reported on court commitment only. This year the data of our Rockefeller Research Project is being used to give us these percentages, based upon all first admissions and all readmissions whatever the legal form of admission may have been.

Senile Psychoses

Table 34A shows that the 9.5% of female first admissions in the classification of senile psychoses is over twice that of the males (4.6%). The males show the high of 7.1% in 1921 and decreased gradually to the low of 3.3% in 1936. The females decreased from the high of 12.7% in 1921 to the low of 6.6% in 1932.

In the readmissions 1.1% of males were classified as senile psychoses and the females more than double this with 2.5%. The males have shown lower percentages during the past ten years than the first ten years of the period studied. The females show a high of 3.9% in 1921 decreasing to a low of 1.2% in 1936.

Psychoses with Cerebral Arteriosclerosis

Table 34B demonstrates that 13% of male first admissions and 12% of female first admissions were classfied as psychoses with cerebral arteriosclerosis. In this psychosis we see definite increases. The males rise from a low of 7.6% in 1917 to 16.8% in 1935. The females increased from a low of 5.9% in 1919 to a high of 18.1% in 1936.

TABLE 34B. — *Number and Percentage with Cerebral Arteriosclerosis, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	142	119	261	7.6	6.5	7.1	21	9	30	3.1	1.4	2.3
1918 . .	165	120	285	8.8	6.9	7.9	17	11	28	2.3	1.7	2.0
1919 . .	190	104	294	9.8	5.9	7.9	22	13	35	3.2	2.1	2.7
1920 . .	169	123	292	9.8	7.8	8.9	17	18	35	2.5	2.9	2.7
1921 . .	173	99	272	9.3	6.2	7.9	15	16	31	2.0	2.4	2.2
1922 . .	193	158	351	9.4	8.9	9.2	15	10	25	2.3	1.5	1.9
1923 . .	185	190	375	10.2	11.2	10.7	17	26	43	2.7	4.5	3.6
1924 . .	204	202	406	10.4	12.0	11.1	22	23	45	3.1	3.8	3.4
1925 . .	236	198	434	11.3	11.5	11.4	22	19	41	3.4	3.2	3.3
1926 . .	239	201	440	12.3	11.7	12.0	16	27	43	2.4	4.5	3.4
1927 . .	276	185	461	13.2	10.5	12.0	39	22	61	5.7	3.6	4.7
1928 . .	280	186	466	12.6	10.2	11.5	26	18	44	3.3	2.5	2.9
1929 . .	294	232	526	13.3	12.1	12.7	35	22	57	4.6	3.4	4.1
1930 . .	318	258	576	13.8	13.0	13.4	23	16	39	2.9	2.2	2.5
1931 . .	351	307	658	14.1	15.0	14.5	37	24	61	4.2	3.2	3.7
1932 . .	378	288	666	15.0	14.4	14.8	42	42	84	5.0	5.7	5.3
1933 . .	393	327	720	15.3	16.4	15.8	43	49	92	5.0	6.3	5.6
1934 . .	452	345	797	17.4	17.6	17.5	47	39	86	4.8	5.0	4.9
1935 . .	451	316	767	16.8	14.7	15.9	46	32	78	4.7	4.0	4.4
1936 . .	473	397	870	16.6	18.1	17.2	52	46	98	5.5	5.2	5.4
1937 . .	458	395	853	16.5	17.8	17.1	47	46	93	4.6	5.8	5.1
Total	6,020	4,750	10,770	13.0	12.1	12.6	621	528	1,149	3.8	3.7	3.7

In the readmissions also, the sexes are balanced, this psychosis constituting 3.8% of males and 3.7% of female admissions. The males show a low of 2% in 1921 with high percentages during the last ten years of the period. The females increased from a low of 1.4% in 1917 to a high of 6.3% in 1933.

Psychoses with Syphilitic Meningo-Encephalitis (General Paresis)

Table 34C points out that 8.3% of male and 2.5% of female first admissions were classified as general paresis, the percentage for the males being three times that of the females. The males decreased from a high of 10.9% in 1923 to a low of 4.9% in 1937. The females decreased from a high of 3.6% in 1921 to a low of 1.3% in 1937.

Table 34C. — *Number and Percentage with Syphilitic Meningo-Encephalitis, (General Paresis), First and Readmissions, 1917–1937*

Year	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	193	52	245	10.4	2.8	6.6	70	8	78	10.3	1.2	5.9
1918 . .	201	51	252	10.8	2.9	7.0	105	13	118	14.4	2.0	8.6
1919 . .	184	45	229	9.5	2.5	6.2	57	12	69	8.3	1.9	5.3
1920 . .	186	51	237	10.8	3.2	7.2	57	11	68	8.5	1.8	5.3
1921 . .	177	58	235	9.5	3.6	6.8	47	13	60	6.5	1.9	4.3
1922 . .	190	58	248	9.2	3.2	6.5	30	12	42	4.6	1.9	3.2
1923 . .	198	48	246	10.9	2.8	7.0	41	6	47	6.6	1.0	3.9
1924 . .	201	57	258	10.2	3.3	7.0	36	7	43	5.0	1.1	3.2
1925 . .	215	36	251	10.3	2.0	6.6	27	9	36	4.1	1.5	2.9
1926 . .	183	50	233	9.4	2.9	6.3	32	9	41	4.9	1.5	3.3
1927 . .	176	34	210	8.4	1.9	5.4	21	6	27	3.0	.9	2.0
1928 . .	181	50	231	8.1	2.7	5.7	28	6	34	3.5	.8	2.2
1929 . .	186	37	223	8.4	1.9	5.4	34	4	38	4.5	.6	2.7
1930 . .	208	49	257	9.0	2.4	6.0	42	7	49	5.2	.9	3.2
1931 . .	166	38	204	6.7	1.8	4.5	31	11	42	3.5	1.4	2.6
1932 . .	170	54	224	6.7	2.7	4.9	43	6	49	5.1	.8	3.1
1933 . .	182	38	220	7.0	1.9	4.8	30	12	42	3.5	1.5	2.5
1934 . .	174	51	225	6.7	2.6	4.9	26	17	43	2.6	2.2	2.4
1935 . .	190	45	235	7.0	2.1	4.8	31	9	40	3.1	1.1	2.2
1936 . .	151	57	208	5.3	2.6	4.1	26	13	39	2.7	1.4	2.1
1937 . .	137	30	167	4.9	1.3	3.3	32	10	42	3.1	1.2	2.3
Total	3,849	989	4,838	8.3	2.5	5.6	846	201	1,047	5.2	1.4	3.4

In the readmissions the males with general paresis (5.2%) are nearly four times as numerous as the females (1.4%). The males decreased from the high of 14.4% in 1918 to the low of 2.6% in 1934. Females, in general, present lower percentages during the last ten years of the period than during the first ten years.

Table 34D. — *Number and Percentage with Alcoholic Psychoses, First and Readmissions, 1917–1937*

Year	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	346	89	435	18.6	4.9	11.8	113	22	135	16.7	3.4	10.3
1918 . .	242	45	287	13.0	2.6	8.0	81	21	102	11.1	3.2	7.4
1919 . .	233	54	287	12.0	3.0	7.7	66	20	86	9.7	3.2	6.6
1920 . .	109	17	126	6.3	1.0	3.8	40	8	48	5.9	1.3	3.7
1921 . .	149	27	176	8.0	1.6	5.1	67	17	84	9.2	2.5	6.1
1922 . .	245	39	284	11.9	2.2	7.4	65	15	80	10.0	2.3	6.2
1923 . .	279	39	318	15.4	2.3	9.0	78	11	89	12.5	1.9	7.4
1924 . .	324	36	360	16.5	2.1	9.9	98	16	114	13.8	2.6	8.7
1925 . .	272	35	307	13.0	2.0	8.0	69	8	77	10.7	1.3	6.2
1926 . .	249	40	289	12.8	2.3	7.9	69	11	80	10.5	1.8	6.4
1927 . .	309	32	341	14.8	1.8	8.8	84	12	96	12.3	1.9	7.4
1928 . .	295	46	341	13.3	2.5	8.4	85	9	94	10.8	1.2	6.3
1929 . .	320	39	359	14.4	2.0	8.7	93	13	106	12.3	2.0	7.6
1930 . .	289	42	331	12.5	2.1	7.7	97	10	107	12.2	1.4	7.1
1931 . .	339	41	380	13.7	2.0	8.4	92	10	102	10.5	1.3	6.3
1932 . .	309	55	364	12.3	2.7	8.0	89	16	105	10.6	2.1	6.6
1933 . .	292	40	332	11.3	2.0	7.2	91	12	103	10.6	1.5	6.3
1934 . .	349	46	395	13.4	2.3	8.6	111	18	129	11.3	2.3	7.3
1935 . .	362	66	428	13.5	3.0	8.8	151	21	172	15.5	2.6	9.7
1936 . .	395	56	451	13.8	2.5	8.9	119	21	140	12.7	2.4	7.7
1937 . .	386	67	453	13.9	3.0	9.0	138	17	155	13.6	2.1	8.6
Total	6,093	951	7,044	13.1	2.4	8.2	1,896	308	2,204	11.6	2.1	7.2

Alcoholic Psychoses

Table 34D demonstrates the males with 13.1%, showing a percentage five times as high as that of the females (2.4%) for the alcoholic psychoses. The males show a high of 18.6% in 1917, dropping to the low of 6.3% in 1920, the first year of the Eighteenth Amendment. Gradual rises follow. Following the repeal of prohibition, in 1933, we see a consistent increase from 13.4% in 1934 to 13.9% in 1937.

The females show a high of 4.9% in 1917 dropping to the low of 1.0% in 1920. From that point on we see one or two per cent fairly consistently until 1935 when there is a rise to three per cent. This same figure is again observed in 1937.

Among the readmissions the alcoholic psychoses comprise 2.1% of females and 11.6% of males. The males show the high of 16.7% in 1917, the low of 5.9% in 1920 and rise from that point onward. Again in 1934, the year marking the return of alcoholic beverages, we see an increase and in 1935 we find 15.5%, the second highest percentage of the twenty-one year period. In the females the high of 3.4% occurs in 1917 and the low of 1.2% in 1928. Again the years from 1934 onward show a return to the high percentages.

Dementia Praecox

Table 34E shows that 16.5% of male first admissions were diagnosed as dementia praecox over the period 1917–1937 and the females were one-fourth higher with 20.6%. The males show the high of 23.7% in 1920 decreasing to the low of 12.2% in 1936. The females show the high of 27.6% in 1919 and decrease to 16.4% in 1936.

TABLE 34E. — *Number and Percentage with Dementia Praecox, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	391	431	822	21.1	23.8	22.4	173	238	411	25.6	37.7	31.5
1918 . .	424	429	853	22.7	24.8	23.7	216	219	435	29.7	34.3	31.9
1919 . .	447	485	932	23.1	27.6	25.2	214	205	419	31.5	33.4	32.4
1920 . .	405	387	792	23.7	24.6	24.1	222	224	446	33.2	36.6	34.8
1921 . .	433	437	870	23.4	27.4	25.2	225	216	441	31.1	32.9	32.0
1922 . .	411	391	802	20.0	22.1	21.0	171	188	359	26.3	29.8	28.0
1923 . .	306	372	678	16.9	21.9	19.3	173	158	331	27.8	27.9	27.8
1924 . .	382	359	741	19.4	21.4	20.3	205	179	384	28.9	29.8	29.3
1925 . .	362	358	720	17.3	20.8	18.9	194	166	360	30.1	28.4	29.3
1926 . .	364	368	732	18.7	21.4	20.0	191	150	341	29.3	25.3	27.4
1927 . .	377	391	768	18.1	22.2	20.0	172	194	366	25.2	32.0	28.4
1928 . .	317	326	643	14.3	17.9	15.9	213	175	388	27.1	25.0	26.1
1929 . .	325	372	697	14.7	19.4	16.9	205	161	366	27.1	25.5	26.4
1930 . .	311	357	668	13.5	18.0	15.6	202	182	384	25.4	25.5	25.5
1931 . .	322	368	690	13.0	18.0	15.3	196	190	386	22.4	25.8	24.0
1932 . .	335	346	681	13.3	17.4	15.1	177	167	344	21.2	22.7	21.9
1933 . .	341	390	731	13.2	19.6	16.0	175	209	384	20.5	27.2	23.7
1934 . .	335	345	680	12.9	17.6	14.9	191	200	391	19.5	25.9	22.3
1935 . .	364	406	770	13.5	19.0	15.9	208	196	404	21.4	24.7	22.9
1936 . .	349	360	709	12.2	16.4	14.0	205	189	394	21.9	21.6	21.8
1937 . .	364	382	746	13.1	17.2	14.9	259	197	456	25.5	24.9	25.3
Total	7,665	8,060	15,725	16.5	20.6	18.4	4,187	4,003	8,190	25.8	28.1	26.9

Dementia praecox comprises much higher percentages of readmissions than first admissions. The males make up 25% and females 28% of all readmissions over the period 1917–1937. Comparing these percentages with first admissions suggests a greater tendency to readmission in the males. The males show the high of 33.2% in 1920 decreasing to 19.5% in 1934. The females show the high of 37.7% in 1917 decreasing to the low of 21.6% in 1936.

Over the past 21 years the percentages of this very serious mental disorder have been decreasing in both first admissions and in readmissions. Particularly significant are the larger decreases in first admissions.

Manic-Depressive Psychoses

Male first admissions diagnosed as manic-depressive make up 7.1% of all first admissions and the females are higher with 12.3% (Table 34F). The males are showing moderate increases in this psychosis, rising from a low of 5.2% in 1918 to 9.1% in 1930. The subsequent years show a rather high level for this diagnosis. In the females the results are less symmetrical, but the last ten years are showing higher percentages than the first ten years of the period studied.

TABLE 34F. — *Number and Percentage with Manic-Depressive Psychoses, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	105	198	303	5.6	10.9	8.2	98	158	256	14.5	25.0	19.6
1918 . .	97	194	291	5.2	11.2	8.1	90	147	237	12.4	23.0	17.3
1919 . .	108	190	298	5.5	10.8	8.0	101	158	259	14.8	25.8	20.0
1920 . .	121	164	285	7.0	10.4	8.6	98	134	232	14.6	21.9	18.1
1921 . .	120	163	283	6.4	10.2	8.2	134	164	298	18.5	25.0	21.6
1922 . .	113	188	301	5.5	10.6	7.8	94	153	247	14.4	24.3	19.3
1923 . .	134	210	344	7.4	12.3	9.8	103	153	256	16.5	27.0	21.5
1924 . .	146	222	368	7.4	13.2	10.1	106	142	248	14.9	23.7	18.9
1925 . .	142	252	394	6.8	14.6	10.3	99	145	244	15.3	24.8	19.8
1926 . .	153	233	386	7.8	13.5	10.5	115	172	287	17.6	29.1	23.1
1927 . .	128	235	363	6.1	13.3	9.4	114	155	269	16.7	25.5	20.9
1928 . .	174	266	440	7.8	14.6	10.9	130	203	333	16.5	29.0	22.4
1929 . .	157	261	418	7.1	13.6	10.1	142	190	332	18.8	30.1	23.9
1930 . .	209	263	472	9.1	13.2	11.0	134	215	349	16.8	30.1	23.1
1931 . .	221	246	467	8.9	12.0	10.3	184	188	372	21.1	25.5	23.1
1932 . .	234	271	505	9.3	13.6	11.2	159	197	356	19.0	26.8	22.7
1933 . .	190	260	450	7.3	13.0	9.8	154	204	358	18.0	26.6	22.1
1934 . .	167	200	367	6.4	10.2	8.0	150	201	351	15.3	26.1	20.0
1935 . .	173	263	436	6.4	12.3	9.0	166	215	381	17.1	27.1	21.6
1936 . .	232	258	490	8.1	11.7	9.7	143	258	401	15.2	29.6	22.1
1937 . .	198	273	471	7.1	12.3	9.4	158	251	409	15.6	31.8	22.7
Total	3,322	4,810	8,132	7.1	12.3	9.5	2,672	3,803	6,475	16.4	26.7	21.2

In common with dementia praecox this diagnosis comprises much larger percentages of the readmissions than of the first admissions, making up 16.4% of male and 26.7% of female readmissions. As in first admissions the percentage for the females is nearly twice that of the males. The male readmissions also show general increases, rising from a low of 12.4% in 1918 to a high of 21.1% in 1931. The females rise from a low of 21.9% in 1920 to a high of 31.8% in 1937.

Psychoses with Mental Deficiency

Table 34G shows that 2.2% of male and 2.6% of female first admissions were placed in this diagnostic classification. In the males the high of 2.6% occurs in 1926 and 1930, and the low of 1.7% in 1937. In the females we see a rather even distribution with little indication of a trend.

TABLE 34G. — *Number and Percentage with Mental Deficiency, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	47	43	90	2.5	2.3	2.4	29	25	54	4.3	3.9	4.1
1918 . .	34	37	71	1.8	2.1	1.9	28	24	52	3.8	3.7	3.8
1919 . .	44	42	86	2.2	2.3	2.3	23	30	53	3.3	4.9	4.1
1920 . .	44	52	96	2.5	3.3	2.9	33	20	53	4.9	3.2	4.1
1921 . .	41	43	84	2.2	2.6	2.4	35	32	67	4.8	4.8	4.8
1922 . .	52	53	105	2.5	3.0	2.7	27	36	63	4.1	5.7	4.9
1923 . .	39	33	72	2.1	1.9	2.0	25	19	44	4.0	3.3	3.7
1924 . .	45	51	96	2.2	3.0	2.6	19	27	46	2.6	4.5	3.5
1925 . .	53	52	105	2.5	3.0	2.7	31	28	59	4.8	4.7	4.8
1926 . .	52	40	92	2.6	2.3	2.5	27	29	56	4.1	4.9	4.5
1927 . .	43	31	74	2.0	1.7	1.9	40	29	69	5.8	4.7	5.3
1928 . .	47	48	95	2.1	2.6	2.3	49	27	76	6.2	3.8	5.1
1929 . .	41	59	100	1.8	3.0	2.4	34	31	65	4.5	4.9	4.6
1930 . .	61	69	130	2.6	3.4	3.0	29	43	72	3.6	6.0	4.7
1931 . .	59	68	127	2.3	3.3	2.8	30	48	78	3.4	6.5	4.8
1932 . .	58	58	116	2.3	2.9	2.5	38	40	78	4.5	5.4	4.9
1933 . .	52	54	106	2.0	2.7	2.3	41	33	74	4.8	4.3	4.5
1934 . .	48	57	105	1.8	2.9	2.3	34	38	72	3.4	4.9	4.1
1935 . .	49	49	98	1.8	2.2	2.0	35	38	73	3.6	4.7	4.1
1936 . .	65	48	113	2.2	2.1	2.2	41	38	79	4.3	4.3	4.3
1937 . .	49	54	103	1.7	2.4	2.0	28	30	58	2.7	3.8	3.2
Total	1,023	1,041	2,064	2.2	2.6	2.4	676	665	1,341	4.1	4.6	4.4

This psychosis tends to readmission as we note the higher proportions of 4.1% in the males and 4.6% in the females. The distribution is fairly evenly balanced in the males with the last ten years on a slightly lower level than the first ten years. In the females we have a slightly higher level in the last ten years of the period studied.

Psychoses Due to Drugs

Table 34H shows that the sexes are fairly evenly balanced in first admissions. This psychosis presents .5% of first admissions in both sexes. In the males the low of .1% occurs in 1920 and the high of .9 in 1931. In the females the low of .1% occurs in 1919 and the high of 1.3% in 1931. Both sexes are showing higher levels over the past ten years of the period.

This psychosis comprises .5 of male and .4% of female readmissions. Tendency to higher levels during the past ten years is noted in both sexes.

TABLE 34H —*Number and Percentage with Psychoses Due to Drugs, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	4	6	10	.2	.3	.2	2	–	2	.2	–	.1
1918 . .	4	8	12	.2	.4	.3	3	2	5	.4	.3	.3
1919 . .	5	2	7	.2	.1	.1	1	2	3	.1	.3	.2
1920 . .	3	9	12	.1	.5	.3	1	3	4	.1	.4	.3
1921 . .	7	4	11	.3	.2	.3	3	6	9	.4	.9	.6
1922 . .	11	12	23	.5	.6	.6	3	4	7	.4	.6	.5
1923 . .	9	9	18	.4	.5	.5	3	3	6	.4	.5	.5
1924 . .	10	8	18	.5	.4	.4	4	–	4	.5	–	.3
1925 . .	8	4	12	.3	.2	.3	2	2	4	.3	.3	.3
1926 . .	12	8	20	.6	.4	.5	2	4	6	.3	.6	.4
1927 . .	11	6	17	.5	.3	.4	2	3	5	.2	.4	.3
1928 . .	9	7	16	.4	.3	.3	4	2	6	.5	.2	.4
1929 . .	14	10	24	.6	.5	.5	4	3	7	.5	.4	.5
1930 . .	13	21	34	.5	1.0	.7	9	4	13	1.1	.5	.8
1931 . .	23	28	51	.9	1.3	1.1	6	6	12	.6	.8	.7
1932 . .	20	18	38	.7	.9	.8	7	6	13	.8	.8	.8
1933 . .	17	13	30	.6	.6	.6	6	3	9	.7	.3	.5
1934 . .	15	13	28	.5	.6	.6	8	4	12	.8	.5	.6
1935 . .	13	15	28	.4	.7	.5	4	4	8	.4	.5	.4
1936 . .	12	11	23	.4	.5	.4	5	3	8	.5	.3	.4
1937 . .	18	14	32	.6	.6	.6	4	6	10	.3	.7	.5
Total .	238	226	464	.5	.5	.5	83	70	153	.5	.4	.5

Psychoneuroses

Table 34J shows that 2.3% of male and 3.3% of female first admissions were diagnosed as psychoneuroses. Definite increases have taken place over the years in this classification. In the males the low of 1.2% occurs in 1919 and 1917, increasing four fold to the high of 4.7% in 1937. In the females there is a parallel increase rising from the low of 1.5% in 1920 to the high of 6.0% in 1937.

This diagnosis made up 2.1% of male and 3.2% of female readmissions. The males increase from the low of .2% in 1920 to the high of 4.8% in 1937. The females rise from the low of 1.1% in 1925 to the high of 5.1% in 1932. In both first and readmissions the psychoneuroses have shown a four fold increase over the 21-year period.

ECONOMIC STATUS OF FIRST AND READMISSIONS, 1937, BY MENTAL DISORDERS

Table 35 presents the percentage distribution of the psychoses in the groups, dependent, marginal and comfortable for both first and readmissions. Dementia praecox and alcoholic psychoses offer their high points in the group of marginal economic status. Dementia praecox shows 12% in the dependent classification, 16% in the marginal and 12% in the comfortable group. The alcoholic psychoses show 5% in the dependent, 10% in the marginal and 3% in the comfortable. Of the numerically important psychoses cerebral arteriosclerosis, senile psychoses and mental deficiency are high in the dependent classification. Cerebral arteriosclerosis makes up 28% of the dependent, 13% marginal and 12% of the comfortable The senile psychoses comprise 11% dependent, 4% marginal and 6% of the comfortable. Psychoses with mental deficiency make up 4% of the dependent, 1% marginal and .4% of the comfortable. Psychoneuroses, manic-depressive psychoses and the group without psychoses, are relatively high in the comfortable group. The psychoneuroses comprise 2% of the dependent, 6% marginal and 7% of the comfortable. Manic-depressive offers 4% of the dependent, 10% marginal and 22% of the comfortable. The without psychoses classification shows 10% in the dependent group, 13% in the marginal and 16% in the comfortable.

TABLE 34J. — *Number and Percentage with Psychoneuroses, First and Readmissions, 1917–1937*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	23	46	69	1.2	2.5	1.8	8	9	17	1.1	1.4	1.3
1918 . .	33	42	75	1.7	2.4	2.0	5	19	24	.6	2.9	1.7
1919 . .	25	47	72	1.2	2.6	1.9	14	10	24	2.0	1.6	1.8
1920 . .	28	24	52	1.6	1.5	1.5	2	18	20	.2	2.9	1.5
1921 . .	34	37	71	1.8	2.3	2.0	14	16	30	1.9	2.4	2.1
1922 . .	48	62	110	2.3	3.5	2.8	16	18	34	2.4	2.8	2.6
1923 . .	34	51	85	1.8	3.0	2.4	9	14	23	1.4	2.4	1.9
1924 . .	34	50	84	1.7	2.9	2.3	12	14	26	1.6	2.3	1.9
1925 . .	51	28	79	2.4	1.6	2.0	9	7	16	1.3	1.1	1.3
1926 . .	32	48	80	1.6	2.8	2.1	11	21	32	1.6	3.5	2.5
1927 . .	31	48	79	1.4	2.7	2.0	11	18	29	1.6	2.9	2.2
1928 . .	33	48	81	1.4	2.6	2.0	7	24	31	.8	3.4	2.0
1929 . .	42	45	87	1.9	2.3	2.1	7	17	24	.9	2.6	1.7
1930 . .	57	49	106	2.4	2.4	2.4	20	21	41	2.5	2.9	2.7
1931 . .	56	64	120	2.2	3.1	2.6	25	21	46	2.8	2.8	2.8
1932 . .	46	75	121	1.8	3.7	2.6	13	38	51	1.5	5.1	3.2
1933 . .	72	81	153	2.8	4.0	3.3	37	33	70	4.3	4.3	4.3
1934 . .	80	76	156	3.0	3.8	3.4	27	28	55	2.7	3.6	3.1
1935 . .	87	113	200	3.2	5.2	4.1	21	33	54	2.1	4.1	3.0
1936 . .	106	121	227	3.7	5.5	4.5	37	43	80	3.9	4.9	4.4
1937 . .	131	135	266	4.7	6.0	5.3	49	35	84	4.8	4.4	4.6
Total	1,083	1,290	2,373	2.3	3.3	2.7	354	457	811	2.1	3.2	2.6

TABLE 35. — *Economic Status of First and Readmissions, 1937, by Mental Disorders: Percentage Distribution*

MENTAL DISORDERS	FIRST ADMISSIONS				READMISSIONS			
	Dependent	Marginal	Comfortable	Unknown	Dependent	Marginal	Comfortable	Unknown
With syphilitic meningo-encephalitis	3.3	3.7	.7	.5	1.8	2.7	–	–
With other forms of syphilis . .	.6	.2	1.1	1.5	.7	.3	–	–
With epidemic encephalitis . .	.2	.1	.4	–	.4	.2	–	–
With other infectious diseases . .	.3	.5	.4	.5	.4	.1	–	–
Alcoholic psychoses	5.4	10.5	3.6	8.6	8.8	9.0	3.7	4.3
Due to drugs, etc.	.1	.7	1.8	.5	1.0	.4	.9	–
Traumatic psychoses	.7	.5	–	.5	1.4	.6	.9	–
With cerebral arteriosclerosis . .	28.9	13.5	12.2	36.6	7.7	4.4	3.7	26.1
With other disturbances of circulation	.8	1.0	1.4	4.5	.4	.3	–	–
With convulsive disorders (epilepsy)	3.4	1.5	3.2	1.0	4.9	2.7	.9	4.3
Senile psychoses	11.9	4.3	6.8	10.2	1.4	1.2	1.8	4.3
Involutional psychoses	1.5	3.4	2.9	1.0	1.4	1.4	3.7	–
Due to other metabolic diseases, etc.	1.1	1.6	.7	1.0	–	.4	–	–
Due to new growth	.2	.2	–	1.0	.4	–	.9	–
With organic changes of nervous system	2.8	1.4	1.1	4.6	1.8	.6	–	–
Psychoneuroses	2.5	6.0	7.2	2.6	3.5	4.9	5.5	–
Manic-depressive psychoses . .	4.0	10.1	22.3	3.6	11.2	24.1	37.6	17.5
Dementia praecox	12.8	16.0	12.2	9.1	28.7	24.6	24.8	26.1
Paranoia and paranoid conditions .	2.4	2.1	1.8	3.1	3.5	2.2	3.7	–
With psychopathic personality .	1.2	1.1	1.8	.5	3.8	2.3	–	–
With mental deficiency . . .	4.3	1.6	.4	2.0	7.0	2.6	–	8.7
Undiagnosed psychoses . . .	.7	2.4	.7	.5	–	.9	–	–
Without psychoses	10.3	13.6	16.9	6.1	9.1	13.2	11.9	8.7
Primary behavior disorders . .	.6	4.0	.4	.5	.7	.9	–	–
Total With Mental Disorder .	89.1	82.4	82.7	93.4	90.2	86.0	88.1	91.3
Total Without Mental Disorder	10.9	17.6	17.3	6.6	9.8	14.0	11.9	8.7
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0

(See Tables 200 and 201 for detail)

In the readmissions the alcoholic psychoses, cerebral arteriosclerosis, psychoneuroses and manic-depressive show about the same positions as in the first admissions. Dementia praecox has moved from the high in the marginal group in the first admissions to a high point of 28% in the dependent classification. The without psychoses group is not showing its high point in the comfortable classification but now places in the marginal. Psychoses with convulsive disorders are important in readmissions with 4% in the dependent, 2% in the marginal classification and .9% in the comfortable. Relatively the dependent and marginal groups are becoming more important among the readmissions. In dementia praecox the dependent group is tending to readmission.

Mental Disorders of Readmissions Admitted by Transfer

Table 36 shows the psychoses of cases transferred from one mental hospital to another during the year 1937. As these cases have remained in the resident population of some one of our hospitals and thus within the State statistical system, they are not included in the admission statistics. They do appear, of course, in the tables on resident population. Dementia praecox made up 37% of all cases transferred. Manic-depressive psychoses comprised 12%, general paresis 7.6%, cerebral arteriosclerosis 7.2% and the alcoholic psychoses 5.9%. Dementia praecox which made up 14% of first admissions and 25% of readmissions in 1937 constitutes 37% of all cases transferred during the same year. The tendency of this psychosis to chronicity and resultant retention within hospitals, is obvious.

Table 36. — *Mental Disorders of Cases Admitted by Transfer to Hospitals for Mental Diseases, 1937: Percentage Distribution*

Mental Disorders	Number			Percent		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	45	11	56	12.6	2.9	7.6
With other forms of syphilis	3	1	4	.8	.3	.5
With epidemic encephalitis	4	1	5	1.1	.3	.7
With other infectious diseases	1	–	1	.3	–	.1
Alcoholic psychoses	37	6	43	10.4	1.6	5.9
Due to drugs, etc.	1	–	1	.3	–	.1
Traumatic psychoses	2	–	2	.6	–	.3
With cerebral arteriosclerosis	17	36	53	4.7	9.5	7.2
With other disturbances of circulation	1	–	1	.3	–	.1
With convulsive disorders (epilepsy)	30	3	33	8.4	.8	4.6
Senile psychoses	6	20	26	1.7	5.3	3.5
Involutional psychoses	6	18	24	1.7	4.8	3.3
Due to other metabolic diseases, etc.	2	7	9	.6	1.9	1.2
Due to new growth	–	–	–	–	–	–
With organic changes of nervous system	4	2	6	1.1	.5	.8
Psychoneuroses	6	6	12	1.7	1.6	1.6
Manic-depressive psychoses	37	56	93	10.4	14.8	12.7
Dementia praecox	123	153	276	34.4	40.6	37.7
Paranoia and paranoid conditions	2	20	22	.6	5.3	3.0
With psychopathic personality	3	3	6	.8	.8	.8
With mental deficiency	14	31	45	3.9	8.2	6.1
Undiagnosed psychoses	8	–	8	2.2	–	1.1
Without psychoses	5	3	8	1.4	.8	1.1
Primary behavior disorders	–	–	–	–	–	–
Total With Mental Disorder	352	374	726	98.6	99.2	98.9
Total Without Mental Disorder	5	3	8	1.4	.8	1.1
Grand Total	357	377	734	100.0	100.0	100.0

(See Table 205 for detail)

Section C. First and Readmissions Discharged from Mental Hospitals During 1937

The following section presents data in reference to patients discharged from mental hospitals to the community during the year ended 1937. As in the case of admissions, we have discarded the old criterion of court admissions and have based the outlined data on all patients leaving mental hospitals including those admitted under court, temporary care, observation, and voluntary status. The deaths are considered separately in a later section.

DISCHARGES TO THE COMMUNITY, 1937, BY FORM OF ADMISSION

Table 37 shows that 3,053 first admissions and 1,276 readmissions, a total of 4,329 patients, were returned to the community during 1937. This may be compared with a total of 6,786 patients coming into mental hospitals during the same year (see Table 9). In the first admissions, 1,809 males and 1,244 females, and in the readmissions, 707 males and 569 females left hospitals to return to the community.

In first admissions leaving hospital, 1,339 court commitments were discharged, 1,052 temporary care cases, 507 observation commitments and 155 voluntary admissions. Of the readmissions returned to the community, there were 764 court commitments, 278 temporary care admissions, 154 observation commitments and 80 voluntary admissions.

TABLE 37. — *First and Readmissions Discharged from All Hospitals for Mental Diseases, 1937, by Form of Admission and Sex*

Year	Sex	Aggregate	First Admissions					Readmissions				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1937	T.	4,329	3,053	1,339	1,052	507	155	1,276	764	278	154	80
	M.	2,516	1,809	711	642	359	97	707	375	183	104	45
	F.	1,813	1,244	628	410	148	58	569	389	95	50	35

MENTAL DISORDERS IN DISCHARGES TO THE COMMUNITY, 1937

Table 38 reports that 14.5% of the 3,053 first admissions returned to the community had been diagnosed as dementia praecox. This may be compared with 15.0% of this diagnosis in first admissions entering mental hospitals during the year. Manic-depressive psychoses made up 12.3% of discharged first admissions and only 9.4% of first admissions entering. The alcoholic psychoses made up 12.3% of discharges and only 9.1% of first admissions. The total "without mental disorder" leaving hospitals is high (25.5%) which may be compared with 15.9% of this clinical grouping entering mental hospitals during the same year.

In first admissions by court commitment who were discharged, dementia praecox comprises 26%, manic-depressive psychoses 19%, and the alcoholic psychoses 10%. The without mental disorder group is small — 2%. In first admissions by temporary care who were discharged, the total without mental disorder comprises 35%, the alcoholic psychoses 15%, and psychoneuroses 12%. In the observation cases discharged, without mental disorder comprises 62%, the alcoholic psychoses 12%, and psychoneuroses 6%. In the voluntary cases discharged, without mental disorder makes up 40%, psychoneuroses 17%, and the manic-depressive psychoses 12%.

Temporary care, observation and voluntary forms of admission are high in cases diagnosed "without mental disorder". Where no complicated legal obstructions are placed in the way of patients coming into mental hospitals, we see cases being admitted before the psychosis has developed fully. They respond to treatment and are discharged rather quickly. It is to be hoped, of course, that this early treatment will have an effect in checking any future development of the incipient mental disorder. We do know that a goodly proportion of these cases and, in fact, many "with mental disorder" never return to mental hospitals.

Among the 1,276 readmissions returned to the community, the manic-depressive psychoses comprise 25%, dementia praecox 19%, and the alcoholic psychoses 10%. The total "without mental disorder" makes up 19% of the readmissions discharged. In the readmissions also, dementia praecox, manic-depressive and the alcoholic psychoses comprise the largest proportions of the court cases with 28, 35, and 8% respectively. In temporary care admissions, the three leading groups are without mental disorder 42%, alcoholic psychoses 15%, and the manic-depressive group 10%. In the observation admissions, without mental disorder comprises 59%,

Table 38. — *First and Readmissions Discharged, 1937, by Form of Admission and Mental Disorders: Number and Percent*

Mental Disorders	First Admissions										Readmissions										Discharged by Transfer	
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	80	2.6	69	5.2	2	.2	1	.2	8	5.2	19	1.5	10	1.3	5	1.8	1	.6	3	3.8	57	8.3
With other forms of syphilis	8	.3	6	.4	–	–	1	.2	1	.6	5	.4	4	.5	–	–	1	.6	–	–	5	.7
With epidemic encephalitis	5	.2	5	.4	–	–	–	–	–	–	2	.2	1	.1	1	.4	–	–	–	–	5	.7
With other infectious diseases	18	.6	9	.7	4	.4	3	.6	2	1.3	2	.2	1	.1	–	–	–	–	1	1.3	–	–
Alcoholic psychoses	376	12.3	145	10.8	161	15.3	63	12.4	7	4.5	129	10.1	66	8.6	43	15.4	18	11.8	2	2.5	38	5.6
Due to drugs, etc.	24	.8	6	.4	13	1.2	3	.6	2	1.3	9	.7	3	.4	3	1.1	3	1.9	–	–	–	–
Traumatic psychoses	12	.4	8	.6	2	.2	2	.4	–	–	9	.7	6	.8	2	.7	1	.6	–	–	3	.4
With cerebral arteriosclerosis	185	6.1	122	9.1	48	4.6	15	2.9	–	–	21	1.6	14	1.8	6	2.2	1	.6	–	–	50	7.3
With other disturbances of circulation	16	.5	8	.6	5	.5	3	.6	–	–	1	.1	1	.1	–	–	–	–	–	–	1	.1
With convulsive disorders (epilepsy)	59	1.9	27	2.0	13	1.2	3	.6	16	10.3	31	2.4	17	2.2	7	2.5	4	2.6	3	3.8	22	3.2
Senile psychoses	44	1.4	28	2.1	13	1.2	3	.6	–	–	6	.5	5	.7	1	.4	–	–	–	–	21	3.1
Involutional psychoses	65	2.1	59	4.4	6	.6	–	–	–	–	12	.9	12	1.6	–	–	–	–	–	–	20	2.9
Due to other metabolic diseases, etc.	43	1.4	30	2.2	9	.9	4	.8	–	–	6	.5	6	.8	–	–	–	–	–	–	7	1.0
Due to new growth	4	.1	3	.2	–	–	1	.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	26	.9	20	1.5	6	.6	–	–	–	–	13	1.0	11	1.4	1	.4	1	.6	–	–	6	.9
Psychoneuroses	257	8.4	60	4.5	135	12.7	35	6.8	27	17.4	74	5.8	27	3.5	23	8.3	9	5.9	15	18.7	9	1.3
Manic-depressive psychoses	374	12.3	255	19.1	89	8.5	11	2.2	19	12.3	327	25.6	270	35.4	28	10.0	11	7.1	18	22.4	93	13.7
Dementia praecox	444	14.5	350	26.2	74	7.0	13	2.6	7	4.5	251	19.6	215	28.2	21	7.6	5	3.3	10	12.4	258	37.7
Paranoia and paranoid conditions	49	1.6	25	1.9	20	1.9	3	.6	1	.6	28	2.2	22	2.9	4	1.4	–	–	2	2.5	26	3.8
With psychopathic personality	46	1.5	26	1.9	9	.9	10	2.0	1	.6	30	2.4	22	2.9	2	.7	5	3.3	1	1.3	11	1.6
With mental deficiency	59	1.9	41	3.1	9	.9	9	1.8	–	–	37	2.9	30	3.9	5	1.8	2	1.3	–	–	43	6.3
Undiagnosed psychoses	81	2.7	10	.7	60	5.7	9	1.8	2	1.3	12	.9	3	.4	7	2.5	1	.6	1	1.3	7	1.0
Without psychoses	627	20.5	25	1.9	290	27.5	254	50.1	58	37.4	238	18.7	18	2.4	109	39.2	89	57.8	22	27.5	2	.3
Primary behavior disorders	151	4.9	2	.1	84	8.0	61	12.0	4	2.6	14	1.1	–	–	10	3.6	2	1.3	2	2.5	–	–
Total With Mental Disorder	2,275	74.5	1,312	98.0	678	64.4	192	37.9	93	60.0	1,024	80.3	746	97.6	159	57.2	63	40.9	56	70.0	682	99.7
Total Without Men. Disorder	778	25.5	27	2.0	374	35.6	315	62.1	62	40.0	252	19.7	18	2.4	119	42.8	91	59.1	24	30.0	2	.3
Grand Total	3,053	100.0	1,339	100.0	1,052	100.0	507	100.0	155	100.0	1,276	100.0	764	100.0	278	100.0	154	100.0	80	100.0	684	100.0

(See Table 206 for detail)

alcoholic psychoses 11%, and manic-depressive 7%. Among the voluntary cases discharged, without mental disorder makes up 30%, manic-depressive psychoses 22%, and psychoneuroses 18%.

Among the cases discharged to other institutions by transfer, the leading psychoses are dementia praecox 37%, manic-depressive psychoses 13%, general paresis 8%, cerebral arteriosclerosis 7%, and mental deficiency 6%.

DISCHARGES TO THE COMMUNITY, 1937, BY MENTAL DISORDERS AND AGE: DISCHARGE RATES PER 1,000 UNDER CARE

Table 39 outlines the total discharge rates per 1,000 cases under care[1] in the various psychoses for both first and readmissions. First admissions show a total discharge rate of 153 per 1,000 under care, with 103 for the readmissions. The total "with mental disorder" show a discharge rate of 119 in first admissions and 85 in readmissions. Cases "without mental disorder" present a discharge rate of 861 in first admissions and a rate of 797 in readmissions.

In the first admissions high discharge rates are shown by undiagnosed psychoses with 794 persons discharged per 1,000 under care of the same diagnosis, psychoneuroses — 619, due to drugs — 545, and other infectious diseases — 400. Beginning with psychoses due to new growth we have five psychoses showing discharge rates between 200 and 300. Beginning with other disturbances of circulation we then have five psychoses showing discharge rates between 100 and 200. Dementia praecox with 56, senile psychoses with 51, and psychoses with mental deficiency with 50, show the low discharge rates.

TABLE 39. — *First and Readmissions Discharged, 1937, by Mental Disorders: Discharge Rates per 1,000 Under Care*

FIRST ADMISSIONS	Discharge Rate per 1,000	READMISSIONS	Discharge Rate per 1,000
Psychoneuroses	619.	With other infectious diseases	500.
Due to drugs, etc.	545.	Due to drugs, etc.	428.
With other infectious diseases	400.	Psychoneuroses	360.
Due to new growth	285.	Traumatic psychoses	219.
With psychopathic personality	265.	Alcoholic psychoses	189.
Alcoholic psychoses	258.	Manic-depressive psychoses	181.
Due to other metabolic diseases, etc.	236.	With psychopathic personality	166.
Manic-depressive psychoses	234.	Due to other metabolic diseases, etc.	162.
With other disturbances of circulation	161.	With organic changes of nervous system	131.
Traumatic psychoses	160.	With other forms of syphilis	125.
With organic changes of nervous system	111.	Paranoia and paranoid conditions	93.
Involutional psychoses	110.	With syphilitic meningo-encephalitis	76.
With syphilitic meningo-encephalitis	105.	With cerebral arteriosclerosis	62
With cerebral arteriosclerosis	91.	With other disturbances of circulation	62.
Paranoia and paranoid conditions	90.	With convulsive disorders (epilepsy)	61.
With convulsive disorders (epilepsy)	84.	Involutional psychoses	56.
With epidemic encephalitis	76.	Senile psychoses	52.
With other forms of syphilis	70.	Dementia praecox	40.
Dementia praecox	56.	With mental deficiency	39.
Senile psychoses	51.	With epidemic encephalitis	36.
With mental deficiency	50.	Due to new growth	–
Undiagnosed psychoses	794.	Undiagnosed psychoses	444.
Without psychoses	840.	Without psychoses	795.
Primary behavior disorders	961.	Primary behavior disorders	823.
Total With Mental Disorder	119.	Total With Mental Disorder	85.
Total Without Mental Disorder	861.	Total Without Mental Disorder	797.
Grand Total	153.	Grand Total.	103.

In readmissions, other infectious diseases show the higher discharge rate of 500 per 1,000 under care. Undiagnosed present a discharge rate of 444, due to drugs, — 428, psychoneuroses — 360, and traumatic psychoses — 219 Beginning with alcoholic psychoses, we have six clinical groupings showing discharge rates between 100 and 200. The low discharge rates are shown by the involutional psychoses — 56, senile psychoses — 52, dementia praecox — 40, mental deficiency — 39, and epidemic encephalitis — 36.

---

[1] Under care includes all patients within hospitals; patients out on visit, etc; deaths; and discharges. Present age of cases on books and age at discharge or death of discharges or deaths, is used within the various age groupings.

This table demonstrates the high discharge rates shown by the psychoses which might be considered as placing in the functional group. As far as discharge rates are concerned, dementia praecox aligns itself with the organic group showing the lower discharge rates.

Table 40 presents the influence of age upon discharge rates. In Table 39, the total rates presented might have been influenced by the preponderance of younger or older patients in a particular psychosis. Table 40 solves this problem by permitting us to compare the discharge rates of two psychoses within a single age group. It also shows whether or not a specfic psychosis is showing higher discharge rates in the younger or older ages.

Reviewing first admissions, the total "with mental disorder" show the high discharge rate of 300 cases per 1,000, or one out of every three under care, in the age group 0–19 years. The rates drop with age, the 20–29 year age group presenting a rate of 260, 30–39 years a rate of 188, 40–49 years — 122, 50–59 years — 81, 60–69 years — 63, and 70 years and over — 47. The total "without mental disorder" show high discharge rates throughout all age groups, the high of 930 occurring in the age group 0–19 years, and the low of 734 occurring in the age group 60–69 years. The younger age groups in all psychoses are showing the higher discharge rates. The younger the patient, the greater chance he has of being returned to the community.

In discussing the age differences in discharge rates of the various psychoses, we exclude under 20 years because of the small numbers involved. In the 20–29 year group, psychoneuroses, due to drugs, and the alcoholic psychoses show the high discharge rates of 846, 800, and 614, respectively. In the 30–39 year group, due to drugs, other infectious diseases, psychoneuroses and alcoholic psychoses show the high discharge rates of 875, 625, 615 and 522 respectively. In the 40–49 year group, other infectious diseases, psychoneuroses, and due to drugs show the high discharge rates of 500, 473, and 466, respectively. In the 50–59 age group psychoneuroses, other infectious diseases, and due to drugs show the high discharge rates of 555, 400, and 363, respectively. In the 60–69 group, psychoneuroses, due to drugs, and other metabolic diseases show the high discharge rates of 444, 400, and 166, respectively. In the group 70 years and over, the high discharge rates are shown by other metabolic diseases with 333 and other diseases of circulation with 238. Certain psychoses tend to have high discharge rates in all age groups. At the other extreme, we note that dementia praecox, psychoses with mental deficiency, and psychoses with convulsive disorders tend to have the low discharge rates, whatever the age group.

Important sex differences are observed. In the total first admissions "with mental disorder" for all ages combined we observe that the male discharge rate of 131 is about one third higher than the female discharge rate of 107. The males show higher discharge rates in five out of the seven age groups outlined. In the group under 20 years and in the ages 30–39 years the female discharge rate is higher. In the ages under 40, the discharge rates are fairly evenly balanced between the sexes. In the ages over 40, the males are showing the higher discharge rates.

The discharge rates for readmissions are not discussed owing to space limitations. However, Table 40 reveals that they show the same general characteristics as the first admissions.

ECONOMIC STATUS OF DISCHARGES TO THE COMMUNITY, 1937: DISCHARGE RATES PER 1,000 UNDER CARE

Table 41 shows the influence of economic condition of patients upon the discharge rates during 1937.

In first admissions the dependent show a discharge rate of 97 per 1,000 dependent patients under care. The marginal show a higher discharge rate of 164 and the comfortable the high rate of 196. The discharge rate of the marginal group is 69% higher than that of the dependent while the discharge rate for the comfortable is 102% higher. The discharge rates of the sexes stay close together in the dependent group where the male rate is 8% higher. In the marginal classification the discharge rate for males is 44% higher and in the comfortable group 35% higher. Apparently economic status has a greater influence upon the discharge rates of men than women.

TABLE 40. — *Discharge Rates per 1,000 Under Care,*[1] *First and Readmissions Discharged, 1937, by Present Age and Mental Disorders*

MENTAL DISORDERS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoneuroses:												
First admissions	679	570	619	750	888	823	884	804	846	682	571	615
Readmissions	351	369	360	500	1,000	800	500	380	432	392	375	383
Due to drugs, etc.:												
First admissions	565	523	545	–	–	–	1,000	500	800	750	1,000	875
Readmissions	363	500	428	–	–	–	–	–	–	1,000	500	666
With other infectious diseases:												
First admissions	333	476	400	–	500	333	–	500	333	500	333	625
Readmissions	1,000	333	500	–	–	–	–	–	–	1,000	–	1,000
Due to new growth:												
First admissions	400	–	285	–	–	–	–	–	–	500	–	500
Readmissions	–	–	–	–	–	–	–	–	–			
With psychopathic personality:												
First admissions	305	217	265	250	714	466	500	214	394	333	400	358
Readmissions	152	178	166	–	–	–	111	240	186	157	120	136
Alcoholic psychoses:												
First admissions	259	251	258	–	–	–	595	700	614	510	583	522
Readmissions	200	128	189	–	–	–	545	1,000	642	465	–	450
Due to other metabolic diseases, etc.:												
First admissions	222	245	236	1,000	666	750	166	368	320	100	428	291
Readmissions	181	153	162	1,000	–	1,000	–	–	–	–	166	142
Manic-depressive psychoses:												
First admissions	262	217	234	423	483	456	429	352	384	299	279	287
Readmissions	188	177	181	333	416	388	366	343	353	234	245	241
With other disturbances of circulation:												
First admissions	108	207	161	–	–	–	–	–	–	–	500	250
Readmissions	–	100	62	–	–	–	–	–	–	–	–	–
Traumatic psychoses:												
First admissions	196	–	160	–	–	–	250	–	166	375	–	333
Readmissions	189	500	219	–	–	–	750	–	750	375	1,000	444
With organic changes of nervous system:												
First admissions	110	113	111	333	200	272	125	250	166	166	–	107
Readmissions	140	119	131	–	250	90	166	142	153	153	333	187
Involutional psychoses:												
First admissions	116	108	110	–	–	–	–	–	–	–	333	333
Readmissions	36	64	56	–	–	–	–	–	–	–	1,000	1,000
With syphilitic meningo-encephalitis												
First admissions	106	101	105	–	–	–	133	–	90	219	214	218
Readmissions	78	67	76	–	–	–	–	–	–	230	–	171
With cerebral arteriosclerosis:												
First admissions	93	90	91	–	–	–	–	–	–	–	–	–
Readmissions	61	63	62	–	–	–	–	–	–	–	–	–

Paranoia and paranoid conditions:												
First admissions	122	73	90	–	–	–	333	–	285	181	250	210
Readmissions	56	109	93	–	–	–	–	–	–	–	125	100
With convulsive disorders (epilepsy):												
First admissions	86	82	84	100	129	112	142	169	157	144	137	141
Readmissions	78	40	61	300	200	250	134	58	104	129	72	102
With epidemic encephalitis:												
First admissions	75	80	76	142	200	166	111	–	66	–	–	–
Readmissions	27	52	36	–	–	–	–	166	58	83	–	58
With other forms of syphilis:												
First admissions	65	81	70	–	–	–	–	–	–	500	200	384
Readmissions	74	230	125	–	–	–	–	–	–	500	1,000	666
Dementia praecox:												
First admissions	62	51	56	289	203	251	197	133	170	65	104	82
Readmissions	44	36	40	181	176	180	117	146	129	65	60	63
Senile psychoses:												
First admissions	40	57	51	–	–	–	–	–	–	–	–	–
Readmissions	78	39	52	–	–	–	–	–	–	–	–	–
With mental deficiency:												
First admissions	44	58	50	157	294	222	108	107	108	45	81	63
Readmissions	37	40	39	–	125	76	30	75	55	78	30	57
Undiagnosed psychoses:												
First admissions	811	775	794	800	800	800	1,000	1,000	1,000	875	583	750
Readmissions	416	466	444	–	1,000	1,000	–	1,000	1,000	333	800	545
Without psychoses:												
First admissions	843	833	840	890	900	893	891	928	902	834	877	847
Readmissions	825	731	795	923	909	916	937	800	884	862	722	826
Primary behavior disorders:												
First admissions	960	963	961	1,000	966	986	1,000	1,000	1,000	833	800	823
Readmissions	625	1,000	823	800	1,000	888	–	1,000	666	–	1,000	666
Total With Mental Disorder:												
First admissions	131	107	119	281	322	300	279	236	260	188	189	188
Readmissions	89	81	85	173	229	201	160	190	173	121	116	119
Total Without Mental Disorder:												
First admissions	862	858	861	932	928	930	907	941	918	834	870	844
Readmissions	817	754	797	888	933	909	909	818	872	846	750	819
Grand Total:												
First admissions	175	129	153	518	490	506	339	277	311	238	218	230
Readmissions	114	92	103	311	348	329	201	217	208	151	129	141

---

[1] Cases under care include all cases in residence and cases out of institution on visit, etc., on September 30, 1937, plus discharges and deaths during the year 1937.

Table 40. — *Discharge Rates per 1,000 Under Care,[1] First and Readmissions Discharged, 1937, by Present Age and Mental Disorders* — Concluded

Mental Disorders	40–49 Years			50–59 Years			60–69 Years			70 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoneuroses:												
First admissions	473	472	473	657	459	555	545	375	444	–	–	–
Readmissions	458	476	466	62	357	200	142	176	166	–	–	–
Due to drugs, etc.:												
First admissions	444	500	466	200	500	363	1,000	–	400	–	–	–
Readmissions	666	–	500	333	500	400	–	750	600	–	–	–
With other infectious diseases:												
First admissions	400	571	500	400	400	400	–	–	–	–	–	–
Readmissions	–	–	–	–	1,000	1,000	–	–	–	–	–	–
Due to new growth:												
First admissions	1,000	–	500	333	–	200	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality:												
First admissions	235	166	200	333	–	166	–	–	–	–	–	–
Readmissions	363	142	255	–	272	136	–	500	153	–	–	–
Alcoholic psychoses:												
First admissions	403	351	398	142	200	150	99	37	88	39	–	32
Readmissions	338	150	313	155	88	144	74	125	84	15	–	13
Due to other metabolic diseases, etc.:												
First admissions	400	210	294	187	71	113	166	166	166	166	666	333
Readmissions	–	250	142	–	166	142	–	200	142	500	–	200
Manic-depressive psychoses:												
First admissions	210	177	188	233	167	194	150	97	118	–	65	37
Readmissions	192	185	188	180	145	158	110	111	110	85	54	61
With other disturbances of circulation:												
First admissions	166	83	111	76	312	206	–	166	76	272	200	238
Readmissions	–	500	333	–	–	–	–	–	–	–	–	–
Traumatic psychoses:												
First admissions	384	–	312	117	–	100	66	–	55	–	–	–
Readmissions	–	–	–	100	–	100	–	–	–	–	1,000	500
With organic changes of nervous system:												
First admissions	71	130	93	29	153	83	173	74	120	90	–	58
Readmissions	83	–	45	250	181	217	–	–	–	500	–	200
Involutional psychoses:												
First admissions	181	145	152	108	116	113	97	69	82	153	–	58
Readmissions	333	35	64	37	61	54	–	81	57	–	–	–
With syphilitic meningo-encephalitis:												
First Admissions	108	100	106	61	97	68	34	45	37	–	–	–
Readmissions	72	52	68	35	187	69	58	–	37	–	–	–

With cerebral arteriosclerosis:												
First admissions	250	–	125	120	137	128	128	117	123	63	69	66
Readmissions	–	–	–	76	166	135	73	41	56	51	54	52
Paranoia and paranoid conditions:												
First admissions	137	106	119	20	64	50	157	53	83	142	51	63
Readmissions	160	184	174	43	142	116	–	62	45	–	34	23
With convulsive disorders (epilepsy):												
First admissions	64	55	59	18	41	32	27	–	12	47	–	23
Readmissions	25	–	16	20	–	10	50	38	43	–	–	–
With epidemic encephalitis:												
First admissions	–	–	–	111	250	153	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis:												
First admissions	38	111	57	–	–	–	–	142	43	–	–	–
Readmissions	111	200	142	–	–	–	–	500	90	–	–	–
Dementia praecox:												
First admissions	39	50	44	11	20	16	–	7	4	–	2	1
Readmissions	32	32	32	23	17	20	–	15	9	9	4	5
Senile psychoses:												
First admissions	–	–	–	–	100	76	–	73	47	50	52	51
Readmissions	–	–	–	–	–	–	–	111	68	115	17	48
With mental deficiency:												
First admissions	52	30	40	6	35	18	12	29	20	–	–	–
Readmissions	25	44	35	24	21	22	–	18	11	–	–	–
Undiagnosed psychoses:												
First admissions	615	800	695	777	750	760	–	–	–	–	–	–
Readmissions	600	–	500	–	–	–	–	–	–	–	–	–
Without psychoses:												
First admissions	836	761	816	783	760	777	793	611	723	846	833	840
Readmissions	802	777	798	708	538	648	545	750	631	1,000	400	666
Primary behavior disorders:												
First admissions	928	1,000	944	916	1,000	944	1,000	–	1,000	1,000	1,000	1,000
Readmissions	1,000	–	1,000	–	–	–	–	1,000	1,000	–	–	–
Total With Mental Disorder:												
First admissions	140	103	122	82	81	81	73	54	63	50	45	47
Readmissions	88	75	82	67	61	64	40	53	48	42	24	31
Total Without Mental Disorder:												
First admissions	846	782	829	802	806	803	806	611	734	857	846	851
Readmissions	805	777	800	708	538	648	545	777	650	1,000	400	666
Grand Total:												
First admissions	182	120	153	111	92	102	87	60	73	59	51	55
Readmissions	118	84	103	79	65	72	47	59	54	51	27	37

---

[1] Cases under care include all cases in residence and cases out of institution on visit, etc., on September 30, 1937, plus discharges and deaths during the year 1937.

TABLE 41. — *Economic Status of First and Readmissions Discharged, 1937, by Sex: Discharge Rates per 1,000 Under Care*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Care	3,234	2,626	5,860	2,134	1,747	3,881	1,100	879	1,979
Discharges	320	225	545	215	162	377	105	63	168
Rate per 1,000	98.9	85.6	93.0	100.7	92.7	97.1	95.4	71.6	84.8
Marginal:									
Under Care	12,251	11,798	24,049	7,511	7,000	14,511	4,740	4,798	9,538
Discharges	1,998	1,391	3,389	1,454	938	2,392	544	453	997
Rate per 1,000	163.0	117.9	140.9	193.5	134.0	164.8	114.7	94.4	104.5
Comfortable:									
Under Care	671	989	1,660	423	588	1,011	248	401	649
Discharges	150	150	300	98	101	199	52	49	101
Rate per 1,000	223.5	151.6	180.7	231.6	171.7	196.8	209.6	122.1	155.6
Unknown:									
Under Care	338	329	667	264	253	517	74	76	150
Discharges	48	47	95	42	43	85	6	4	10
Rate per 1,000	142.0	142.8	142.4	159.0	169.9	164.4	81.0	52.6	66.6
Total:									
Under Care	16,494	15,742	32,236	10,332	9,588	19,920	6,162	6,154	12,316
Discharges	2,516	1,813	4,329	1,809	1,244	3,053	707	569	1,276
Rate per 1,000	152.5	115.1	134.2	175.0	129.7	153.2	114.7	92.4	103.6

In readmissions the dependent show a discharge rate of 84, the marginal a discharge rate of 104 and the comfortable a rate of 155. Here the rate for the marginal is 23% higher than that of the dependent, while the rate of the comfortable is 84% higher. Thus comfortable economic status would appear to influence the discharge rate of first admissions to a greater extent than readmissions. Sex differences are observed in readmissions also, the male rate being 33% higher than the female rate in the dependent group, 21% higher in the marginal group and 71% higher in the comfortable group. Comfortable economic status appears to have a greater influence upon the discharge rate of the comfortable males than the comfortable females.

MARITAL STATUS OF DISCHARGES TO THE COMMUNITY, 1937, DISCHARGE RATES PER 1,000 UNDER CARE

Table 42 and Graph 3 outline the discharge rates for the various marital status groups in both first and readmissions. In first admissions the high discharge rate of 255 per 1,000 under care occurs in the separated. Next in order are the married with a rate of 190, the divorced — 185, the single — 133, and the widowed — 111. The numbers in the separated group are small but the large numbers comprising the married render significant the high discharge rate of this group. In the case of the married there is usually a husband or wife actively interested in obtaining the release of the patient and there is a home awaiting the patient's return. This is obviously not the case in the single, the divorced or the widowed which show lower discharge rates. The males in all marital groups show decidedly higher discharge rates than the females. The widowed and divorced females particularly are making a poorer showing in leaving hospital than the males of the same groups.

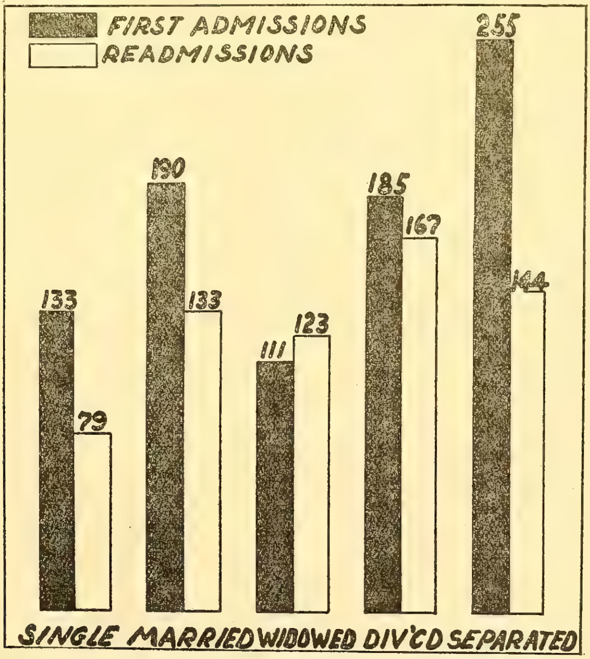
In readmissions the high discharge rate of 167 occurs in the divorced. This is followed by a rate of 144 in the separated, 133 in the married, 123 in the widowed, and 79 in the single. Again the small numbers in the divorced and separated groups make conclusions inadvisable.

COUNTRY OF BIRTH OF DISCHARGES TO THE COMMUNITY, 1937: DISCHARGE RATES PER 1,000 UNDER CARE

Table 43 presents the discharge rates per 1,000 under care for patients born in the different countries. In first admissions discharged patients born in the United States show the high rate of 174 and are followed by Scotland with 153, Italy with 150, Finland with 142 and Greece with 135. The lowest discharge rates occur in patients from Germany with 95, England — 89 and Austria — 73.

TABLE 42. — *Marital Status of First and Readmissions Discharged, 1937, by Sex: Discharge Rates per 1,000 Under Care*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Care	9,714	7,066	16,780	5,739	4,138	9,877	3,975	2,928	6,903
Discharges	1,205	659	1,864	859	457	1,316	346	202	548
Rate per 1,000	124.0	93.2	111.0	149.6	110.4	133.2	87.0	68.9	79.3
Married:									
Under Care	4,994	5,934	10,928	3,299	3,577	6,876	1,695	2,357	4,052
Discharges	993	855	1,848	726	581	1,307	267	274	541
Rate per 1,000	198.8	144.0	169.1	220.0	162.4	190.0	157.5	116.2	133.5
Widowed:									
Under Care	1,070	2,027	3,097	828	1,478	2,306	242	549	791
Discharges	155	199	354	114	142	256	41	57	98
Rate per 1,000	144.8	98.1	114.3	137.6	96.0	111.0	169.4	103.8	123.8
Divorced:									
Under Care	423	409	832	266	219	485	157	190	347
Discharges	102	46	148	66	24	90	36	22	58
Rate per 1,000	241.1	112.4	177.8	248.1	109.5	185.5	229.2	115.7	167.1
Separated:									
Under Care	244	291	535	156	165	321	88	126	214
Discharges	59	54	113	42	40	82	17	14	31
Rate per 1,000	241.8	185.5	211.2	269.2	242.4	255.4	193.1	111.1	144.8
Unknown:									
Under Care	49	15	64	44	11	55	5	4	9
Discharges	2	–	2	2	–	2	–	–	–
Rate per 1,000	40.8	–	31.2	45.4	–	36.3	–	–	–
Total:									
Under Care	16,494	15,742	32,236	10,332	9,588	19,920	6,162	6,154	12,316
Discharges	2,516	1,813	4,329	1,809	1,244	3,053	707	569	1,276
Rate per 1,000	152.5	115.1	134.2	175.0	129.7	153.2	114.7	92.4	103.6



GRAPH 3. — MARITAL STATUS OF FIRST AND READMISSIONS DISCHARGED, 1937: DISCHARGE RATES PER 1,000 UNDER CARE

Table 43. — *Country of Birth of First and Readmissions Discharged, 1937: Discharge Rates per 1,000 Under Care*

Country of Birth	First Admissions			Readmissions		
	Total Under Care	Total Discharges	Rate per 1,000	Total Under Care	Total Discharges	Rate per 1,000
United States	12,659	2,203	174.0	8,413	952	113.1
Scotland	150	23	153.3	70	5	71.4
Italy	719	108	150.2	404	42	103.9
Finland	126	18	142.8	68	8	117.6
Greece	103	14	135.9	52	1	19.2
Portugal	243	30	123.4	77	8	103.8
Russia	494	61	123.4	465	43	92.4
Poland	548	64	116.7	239	18	75.3
Sweden	234	27	115.3	127	5	39.3
Canada [1]	1,672	192	114.8	775	74	95.4
Ireland	1,548	162	104.6	880	69	78.4
Germany	146	14	95.8	77	2	25.9
England	435	39	89.6	213	19	89.2
Austria	149	11	73.8	62	2	32.2
All Other Countries	694	87	125.3	394	28	71.0
Total	19,920	3,053	153.2	12,316	1,276	103.6

(See Table 229 for detail)

[1] Includes Newfoundland.

In readmissions the high discharge rates are shown by Finland with 117 per thousand under care, United States — 113, Italy and Portugal with 103 each, and Canada — 95. The low discharge rates occur in patients born in Austria — 32, Germany — 25 and Greece — 19. Finland, Portugal, Canada, Russia, England, Ireland and Austria are tending to show a relatively higher position in discharge rates in the readmissions than in first admissions. The numbers of cases discharged coming from any one country are rather small and for that reason no particular significance can be attached to the findings for any one year.

DISCHARGES TO THE COMMUNITY, 1937, BY NUMBER OF THIS ADMISSION: DISCHARGE RATES PER 1,000 UNDER CARE

Table 44 shows the discharge rates in accordance with the number of this admission. For example, during 1937 the State hospitals had 4,792 patients under care who were having their third admission to a mental hospital. Of this number 358 were discharged giving a discharge rate of 74 per thousand under care for this group. While the high discharge rate occurs in those having twelve or more admissions (309), the numbers are very small. First admissions show the next highest rate of 153. Cases having their second admission show a rate of 151, eleventh admission — 142, tenth admission — 128, and ninth admission — 111. The lowest discharge rate is shown by patients having their third admission.

Table 44. — *Discharge Rates of First and Readmissions Under Care in Hospitals for Mental Diseases, 1937, by Number of This Admission and Sex*

Number of This Admission	Cases Under Care			Discharges			Rate per 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	10,332	9,588	19,920	1,809	1,244	3,053	175.0	129.7	153.2
Second	1,930	1,719	3,649	323	230	553	167.3	133.7	151.5
Third	2,401	2,391	4,792	196	162	358	81.6	67.7	74.7
Fourth	978	1,076	2,054	91	77	168	93.0	71.5	81.7
Fifth	419	486	905	41	46	87	97.8	94.6	96.1
Sixth	187	210	397	23	21	44	122.9	100.0	110.8
Seventh	112	99	211	10	12	22	89.2	121.2	104.2
Eighth	50	71	121	7	4	11	140.0	56.3	90.9
Ninth	28	44	72	3	5	8	107.1	113.6	111.1
Tenth	21	18	39	4	1	5	190.4	55.5	128.2
Eleventh	9	12	21	1	2	3	111.1	166.6	142.8
Twelfth or Over	27	28	55	8	9	17	296.2	321.4	309.0
Total	16,494	15,742	32,236	2,516	1,813	4,329	152.5	115.1	134.2

In the totals the males show a higher discharge rate (152) than the females (115). This higher discharge rate for males persists in the smaller number of admissions. However, in patients having the seventh, the ninth, the eleventh and the twelfth or higher admission, the females show a higher discharge rate. Apparently patients having their third or fourth admission are those tending to remain longest in mental hospitals. Those having their first or second admission and those having their ninth or higher admission are showing the high discharge rates.

MENTAL CONDITION OF DISCHARGES TO THE COMMUNITY, 1937, BY MENTAL DISORDERS

Table 45 presents the cases recorded as recovered, improved and unimproved returned to the community during 1937. Of all first admissions leaving hospital 20.5% were recorded as without psychoses, 16.2% as recovered, 44.0% as improved and 19.1% as unimproved. Four out of every five patients discharged were either without a mental disorder or had shown definite improvement. In the total "with mental disorder" 21.6% were discharged as recovered, 56.6% as improved and 21.7% as unimproved. In other words 78.2% of these patients definitely psychotic were returned to the community as either recovered or improved. High proportions of recovery are observed in the alcoholic psychoses — 46%, other infectious diseases — 44%, other disturbances of circulation — 43%, due to drugs — 41%, psychopathic personality — 36%, and manic-depressive psychoses — 29%. Leading the improved group are general paresis— 88%, epidemic encephalitis — 80%, other forms of syphilis — 75%, traumatic psychoses — 75% and involutional psychoses — 70%. The three psychoses most important numerically show dementia praecox with 9% of recovered, 62% of improved and 27% of unimproved. The alcoholic show 46% recovered, 51% improved and 2% unimproved. The manic-depressive show 29% recovered, 54% improved and 16% unimproved. It is encouraging that dementia praecox shows over seven out of every ten discharged as either recovered or improved.

In the readmissions we find 18% of discharges as without psychoses, 18% recovered, 49% improved and 13% unimproved. The figure for unimproved in the first admissions was decidedly higher, namely 19%. The readmissions are also making a better showing in the group "with mental disorder" with 22% recovered, 61% improved and but 16% unimproved. This last figure is lower than the 21% unimproved in first admissions. Individual psychoses will not be discussed owing to space limitations.

LENGTH OF HOSPITAL STAY OF DISCHARGES TO THE COMMUNITY, 1937, BY CONDITION ON DISCHARGE

Table 46 presents the average length of hospital stay during the present admission of first and readmissions returned to the community during 1937 by condition on discharge and psychoses. In the total "with mental disorder" the 493 recovered remained .81 years, the 1,288 improved, .79 years and the 494 unimproved .37 years. Complete recovery from the psychosis required a longer period of hospital residence than the attainment of a condition permitting return to the community. In the recovered the traumatic psychoses (.04 years), other disturbances of circulation (.07 years), due to drugs (.11), and the psychoneuroses (.17) remained the shortest time in hospital. Paranoia (7.50 years), involutional psychoses (2.28), epidemic encephalitis (2.27) and dementia praecox (1.28) remained the longest time in hospital. Psychoses due to drugs show the short hospital stay in the improved and the unimproved as well as in the recovered. Psychoneuroses also show a short length of hospital stay in all three groups. Conversely epidemic encephalitis demonstrates a long hospital stay in the improved as well as the recovered. The involutional psychoses also show a long hospital stay in the improved. In comparison with the other psychoses, dementia praecox shows a long hospital residence in the improved, the unimproved and the recovered.

In the readmissions "with mental disorder" the recovered remained an average of 1.07 years in hospital before being returned to the community, the improved an average of 1.21 years and the unimproved an average of .96 years. Here the improved show the longest hospital residence. Again psychoses due to drugs show a short hospital residence whatever the condition on discharge. Psychoses due to metabolic diseases also show a short residence in both the recovered and improved. Contrasting sharply with the short hospital stay in first admissions, the psychoneuroses show a long hospital stay among the readmissions classified as recovered.

TABLE 45. — *Mental Condition of First Admissions and Readmissions Discharged, 1937, Numbers and Percentages, by Mental Disorders*

MENTAL DISORDERS	FIRST ADMISSIONS DISCHARGED										READMISSIONS DISCHARGED									
	Total		Recovered		Improved		Unimproved		Without Psychoses		Total		Recovered		Improved		Unimproved		Without Psychoses	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	80	100.0	1	1.2	71	88.7	8	10.0	–	–	19	100.0	1	5.2	11	57.8	7	36.8	–	–
With other forms of syphilis	8	100.0	2	25.0	6	75.0	–	–	–	–	5	100.0	1	20.0	4	80.0	–	–	–	–
With epidemic encephalitis	5	100.0	–	–	4	80.0	1	20.0	–	–	2	100.0	–	–	1	50.0	1	50.0	–	–
With other infectious diseases	18	100.0	8	44.4	7	38.8	3	16.6	–	–	2	100.0	2	100.0	–	–	–	–	–	–
Alcoholic psychoses	376	100.0	174	46.2	192	51.0	10	2.6	–	–	129	100.0	50	38.7	71	55.0	8	6.2	–	–
Due to drugs, etc.	24	100.0	10	41.6	13	54.1	1	4.1	–	–	9	100.0	7	77.7	1	11.1	1	11.1	–	–
Traumatic psychoses	12	100.0	2	16.6	9	75.0	1	8.3	–	–	9	100.0	–	–	7	77.7	2	22.2	–	–
With cerebral arteriosclerosis	185	100.0	25	13.5	97	52.4	63	34.0	–	–	21	100.0	1	4.7	12	57.1	8	38.0	–	–
With other disturbances of circulation	16	100.0	7	43.7	4	25.0	5	31.2	–	–	1	100.0	1	100.0	–	–	–	–	–	–
With convulsive disorders (epilepsy)	59	100.0	8	13.5	23	38.9	28	47.4	–	–	31	100.0	3	9.6	11	35.4	17	54.8	–	–
Senile psychoses	44	100.0	1	2.2	22	50.0	21	47.7	–	–	6	100.0	–	–	5	83.3	1	16.6	–	–
Involutional psychoses	65	100.0	13	20.0	46	70.7	6	9.2	–	–	12	100.0	1	8.3	10	83.3	1	8.3	–	–
Due to other metabolic diseases, etc.	43	100.0	10	23.2	30	69.7	3	6.9	–	–	6	100.0	2	33.3	3	50.0	1	16.6	–	–
Due to new growth	4	100.0	–	–	1	25.0	3	75.0	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	26	100.0	2	7.6	13	50.0	11	42.3	–	–	13	100.0	2	15.3	8	61.5	3	23.0	–	–
Psychoneuroses	257	100.0	44	17.1	162	63.0	51	19.8	–	–	74	100.0	14	18.9	44	59.4	16	21.6	–	–
Manic-depressive psychoses	374	100.0	109	29.1	205	54.8	60	16.0	–	–	327	100.0	111	33.9	189	57.7	27	8.2	–	–
Dementia praecox	444	100.0	42	9.4	278	62.6	124	27.9	–	–	251	100.0	16	6.3	185	73.7	50	19.9	–	–
Paranoia and paranoid conditions	49	100.0	2	4.0	19	38.7	28	57.1	–	–	28	100.0	2	7.1	18	64.2	8	28.5	–	–
With psychopathic personality	46	100.0	17	36.9	21	45.6	8	17.3	–	–	30	100.0	9	30.0	18	60.0	3	10.0	–	–
With mental deficiency	59	100.0	14	23.7	29	49.1	16	27.1	–	–	37	100.0	8	21.6	23	62.1	6	16.2	–	–
Undiagnosed psychoses	81	100.0	2	2.4	36	44.4	43	53.0	–	–	12	100.0	–	–	6	50.0	6	50.0	–	–
Without psychoses	627	100.0	–	–	–	–	–	–	627	100.0	238	100.0	–	–	–	–	–	–	238	100.0
Primary behavior disorders	151	100.0	2	1.3	58	38.4	91	60.2	–	–	14	100.0	–	–	9	64.2	5	35.7	–	–
Total With Mental Disorder	2,275	100.0	493	21.6	1,288	56.6	494	21.7	–	–	1,024	100.0	231	22.5	627	61.2	166	16.2	–	–
Total Without Mental Disorder	778	100.0	2	.2	58	7.4	91	11.6	627	80.5	252	100.0	–	–	9	3.5	5	1.9	238	94.4
Grand Total	3,053	100.0	495	16.2	1,346	44.0	585	19.1	627	20.5	1,276	100.0	231	18.2	636	49.8	171	13.4	238	18.6

(See Tables 211 and 212 for detail)

ABLE 46. — *Average Length of Hospital Stay during This Admission of First and Readmissions Discharged during 1937, by Condition on Discharge and Mental Disorders*

MENTAL DISORDERS	FIRST ADMISSIONS				READMISSIONS			
	Recovered	Improved	Unimproved	Without Psychoses	Recovered	Improved	Unimproved	Without Psychoses
With syphilitic meningo-encephalitis	.46	.71	.70	–	.79	.88	.04	–
With other forms of syphilis	–	1.29	–	–	2.50	1.40	–	–
With epidemic encephalitis	2.27	2.45	.04	–	–	.20	.04	–
With other infectious diseases	.20	.16	.06	–	1.27	–	–	–
Alcoholic psychoses	.68	.50	1.37	–	.78	.29	1.67	–
Due to drugs, etc.	.11	.04	.04	–	.11	.12	.04	–
Traumatic psychoses	.04	1.02	.12	–	–	.72	11.52	–
With cerebral arteriosclerosis	1.08	.73	.18	–	.04	.77	.48	–
With other disturbances of circulation	.07	.18	.10	–	.37	–	–	–
With convulsive disorders (epilepsy)	.69	.29	.67	–	.04	.94	1.11	–
Senile psychoses	.46	.60	.12	–	–	.46	.04	–
Involutional psychoses	2.28	1.53	.31	–	.37	2.11	.20	–
Due to other metabolic diseases, etc.	.30	.31	.04	–	.16	.23	.29	–
Due to new growth	–	.12	.06	–	–	–	–	–
With organic changes of nervous system	.20	.87	.26	–	.49	1.59	4.39	–
Psychoneuroses	.17	.15	.04	–	2.25	.34	.57	–
Manic-depressive psychoses	1.10	.73	.21	–	1.13	.94	.41	–
Dementia praecox	1.28	1.42	.70	–	1.47	2.01	.88	–
Paranoia and paranoid conditions	7.50	.34	.13	–	.54	1.76	.30	–
With psychopathic personality	.49	.42	.34	–	1.28	.34	5.91	–
With mental deficiency	.22	2.22	.86	–	.71	2.59	.28	–
Undiagnosed psychoses	.29	.10	.04	–	–	.16	.05	–
Without psychoses	–	–	–	.07	–	–	–	.16
Primary behavior disorders	.08	.07	.04	–	–	.06	.06	–
Total With Mental Disorder	.81	.79	.37	–	1.07	1.21	.96	–
Total Without Mental Disorder[1]	.08	.07	.04	.07	–	.05	.06	.16
Grand Total	.81	.76	.32	.07	1.07	1.20	.93	.16

[1] Includes Without Psychoses and Primary Behavior Disorders.

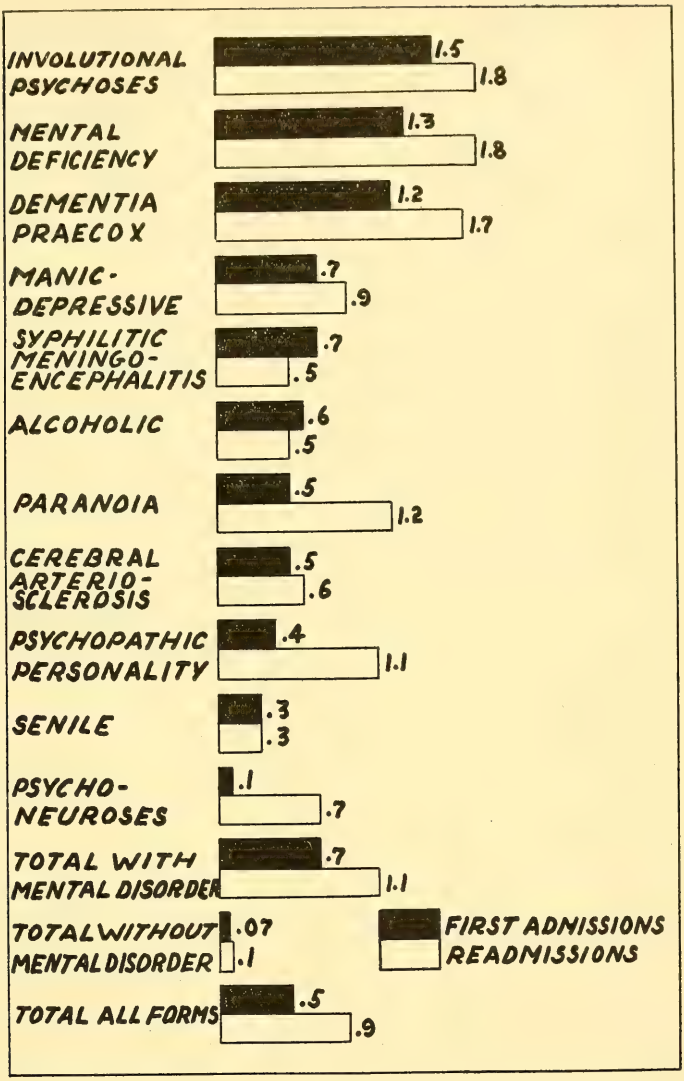
Again dementia praecox shows a long hospital residence in both the recovered and the improved. Psychoses with psychopathic personality show a long hospital residence in both the recovered and the unimproved.

LENGTH OF HOSPITAL STAY OF DISCHARGES TO THE COMMUNITY, 1937, BY MENTAL DISORDERS

Table 47 and Graph 4 present the average length of hospital residence during the present admission of cases returning to the community during 1937. First admissions "with mental disorder" show an average hospital residence of .70 years or about eight months and twelve days. No sex difference is observable. The long hospital residences are shown by psychoses with epidemic encephalitis — 1.97 years, involutional psychoses — 1.56 years, other forms of syphilis — 1.54 years, mental deficiency — 1.37 years and dementia praecox — 1.22 years. The psychoses with shorter hospital residences are the psychoneuroses with .13 years, other disturbances of circulation — .11 years, due to new growth — .08, due to drugs — .07 and undiagnosed — .07. In mental deficiency, manic-depressive, cerebral arteriosclerosis, paranoia, senile, other infectious diseases, psychoneuroses and psychoses due to drugs, we observe the females showing a longer length of hospital stay.

Table 47. — *Average Length of Hospital Stay During This Admission of First and Readmissions Discharged, 1937, by Mental Disorders and Sex*

Mental Disorders	Average Hospital Stay in Years										
	Total Discharges			First Admissions			Position	Readmissions			Position
	M.	F.	T.	M.	F.	T.		M.	F.	T.	
With epidemic encephalitis	2.09	.58	1.44	2.77	.77	1.97	1	.04	.20	.12	20
Involutional psychoses	1.71	1.55	1.60	1.83	1.44	1.56	2	.54	2.06	1.81	3
With other forms of syphilis	1.83	1.26	1.57	1.76	1.16	1.54	3	2.00	1.37	1.62	6
With mental deficiency	1.74	1.37	1.54	1.32	1.41	1.37	4	2.40	1.30	1.81	4
Dementia praecox	1.34	1.49	1.41	1.24	1.20	1.22	5	1.52	2.02	1.75	5
Traumatic psychoses	.75	11.56	1.78	.78	–	.78	6	.71	11.56	3.12	1
Manic-depressive psychoses	.74	.93	.85	.69	.81	.76	7	.81	1.06	.96	10
With syphilitic meningo-encephalitis	.66	.54	.63	.75	.56	.71	8	.60	.44	.56	15
Alcoholic psychoses	.58	.72	.60	.61	.60	.61	9	.50	1.20	.57	14
With cerebral arteriosclerosis	.56	.63	.59	.55	.64	.59	10	.64	.61	.63	13
With organic changes of nervous system	.90	1.29	1.06	.56	.56	.56	11	1.54	2.90	2.06	2
With convulsive disorders (epilepsy)	.74	.57	.67	.72	.33	.52	12	.76	1.39	.94	11
Paranoia and paranoid conditions	.54	.92	.78	.45	.57	.51	13	.97	1.31	1.25	8
With psychopathic personality	.66	.81	.73	.55	.23	.43	14	.91	1.38	1.18	9
Senile psychoses	.31	.40	.37	.24	.42	.37	15	.61	.17	.39	16
Due to other metabolic diseases, etc.	.36	.23	.28	.37	.23	.28	16	.29	.18	.21	18
With other infectious diseases	.10	.42	.27	.11	.21	.16	17	.04	2.50	1.27	7
Psychoneuroses	.15	.39	.27	.11	.15	.13	18	.28	1.13	.75	12
With other disturbances of circulation	.12	.12	.12	.12	.10	.11	19	–	.37	.37	17
Due to new growth	.08	–	.08	.08	–	.08	20	–	–	–	24
Due to drugs, etc.	.07	.08	.08	.05	.09	.07	21	.14	.07	.10	21
Undiagnosed psychoses	.08	.08	.08	.08	.07	.07	22	.05	.14	.10	22
Without psychoses	.08	.13	.09	.07	.08	.07	23	.11	.29	.16	19
Primary behavior disorders	.06	.04	.05	.06	.04	.05	24	.07	.04	.05	23
Total With Mental Disorder	.77	.93	.84	.70	.71	.70		.93	1.36	1.14	
Total Without Mental Disorder	.08	.11	.09	.06	.07	.07		.11	.26	.15	
Grand Total	.57	.78	.66	.51	.59	.54		.73	1.21	.94	



Graph 4. — Length of Time in Residence during This Admission of Certain Psychoses, First Admissions and Readmissions Discharged during 1937: Averages in Years

The readmissions "with mental disorder" showed an average hospital stay of 1.14 years or about one year, one month and eighteen days. Contrasting with first admissions showing a balance between the sexes, the readmissions show a much longer hospital residence for the females. Here the hospital stay of females (1.36 years) is 46% longer than that of the males (.93 years). The traumatic psychoses with 3.12 years, organic changes of the nervous system — 2.06 years, involutional psychoses — 1.81 years, mental deficiency — 1.81 years, and dementia praecox — 1.75 years, present the longer hospital residences. Epidemic encephalitis with an average stay of .12 years, due to drugs and undiagnosed psychoses with .10 years each show the short average hospital residences.

Remarkable differences in length of hospital stay are noted. In first admissions epidemic encephalitis with a stay of 1.97 years remains nearly two years longer than the undiagnosed psychoses with an average of .07. Among the readmissions the traumatic psychoses with an average of 3.12 years remain in hospital over three years longer than the psychoses due to drugs and undiagnosed psychoses with an average stay of .10 years each.

Total Length of Hospital Stay during Previous Admissions and the Present Admission, Readmissions Discharged to the Community, 1937, by Mental Disorders

Table 48 shows the length of hospital stay during previous admissions as well as the present admission of all readmissions returned to the community during 1937. Twelve hundred seventy-six readmissions returned to the community during 1937 had been in hospital an average of 1.96 years during their lives, 1.02 years in hospital during previous admissions and .94 years during the present admission. The average stay of 2.30 years of the females is 36% longer than the 1.68 years for the males. During previous admissions the females showed an average hospital stay which was 14% longer than that of the males. During the present admission, however, the hospital stay of the females averaged 65% longer than that of the males. Considering the total of all admissions, the long hospital residence is shown by the traumatic psychoses with 3.68 years and mental deficiency with 3.49 years. In order follow dementia praecox — 3.08 years, organic changes of the nervous system — 3.08 years and cerebral arteriosclerosis — 2.66 years. The shorter hospital residences during all admissions are observed in psychoses due to drugs — .84 years, other metabolic diseases — .41 years, undiagnosed — .38 years, other disturbances of circulation — .37 years and epidemic encephalitis — .20 years.

Table 48. — *Average Length of Hospital Stay*[1] *During Previous Admissions and the Present Admission: Readmissions Discharged, 1937, by Mental Disorders and Sex*

Mental Disorders	Readmissions Discharged								
	This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With epidemic encephalitis	.04	.20	.12	.16	–	.08	.20	.20	.20
Involutional psychoses	.54	2.06	1.81	.16	.65	.56	.70	2.71	2.37
With other forms of syphilis	2.00	1.37	1.62	–	.03	.02	2.00	1.40	1.64
With mental deficiency	2.40	1.30	1.81	2.44	1.04	1.68	4.84	2.34	3.49
Dementia praecox	1.52	2.02	1.75	1.70	.90	1.33	3.22	2.92	3.08
Traumatic psychoses	.71	11.56	3.12	.52	.64	.56	1.23	12.20	3.68
Manic-depressive psychoses	.81	1.06	.96	1.03	1.31	1.20	1.84	2.37	2.16
With syphilitic meningo-encephalitis	.60	.44	.56	.94	.62	.88	1.54	1.06	1.44
Alcoholic psychoses	.50	1.20	.57	.47	1.29	.56	.97	2.49	1.13
With cerebral arteriosclerosis	.64	.61	.63	.91	3.05	2.03	1.55	3.66	2.66
With organic changes of nervous system	1.54	2.90	2.06	.70	1.54	1.02	2.24	4.44	3.08
With convulsive disorders (epilepsy)	.76	1.39	.94	1.43	.85	1.26	2.19	2.24	2.20
Paranoia and paranoid conditions	.97	1.31	1.25	.57	.99	.92	1.54	2.30	2.17
With psychopathic personality	.91	1.38	1.18	1.21	.29	.68	2.12	1.67	1.86
Senile psychoses	.61	.17	.39	.59	.63	.61	1.20	.80	1.00
Due to other metabolic diseases, etc.	.29	.18	.21	.04	.27	.20	.33	.45	.41
With other infectious diseases	.04	2.50	1.27	.58	–	.29	.62	2.50	1.56
Psychoneuroses	.28	1.13	.75	.46	.51	.49	.74	1.64	1.24
With other disturbances of circulation	–	.37	.37	–	–	–	–	.37	.37
Due to drugs, etc.	.14	.07	.10	.38	1.03	.74	.52	1.10	.84
Undiagnosed psychoses	.05	.14	.10	.15	.06	.28	.20	.52	.38
Without psychoses	.11	.29	.16	.63	1.45	.87	.74	1.74	1.03
Primary behavior disorders	.07	.04	.05	.23	.17	.19	.30	.21	.24
Total With Mental Disorder	.93	1.36	1.14	1.06	1.06	1.06	1.99	2.42	2.20
Total Without Mental Disorder	.11	.26	.15	.62	1.30	.84	.73	1.56	.99
Grand Total	.73	1.21	.94	.95	1.09	1.02	1.68	2.30	1.96

[1] Exclusive of time spent out on visit, etc.

It is observable that the psychoses in which definite organic changes have taken place are the ones tending to long hospital residence. Four of the five psychoses showing the longest hospital stay, namely, traumatic psychoses, mental deficiency, organic changes of the nervous system and cerebral arteriosclerosis, fall in this group. Dementia praecox is the only one of the functional group appearing here. This table points out definitely how the length of hospital stay during previous admissions must be considered if we are to obtain a satisfactory picture of the total time spent in mental hospitals by the various groups of the clinical classification. Here we note that of the total average time in mental hospitals of 1.96 years, 1.02 years or 52% occurred during previous admissions.

Length of Hospital Stay during the Present Admission of Discharges to the Community, 1937, by Hospital

Table 49 presents the average length of hospital stay of discharges during 1937, by hospital. The Psychopathic Hospital with a preponderance of temporary cases shows the short hospital stay of .05 years or about 18 days. Of the active admitting hospitals with court commitments predominating, Danvers shows the short hospital stay in first admissions of .46 years or about five and one half months. Worcester is second with a stay of .61 years or about seven and one third months and Taunton third with a stay of .64 years or about seven and two thirds months. A subdivision is made, setting off the transfer hospitals, namely Gardner, Medfield, Grafton and Metropolitan. Monson is included although the hospital stay of epileptics cannot be satisfactorily compared with the psychoses. The numbers of first admissions coming to the transfer hospitals are, of course, very small.

Among the readmissions Psychopathic again shows a short hospital stay with .05 years. Among the hospitals accepting court commitments Danvers shows the low average stay of .69 years, Worcester second with .86 years and Foxborough third with .96 years.

Table 49. — *Average Length of Hospital Stay During This Admission, First and Readmissions Discharged, 1937, by Hospital*

Hospitals	Length of Residence		
	Total	First Admissions	Readmissions
Boston Psychopathic	.05	.05	.05
Danvers	.54	.46	.69
Worcester	.69	.61	.86
Taunton	.92	.64	1.74
Foxborough	1.02	1.05	.96
Boston State	1.07	.76	1.70
Westborough	1.07	1.05	1.10
Northampton	1.08	1.05	1.17
Gardner	.67	.60	.84
Medfield	.71	.63	.84
Monson	1.02	.83	1.44
Grafton	1.59	2.68	.77
Metropolitan	2.07	2.77	1.83
McLean	.54	.43	.76
Bridgewater	.83	.79	.89
Veterans' Administration Facility No. 107	1.69	1.44	1.84
Veterans' Administration Facility No. 95	2.39	3.23	1.66
Tewksbury	12.50	–	12.50
Total	.66	.54	.94

Length of Hospital Stay of Discharges Returned to the Community, 1937, by Age at Admission

Table 50 gives the average length of hospital stay in accordance with the age at admission. All admissions remained a total of .66 years or 7 months and 27 days. First admissions remained .54 years or 6 months and 14 days and readmissions an average of .94 years or approximately 11 months and 8 days. The readmissions remained in residence nearly five months longer than first admissions. In first admissions the females remained .59 years which is nearly one month or 15% longer than the males (.51 years). In readmissions the females remained an average of 1.21 years which is five months and 22 days or 65% longer than the average for the males (.73 years). It is apparent that readmission is much more serious to females than males as far as length of hospital stay is concerned. The sexes stay close together in first admissions. However, in readmissions the females remain in hospital nearly six months longer than the males.

TABLE 50. — *Average Length of Hospital Stay During This Admission, First and Readmissions Discharged, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	.31	.37	.34	.32	.31	.32	.27	.61	.44
20–29 years	.74	.54	.66	.64	.50	.58	1.10	.63	.88
30–39 years	.55	.72	.62	.53	.55	.54	.67	1.09	.84
40–49 years	.61	1.09	.79	.56	.67	.60	.69	1.90	1.15
50–59 years	.50	1.23	.83	.47	.98	.69	.56	1.69	1.14
60–69 years	.63	.57	.60	.57	.42	.51	.82	.84	.83
70–79 years	.25	.73	.48	.20	.64	.41	.47	1.16	.78
80–89 years	.35	.16	.24	.45	.16	.26	.17	–	.17
90 years and over	.04	.77	.40	.04	.77	.40	–	–	–
Total	.57	.78	.66	.51	.59	.54	.73	1.21	.94

(See Tables 215 and 216 for detail)

In the age groups we observe that patients coming into mental hospitals in the younger years tend to have a shorter hospital stay. The first admissions admitted under 20 years of age were discharged after a hospital stay of less than one third of one year. The long hospital residence of .69 years or about 8 months and 3 days occurs in patients admitted between 50–59 years. Those coming in at older ages show gradual decreases.

In the readmissions also the patients in the younger ages show shorter hospital residences. Patients admitted under the age of 20 remained .44 years or just over 5 months. Patients readmitted between the ages of 40–49 years remained the longest period of 1.15 years or nearly 1 year and 2 months. In readmissions there is a greater tendency for long hospital residence to be associated with the ages 40–59 years than in first admissions.

AGE OF DISCHARGES RETURNED TO THE COMMUNITY, 1937, BY MENTAL DISORDERS

Table 51 shows the average age at discharge in first and readmissions, by mental disorders. All first admissions "with mental disorder" showed an average age of 42.0 years at the time they were returned to the community, the females being 1.4 years older than the males. In the total "without mental disorder" the average age at discharge is younger — 35.4 years. In this case the males are 1.3 years older. In readmissions "with mental disorder" the age at discharge does not differ greatly presenting an average of 42.4 years. Again the females are slightly older. In the readmissions "without mental disorder" the average age is lower — 38.2 years. As in first admissions the males of this group are about 2 years older than the females. In first admissions the oldest average ages at discharge are found in the senile psychoses — 76 years, cerebral arteriosclerosis — 68 years, other disturbances of circulation — 60 years, involutional psychoses — 54 years, and paranoia — 51 years. The youngest discharge ages are found in dementia praecox — 32 years, with convulsive disorders — 32 years and psychopathic personality — 31 years. In the readmissions the oldest average discharge ages are found in senile psychoses — 77 years, cerebral arteriosclerosis — 66 years and involutional psychoses — 55 years. The youngest discharge ages are noted in undiagnosed psychoses — 35 years, epidemic encephalitis — 32 years and convulsive disorders — 31 years.

AGE OF DISCHARGES TO THE COMMUNITY, 1937, BY HOSPITAL

Table 52 gives the average age at discharge of first and readmissions leaving various hospitals. The Psychopathic Hospital dealing almost exclusively with short-term residents, shows a discharge age of 34.3 years, 35.2 years in the males and 32.8 years in the females. In the readmissions the same hospital showed an average of 37 years, 37.9 years in the males and 35.4 years in the females. In the active admitting hospitals, Boston State shows the high average discharge age of 47.6 years. The low average discharge rate of this group is shown by Taunton with 40.2 years. In the readmissions Boston State also shows the high average discharge age of 45.5 years and Worcester the low average of 40.9 years. In the second group of hospitals dealing in both admissions and transfers, the high discharge age

TABLE 51. — *Average Age at Discharge of First and Readmissions Discharged, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile psychoses	15	35	50	80.8	74.8	76.6	12	32	44	80.4	75.0	76.5	3	3	6	82.5	72.5	77.5
With cerebral arteriosclerosis	107	99	206	68.0	68.4	68.2	97	88	185	67.9	68.8	68.3	10	11	21	68.5	65.2	66.7
With other disturbances of circulation	5	12	17	66.5	56.2	59.2	5	11	16	66.5	57.5	60.3	–	1	1	–	42.5	42.5
Involutional psychoses	23	54	77	57.5	53.4	54.6	21	44	65	57.9	52.9	54.5	2	10	12	52.5	55.5	55.0
Paranoia and paranoid conditions	28	49	77	50.0	51.7	51.1	23	26	49	50.5	51.9	51.2	5	23	28	47.5	51.6	50.8
Due to new growth	4	–	4	46.2	–	46.2	4	–	4	46.2	–	46.2	–	–	–	–	–	–
With organic changes of nervous system	23	16	39	45.5	44.0	44.9	15	11	26	43.8	47.0	45.2	8	5	13	48.7	37.5	44.4
Due to other metabolic diseases, etc.	18	31	49	48.6	43.1	45.1	16	27	43	49.0	42.3	44.8	2	4	6	45.0	48.7	47.5
Traumatic psychoses	19	2	21	40.3	55.0	41.7	12	–	12	43.7	–	43.7	7	2	9	34.6	55.0	39.1
With syphilitic meningo-encephalitis	78	21	99	42.6	46.7	43.5	63	17	80	42.5	45.4	43.1	15	4	19	43.5	52.5	45.3
Due to drugs, etc.	17	16	33	42.7	47.5	45.0	13	11	24	42.1	43.8	42.9	4	5	9	45.0	55.5	50.8
Alcoholic psychoses	439	66	505	44.1	42.9	44.0	323	53	376	42.7	41.1	42.5	116	13	129	45.6	50.1	46.1
With other forms of syphilis	7	6	13	39.6	47.5	43.2	5	3	8	38.5	47.5	41.8	2	3	5	42.5	47.5	45.5
With other infectious diseases	9	11	20	40.8	41.1	41.0	8	10	18	41.2	39.5	40.2	1	1	2	37.5	57.5	47.5
Manic-depressive psychoses	292	409	701	41.1	40.8	40.9	163	211	374	38.1	38.3	38.2	129	198	327	44.9	43.4	44.0
Without psychoses	607	258	865	38.1	37.0	37.7	437	190	627	37.5	36.8	37.3	170	68	238	39.5	37.5	39.0
Psychoneuroses	160	171	331	36.7	37.5	37.1	127	130	257	37.0	37.0	37.0	33	41	74	35.8	39.4	37.8
Undiagnosed psychoses	48	45	93	36.3	36.0	36.2	43	38	81	35.6	37.2	36.4	5	7	12	42.5	29.6	35.0
With mental deficiency	44	52	96	35.4	36.1	35.8	27	32	59	33.0	35.7	34.5	17	20	37	39.2	36.7	37.9
With epidemic encephalitis	4	3	7	33.7	32.6	33.2	3	2	5	32.5	35.2	33.6	1	1	2	37.5	27.5	32.5
Dementia praecox	373	322	695	32.5	37.0	34.6	236	208	444	30.4	35.8	32.9	137	114	251	36.1	39.1	37.5
With convulsive disorders (epilepsy)	51	39	90	32.8	32.1	32.4	29	30	59	33.7	32.0	32.8	22	9	31	31.6	32.6	31.9
With psychopathic personality	42	34	76	34.8	35.1	35.0	29	17	46	32.5	30.7	31.8	13	17	30	40.1	39.5	39.8
Primary behavior disorders	103	62	165	28.1	26.3	27.4	98	53	151	28.3	26.1	27.5	5	9	14	23.5	27.0	25.7
Total With Mental Disorder	1,806	1,493	3,299	41.6	42.9	42.1	1,274	1,001	2,275	41.4	42.8	42.0	532	492	1,024	41.9	43.0	42.4
Total Without Mental Disorder	710	320	1,030	36.6	34.9	36.1	535	243	778	35.8	34.5	35.4	175	77	252	39.1	36.3	38.2
Grand Total	2,516	1,813	4,329	40.2	41.5	40.7	1,809	1,244	3,053	39.8	41.2	40.3	707	569	1,276	41.2	42.1	41.6

(See Tables 207 and 208 for detail)

TABLE 52. — *Average Age at Discharge of First and Readmissions Discharged, 1937, by Hospital and Sex*

HOSPITALS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston Psychopathic	764	438	1,202	35.8	33.3	34.9	613	349	962	35.2	32.8	34.3	151	89	240	37.9	35.4	37.0
Boston State	253	239	492	45.1	48.8	46.9	179	151	330	45.4	50.1	47.6	74	88	162	44.3	46.6	45.5
Northampton	217	174	391	45.1	44.9	45.0	177	123	300	46.1	44.2	45.3	40	51	91	40.8	46.6	44.0
Danvers	301	202	503	43.5	42.7	43.2	193	145	338	44.2	43.6	43.9	108	57	165	42.3	40.4	41.7
Westborough	116	139	255	41.8	46.4	44.3	78	80	158	40.5	47.1	43.9	38	59	97	44.4	45.5	45.1
Worcester	250	188	438	41.4	40.9	41.2	173	118	291	41.5	41.2	41.4	77	70	147	41.2	40.5	40.9
Foxborough	67	65	132	40.4	42.8	41.5	45	43	88	40.9	41.8	41.3	22	22	44	39.3	44.7	42.0
Taunton	155	129	284	38.3	43.7	40.7	117	94	211	37.5	43.6	40.2	38	35	73	40.2	43.9	41.9
Metropolitan	13	14	27	44.8	47.1	46.0	3	4	7	40.8	53.7	48.2	10	10	20	46.0	44.5	45.2
Gardner	53	47	100	35.9	46.2	40.7	39	32	71	35.7	46.8	40.7	14	15	29	36.5	44.8	40.8
Medfield	57	48	105	41.2	39.4	40.4	39	26	65	39.6	39.8	39.7	18	22	40	43.7	38.3	40.7
Grafton	23	14	37	42.2	34.0	39.1	13	3	16	40.5	26.0	37.8	10	11	21	44.5	36.1	40.1
Monson	19	13	32	32.5	27.9	30.6	13	9	22	34.0	27.5	31.4	6	4	10	29.1	28.8	29.0
Veterans' Adm. Facility No. 107	55	–	55	43.1	–	43.1	20	–	20	41.2	–	41.2	35	–	35	44.0	–	44.0
Veterans' Adm. Facility No. 95	30	–	30	41.3	–	41.3	14	–	14	40.7	–	40.7	16	–	16	41.8	–	41.8
McLean	108	102	210	39.5	42.4	40.9	72	67	139	37.5	42.9	40.1	36	35	71	43.3	41.3	42.3
Bridgewater	35	–	35	36.7	–	36.7	21	–	21	37.7	–	37.7	14	–	14	35.3	–	35.3
Tewksbury	–	1	1	–	47.5	47.5	–	–	–	–	–	–	–	1	1	–	47.5	47.5
Total	2,516	1,813	4,329	40.2	41.5	40.7	1,809	1,244	3,053	39.8	41.2	40.3	707	569	1,276	41.2	42.1	41.6
Percent	100.0	100.0	100.0				71.8	68.6	70.5				28.1	31.3	29.4			

(See Tables 213 and 214 for detail)

of first admissions is shown by Metropolitan with 48.2 years and the low discharge age by Grafton with 37.8 years. In the readmissions of this group the Metropolitan Hospital shows the high average of 45.2 years and Grafton the low average of 40.1 years. The Monson State Hospital, admitting epileptics only, cares for many children. This, of course, distributes their discharge ages in the younger groups.

Length of Hospital Stay of Discharges Returned to the Community, 1937, by Nativity

Table 53 shows the average length of residence during the present admission of first and readmissions discharged during 1937, by nativity. The total native born first admissions showed a hospital residence of .51 years while the foreign born remained in hospital one month and thirteen days longer or .63 years. In readmissions the native born showed a hospital stay of .89 years and the foreign born remained one month longer, an average of .98 years. In the foreign born first admissions the females show a hospital residence of about 10 days longer than the males. In the native born the females show a hospital stay about 28 days longer than the males. In the foreign born readmissions the females show a hospital stay of about five and one half months longer than the males while in the native born the females show a stay which is about four and one half months longer than the males.

Table 53. — *Average Length of Residence During THIS Admission, First and Readmissions Discharged, 1937, by Nativity Groups and Sex*

Nativity	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Foreign Born	.65	.90	.77	.62	.65	.63	.74	1.21	.98
Native Born:	.55	.74	.63	.48	.56	.51	.73	1.11	.89
Foreign Parentage	.66	.86	.74	.58	.61	.59	.87	1.43	1.10
Mixed Parentage	.46	.51	.48	.28	.46	.35	.80	.62	.74
Native Parentage	.49	.76	.60	.45	.61	.51	.59	1.04	.79
Unknown Parentage	.49	.36	.43	.51	.24	.40	.37	.71	.57
Nativity Unknown	–	.04	.04	–	.04	.04	–	–	–
Total	.57	.78	.66	.51	.59	.54	.73	1.21	.94

Studying the native born in accordance with parentage, the native born with parents foreign born show the long hospital stay of .59 years, the native born with both parents native born an average of .51 years, and the native born with one parent foreign and one parent native born show the short hospital stay of .35 years. In the readmissions the native born of foreign parentage show the long hospital stay of 1.10 years. The native born of native parentage with an average of .79 years and the native born of mixed parentage with .74 years, are lower.

Times Out on Visit in Discharges to the Community, 1937, by Mental Disorders

Table 54 outlines the number of times patients left the hospital on visit previous to their discharge, by mental disorders. All patients discharged, 1937, show an average of .80 times out of hospital before being permanently returned to the community. Others, totaling 56%, were discharged directly from the hospital and 43.5% had one or more visits previous to discharge. The group "with mental disorder" shows an average of 1.03 visits. The group "without mental disorder" shows an average of .04 visits. The high average number of visits are shown by epidemic encephalitis — 2.71, mental deficiency — 1.87, other forms of syphilis — 1.76, involutional psychoses — 1.66, and dementia praecox — 1.57. The smallest averages for number of visits are shown by psychoneuroses — .36, due to drugs — .24, and undiagnosed psychoses — .13.

TABLE 54. — *Times Out on Visit During This Admission of Cases Discharged, 1937, by Mental Disorders*

MENTAL DISORDERS	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	No. of Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
With epidemic encephalitis	7	19	1	3	1	1	–	–	1	2.71
With mental deficiency	96	180	34	34	11	2	6	2	7	1.87
With other forms of syphilis	13	23	4	5	2	1	–	–	1	1.76
Involutional psychoses	77	128	10	34	20	7	4	2	–	1.66
Dementia praecox	695	1,093	182	292	97	55	44	12	13	1.57
With organic changes of nervous system	39	57	11	18	6	–	2	1	1	1.46
With convulsive disorders (epilepsy)	90	122	32	35	8	8	4	1	2	1.35
With syphilitic meningo-encephalitis	99	131	25	50	15	3	2	3	1	1.32
Manic-depressive psychoses	701	820	226	323	80	33	28	6	5	1.16
With other infectious diseases	20	23	7	5	6	2	–	–	–	1.15
Due to other metabolic diseases, etc.	49	47	17	23	5	2	2	–	–	.95
Traumatic psychoses	21	19	7	9	5	–	–	–	–	.90
With cerebral arteriosclerosis	206	178	83	94	17	4	7	1	–	.86
Paranoia and paranoid conditions	77	61	38	25	9	3	2	–	–	.79
Senile psychoses	50	38	19	26	3	2	–	–	–	.76
Due to new growth	4	3	1	3	–	–	–	–	–	.75
With psychopathic personality	76	45	44	23	5	4	–	–	–	.59
Alcoholic psychoses	505	286	330	121	28	12	12	1	1	.56
With other disturbances of circulation	17	9	9	7	1	–	–	–	–	.52
Psychoneuroses	331	122	254	55	14	5	–	3	–	.36
Due to drugs, etc.	33	8	28	2	3	–	–	–	–	.24
Undiagnosed psychoses	93	13	82	9	2	–	–	–	–	.13
Without psychoses	865	41	837	22	2	3	1	–	–	.04
Primary behavior disorders	165	2	163	2	–	–	–	–	–	.01
Total With Mental Disorder	3,299	3,425	1,444	1,196	338	144	113	32	32	1.03
Total Without Mental Disorder	1,030	43	1,000	24	2	3	1	–	–	.04
Grand Total	4,329	3,468	2,444	1,220	340	147	114	32	32	.80
Percent	100.0		56.5	28.2	7.9	3.4	2.6	.7	.7	

Section D. Deaths in Mental Hospitals During the Year 1937

The following section presents data in reference to all cases dying in mental hospitals during the year 1937. As in the case of admissions and discharges, the deaths reported are no longer confined to court admissions. The data as outlined are based on all cases dying in mental hospitals and include those admitted under court, temporary care, observation, and voluntary status.

DEATHS IN MENTAL HOSPITALS, 1937, BY FORM OF ADMISSION

Table 55 shows that 1,974 deaths occurred in mental hospitals during 1937, 1,023 males and 951 females. Of these, 1,432 had been admitted under court commitment, 71 under temporary care, 64 under observation and 13 on voluntary papers.

A total of 394 readmissions died during 1937, 192 males and 202 females. In first admissions dying the number of the males was 10% higher than that of the females. In readmissions dying the number of females is 5% higher than that of the males. In readmissions the court commitments comprise 377 cases, temporary care, 10 cases, observation commitment, 4 cases and voluntary care papers, 3 cases.

TABLE 55. — *First and Readmissions Dying in Hospitals for Mental Diseases, 1937, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1937	T.	1,974	1,580	1,432	71	64	13	394	377	10	4	3
	M.	1,023	831	735	52	34	10	192	183	5	2	2
	F.	951	749	697	19	30	3	202	194	5	2	1

MENTAL DISORDERS IN DEATHS, 1937, BY FORM OF ADMISSION

Table 56 presents the legal form of admission of patients who died during 1937 by mental disorders. Three psychoses are important among the deaths in first admissions. Six hundred forty-three deaths were diagnosed as psychoses with cerebral arteriosclerosis. They made up 40% of the court commitments, 46% of the temporary care commitments, and 51% of observation commitments. Senile psychoses, with 231 deaths, make up 15% of court commitments, 5% of temporary care commitments and 10% of the observation commitments. Dementia praecox, with 217 deaths, comprises 14.9% of court commitments and 4.7% of observation commitments.

Among the readmissions dementia praecox records 135 deaths, comprising 35% of court commitments. Cerebral arteriosclerosis offers 73 deaths, making up 18% of court commitments, 20% of temporary care admissions and 25% of the observation commitments dying during 1937. Manic-depressive psychoses is third with 50 deaths and they make up 13.3% of court commitments dying.

MENTAL DISORDERS IN DEATHS, 1937: DEATH RATES PER 1,000 UNDER TREATMENT

In Table 57 we record the death rate per 1,000 under treatment of the various psychoses by first and readmissions and age. The total death rate for first admissions was 86. This rate is over seven times the death rate of the general population for 1937 (11.7). In the sub-division "with mental disorder" the death rate was 90, and in the group "without mental disorder", 6 per thousand. In the readmissions the total death rate is 35 per thousand. Even in readmissions the death rate is three times that of the general population. The sub-group "with mental disorder" shows a death rate of 35 and the group "without mental disorder" a rate of 3.

In first admissions, psychoses due to new growth and other disturbances of circulation show death rates of over 500 per thousand under treatment. Cerebral arteriosclerosis is also high with one of every three under treatment dying, a rate of 341. Senile psychoses, other infectious diseases and other metabolic diseases show high rates of 285, 243 and 222, respectively. The low death rates are shown in dementia praecox, 29, psychoses due to drugs, 26, mental deficiency, 25, psychopathic personality, 13 and psychoneuroses, 2. Only the psychoneuroses (2) and without psychoses (8) offer death rates lower than the population (11.7).

In the readmissions the five high rates are shown by other disturbances of circulation — 250, with cerebral arteriosclerosis — 240, due to new growth — 200, senile psychoses — 192 and other metabolic diseases — 151. The low rates are shown by psychoneuroses — 25, dementia praecox — 23, mental deficiency — 15 and psychopathic personality — 13. Other infectious diseases, other forms of syphilis, undiagnosed psychoses and primary behavior disorders show no deaths.

TABLE 56 — *First and Readmissions Dying, 1937, by Form of Admission and Mental Disorders: Numbers and Percentages*

Mental Disorders	First Admissions										Readmissions									
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	89	5.6	85	5.9	1	1.4	2	3.1	1	7.7	11	2.8	10	2.7	1	10.0	–	–	–	–
With other forms of syphilis	12	.7	12	.8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	4	.3	4	.3	–	–	–	–	–	–	2	.5	2	.5	–	–	–	–	–	–
With other infectious diseases	10	.6	4	.3	5	7.0	1	1.6	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	65	4.1	53	3.7	11	15.6	1	1.6	–	–	26	6.6	26	6.9	–	–	–	–	–	–
Due to drugs, etc.	1	.1	1	.1	–	–	–	–	–	–	1	.3	–	–	1	10.0	–	–	–	–
Traumatic psychoses	7	.4	7	.5	–	–	–	–	–	–	2	.5	2	.5	–	–	–	–	–	–
With cerebral arteriosclerosis	643	40.7	577	40.3	33	46.6	33	51.5	–	–	73	18.4	70	18.6	2	20.0	1	25.0	–	–
With other disturbances of circulation	41	2.6	27	1.9	5	7.0	8	12.5	1	7.7	3	.8	–	–	2	20.0	1	25.0	–	–
With convulsive disorders (epilepsy)	35	2.2	24	1.7	–	–	–	–	11	84.6	20	5.1	16	4.2	1	10.0	–	–	3	100.0
Senile psychoses	231	14.7	220	15.3	4	5.6	7	10.9	–	–	20	5.1	20	5.3	–	–	–	–	–	–
Involutional psychoses	42	2.7	41	2.9	1	1.4	–	–	–	–	11	2.8	10	2.7	–	–	1	25.0	–	–
Due to other metabolic diseases, etc.	35	2.2	27	1.9	4	5.6	4	6.3	–	–	5	1.3	4	1.1	1	10.0	–	–	–	–
Due to new growth	7	.4	5	.3	2	2.8	–	–	–	–	1	.3	–	–	–	–	1	25.0	–	–
With organic changes of nervous system	35	2.2	30	2.1	2	2.8	3	4.7	–	–	4	1.0	4	1.1	–	–	–	–	–	–
Psychoneuroses	1	.1	1	.1	–	–	–	–	–	–	4	1.0	3	.8	1	10.0	–	–	–	–
Manic-depressive psychoses	43	2.7	41	2.9	–	–	2	3.1	–	–	50	12.6	50	13.3	–	–	–	–	–	–
Dementia praecox	217	13.8	214	14.9	–	–	3	4.7	–	–	135	34.2	135	35.7	–	–	–	–	–	–
Paranoia and paranoid conditions	21	1.3	21	1.5	–	–	–	–	–	–	9	2.3	8	2.1	1	10.0	–	–	–	–
With psychopathic personality	2	.1	2	.1	–	–	–	–	–	–	2	.5	2	.5	–	–	–	–	–	–
With mental deficiency	28	1.8	28	1.9	–	–	–	–	–	–	14	3.6	14	3.7	–	–	–	–	–	–
Undiagnosed psychoses	5	.3	4	.3	1	1.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	6	.4	4	.3	2	2.8	–	–	–	–	1	.3	1	.3	–	–	–	–	–	–
Total With Mental Disorder	1,574	99.6	1,428	99.7	69	97.2	64	100.0	13	100.0	393	99.7	376	99.7	10	100.0	4	100.0	3	100.0
Total Without Mental Disorder	6	.4	4	.3	2	2.8	–	–	–	–	1	.3	1	.3	–	–	–	–	–	–
Grand Total	1,580	100.0	1,432	100.0	71	100.0	64	100.0	13	100.0	394	100.0	377	100.0	10	100.0	4	100.0	3	100.0

(See Table 217 for detail)

TABLE 57. — *First and Readmissions Dying, 1937, by Mental Disorders: Death Rates per 1,000 under Treatment*

FIRST ADMISSIONS	Death Rate per 1,000	READMISSIONS	Death Rate per 1,000
Due to new growth	538.	With other disturbances of circulation	250.
With other disturbances of circulation	506.	With cerebral arteriosclerosis	240.
With cerebral arteriosclerosis	341.	Due to new growth	200.
Senile psychoses	285.	Senile psychoses	192.
With other infectious diseases	243.	Due to other metabolic diseases, etc.	151.
Due to other metabolic diseases, etc.	222.	Involutional psychoses	58.
With organic changes of nervous system	168.	Due to drugs, etc.	55.
With syphilitic meningo-encephalitis	129.	Traumatic psychoses	52.
With other forms of syphilis	113.	With syphilitic meningo-encephalitis	47.
Traumatic psychoses	107.	With organic changes of nervous system	45.
Involutional psychoses	84.	Alcoholic psychoses	42.
With epidemic encephalitis	67.	With convulsive disorders (epilepsy)	42.
With convulsive disorders (epilepsy)	53.	With epidemic encephalitis	40.
Alcoholic psychoses	49.	Manic-depressive psychoses	33.
Paranoia and paranoid conditions	42.	Paranoia and paranoid conditions	33.
Manic-depressve psychoses	33.	Psychoneuroses	25.
Dementia praecox	29.	Dementia praecox	23.
Due to drugs, etc.	26.	With mental deficiency	15.
With mental deficiency	25.	With psychopathic personality	13.
With psychopathic personality	13.	With other infectious diseases	–
Psychoneuroses	2.	With other forms of syphilis	–
Undiagnosed psychoses	52.	Undiagnosed psychoses	–
Without psychoses	8.	Without psychoses	3.
Primary behavior disorders	–	Primary behavior disorders	–
Total With Mental Disorder	90.	Total With Mental Disorder	35.
Total Without Mental Disorder	6.	Total Without Mental Disorder	3.
Grand Total	86.	Grand Total	35.

Death Rate, General Population of Massachusetts, 1937, 11.7 per thousand population.

MENTAL DISORDERS IN DEATHS, 1937, BY AGE: DEATH RATES PER 1,000 UNDER TREATMENT

Table 58 presents the death rates for the various psychoses in both first and readmissions by age. The death rates for specific psychoses as outlined in Table 57 might well be influenced by a preponderance of young patients with low death rates or older patients with high death rates. Therefore, Table 58 offers the death rates by age, giving the cases under treatment in each age group and the number dying within the same group.

In first admissions "with mental disorder" we notice the three age groups up to 39 years showing comparable death rates of 22, 24 and 22 per 1,000 under treatment. The 40–49 age group shows a jump to a death rate of 33, the 50–59 age group rises to 60, the 60–69 year group to 115, the 70–79 group to 247, and the 80 years plus group to 394. In seven out of the eight age groups, the males show a higher death rate than the females, the only exception being the 40–49 group.

The readmissions show death rates under 20, up to 50 years. The 50–59 age group shows a rate of 27, the 60–69 group a rate of 61, the 70–79 group a rate of 130, and the 80 years plus group a rate of 198. It will be observed that these death rates are markedly lower than the first admissions. While death rates were consistently higher in the males in the first admissions, the readmissions show three out of seven age groups with the females showing the higher death rates. This occurs in the 20–29, 40–49, and the 50–59 age groups.

We now consider the death rates in the various age groups of specific psychoses in first admissions. In the group 0–19 years the high death rates are shown by convulsive disorders (67), and manic-depressive (52). In the 20–29 group, the high death rates are shown by other infectious diseases with 400, and organic changes of the nervous system — 200. In the 30–39 group, other disturbances of circulation with 666 and due to new growth — 500, present the high death rates. In the group 40–49 years, cerebral arteriosclerosis with a death rate of 466 and other disturbances of circulation with 357, are high. In the 50–59 group, psychoses due to new growth — 600, and other disturbances of circulation — 565 are high.

TABLE 58. — *Death Rates per 1,000 Under Treatment,*[1] *First and Readmissions Dying, 1937, by Present Age, Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:															
First admissions	444	750	538	–	–	–	–	–	–	500	–	500	–	500	250
Readmissions	–	333	200	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation:															
First admissions	609	400	506	–	–	–	–	–	–	1,000	500	666	800	111	357
Readmissions	200	285	250	–	–	–	–	–	–	–	–	–	1,000	–	333
With cerebral arteriosclerosis:															
First admissions	350	331	341	–	–	–	–	–	–	–	–	–	625	285	466
Readmissions	293	188	240	–	–	–	–	–	–	1,000	–	1,000	–	–	–
Senile psychoses:															
First admissions	316	268	285	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	83	250	192	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases:															
First admissions	333	150	243	–	–	–	500	333	400	–	333	125	400	142	250
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.:															
First admissions	257	197	222	–	–	–	500	–	176	–	–	–	133	388	272
Readmissions	272	90	151	–	–	–	–	–	–	1,000	–	200	333	333	333
With organic changes of nervous system:															
First admissions	145	202	168	–	–	–	166	250	200	133	333	208	74	166	102
Readmissions	18	88	45	–	–	–	–	200	90	111	–	83	–	–	–
With syphilitic meningo-encephalitis:															
First admissions	137	100	129	–	–	–	153	–	100	81	86	82	75	72	74
Readmissions	55	19	47	–	–	–	–	–	–	40	–	30	37	–	31
With other forms of syphilis:															
First admissions	83	176	113	–	–	–	–	–	–	–	–	–	83	375	156
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses:															
First admissions	107	111	107	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	58	–	52	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses:															
First admissions	90	81	84	–	–	–	–	–	–	–	–	–	52	41	43
Readmissions	40	65	58	–	–	–	–	–	–	–	–	–	–	105	90
With epidemic encephalitis:															
First admissions	83	43	67	–	–	–	–	200	71	–	–	–	125	–	76
Readmissions	57	–	40	–	–	–	100	–	71	–	–	–	200	–	142
With convulsive disorders (epilepsy):															
First admissions	63	44	53	90	38	67	57	52	55	47	–	25	50	30	40
Readmissions	41	42	42	–	–	–	43	33	39	87	–	46	40	47	42
Alcoholic psychoses:															
First admissions	44	78	49	–	–	–	48	–	40	31	31	31	27	129	37
Readmissions	45	21	42	–	–	–	–	–	–	–	–	–	8	–	7

Paranoia and paranoid conditions:															
First admissions	23	52	42	–	–	–	–	–	–	–	–	–	–	29	17
Readmissions	24	36	33	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses:															
First admissions	38	29	33	125	–	52	–	8	5	45	13	25	30	24	26
Readmissions	33	34	33	–	–	–	–	15	8	13	6	8	16	25	21
Dementia praecox:															
First admissions	29	30	29	14	–	8	22	15	19	17	8	13	14	19	16
Readmissions	19	27	23	–	–	–	11	23	16	4	10	6	9	18	13
Due to drugs, etc.:															
First admissions	47	–	26	–	–	–	–	–	–	–	–	–	125	–	83
Readmissions	–	111	55	–	–	–	–	–	–	–	500	333	–	–	–
With mental deficiency:															
First admissions	32	17	25	–	–	–	–	18	7	–	–	–	23	12	17
Readmissions	18	12	15	–	–	–	16	27	22	8	–	4	17	–	8
With psychopathic personality:															
First admissions	24	–	13	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	13	13	13	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses:															
First admissions	5	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	27	23	25	–	–	–	–	–	–	–	–	–	45	–	25
Undiagnosed psychoses:															
First admissions	39	66	52	–	–	–	–	–	–	66	200	80	76	111	90
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:															
First admissions	9	4	8	–	–	–	–	–	–	16	–	11	–	26	6
Readmissions	–	11	3	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders:															
First admissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder:															
First admissions	92	88	90	36	6	22	26	20	24	27	16	22	33	34	33
Readmissions	34	36	35	–	–	–	14	22	18	12	7	10	15	19	17
Total Without Mental Disorder:															
First admissions	8	3	6	–	–	–[2]	–	–	–[2]	15	–	10	–	23	5
Readmissions	–	10	3	–	–	–[2]	–	–	–[2]	–	–	–[2]	–	–	–[2]
Grand Total:															
First admissions	86	86	86	21	4	14	23	19	22	26	15	21	31	33	32
Readmissions	33	36	35	–	–	–	13	21	17	11	7	10	14	18	16

---

[1] Cases under treatment include the resident population on September 30, 1937 plus discharges and deaths during the year 1937.

[2] This classification presents a number of patients in residence but no deaths. These patients increase the numbers under treatment and thus reduce the total death rates below.

TABLE 58.—*Death Rates per 1,000 Under Treatment,*[1] *First and Readmissions Dying, 1937, by Present Age, Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:												
First admissions	333	1,000	600	1,000	–	1,000	1,000	–	1,000	–	–	–
Readmissions	–	1,000	500	–	–	–	–	–	–	–	–	–
With other disturbances of circulation:												
First admissions	636	500	565	538	500	521	500	428	466	666	–	666
Readmissions	–	500	200	–	333	333	–	–	–	–	–	–
With cerebral arteriosclerosis:												
First admissions	227	342	281	265	222	245	413	357	386	436	479	459
Readmissions	222	47	100	208	147	179	358	245	300	444	416	433
Senile psychoses:												
First admissions	–	100	76	207	171	184	275	222	240	440	401	415
Readmissions	–	–	–	–	250	153	62	233	173	222	285	266
With other infectious diseases:												
First admissions	200	–	100	750	–	750	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.:												
First admissions	285	250	263	250	217	230	500	–	285	1,000	–	1,000
Readmissions	1,000	200	333	–	–	–	–	–	–	–	–	–
With organic changes of nervous system:												
First admissions	176	136	160	190	227	209	200	200	200	–	1,000	1,000
Readmissions	–	111	47	–	–	–	–	–	–	–	1,000	1,000
With syphilitic meningo-encephalitis:												
First admissions	185	171	183	196	142	181	470	–	347	–	–	–
Readmissions	56	–	46	125	–	80	1,000	500	666	–	–	–
With other forms of syphilis:												
First admissions	50	–	33	187	285	217	–	500	166	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses:												
First admissions	76	–	66	266	500	294	333	–	200	–	–	–
Readmissions	111	–	111	200	–	166	–	–	–	–	–	–
Involutional psychoses:												
First admissions	79	58	64	114	106	110	83	333	233	–	500	500
Readmissions	41	–	12	52	86	76	–	333	230	–	–	–
With epidemic encephalitis:												
First admissions	222	–	153	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)												
First admissions	58	56	57	83	71	76	105	100	102	–	–	–
Readmissions	20	69	43	–	115	66	–	–	–	–	–	–
Alcoholic psychoses:												
First admissions	32	106	42	43	–	36	123	173	132	142	500	187

Readmissions	24	33	26	88	33	77	129	–	111	111	–	100
Paranoia and paranoid conditions:												
First admissions	23	30	27	29	79	65	58	85	78	250	100	142
Readmissions	–	33	25	45	51	50	–	90	60	500	–	166
Manic-depressive psychoses:												
First admissions	18	36	29	56	64	61	148	52	92	–	200	111
Readmissions	7	33	23	62	75	70	129	50	82	111	–	33
Dementia praecox:												
First admissions	31	24	27	43	48	46	132	74	92	277	207	225
Readmissions	29	23	26	44	28	34	84	105	98	250	114	156
Due to drugs, etc.:												
First admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency:												
First admissions	27	9	20	113	15	70	166	285	218	–	–	–
Readmissions	12	11	11	35	19	25	111	111	111	333	–	200
With psychopathic personality:												
First admissions	–	–	–	222	–	111	–	–	–	–	–	–
Readmissions	–	–	–	111	333	166	–	–	–	–	–	–
Psychoneuroses:												
First admissions	–	–	–	–	–	–	500	–	250	–	–	–
Readmissions	–	–	–	166	76	105	–	500	333	–	–	–
Undiagnosed psychoses:												
First admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:												
First admissions	27	–	20	34	–	22	–	–	–	–	–	–
Readmissions	–	83	28	–	–	–	–	–	–	–	–	–
Primary behavior disorders:												
First admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder:												
First admissions	64	55	60	128	102	115	286	216	247	398	391	394
Readmissions	27	28	27	70	55	61	139	124	130	264	155	198
Total Without Mental Disorder:												
First admissions	23	–	17	32	–	21	–	–	–[2]	–	–	–[2]
Readmissions	–	83	28	–	–	–[2]	–	–	–[2]	–	–	–[2]
Grand Total:												
First admissions	62	54	58	127	101	113	282	214	245	395	389	391
Readmissions	27	28	27	69	54	61	138	123	130	257	153	195

[1] Cases under treatment include the resident population on September 30, 1937 plus discharges and deaths during the year 1937.
[2] This classification presents a number of patients in residence but no deaths. These patients increase the numbers under treatment and thus reduce the total death rates below.

In the group 60–69 years, psychoses due to new growth with 1,000 and other infectious diseases with 750 are high. In the 70–79 group, the high death rates are shown by due to new growth — 1,000 and other disturbances of circulation — 466. — In the 80 plus group organic changes of the nervous system and other metabolic diseases with death rates of 1,000 each, are high. The psychoses involving the circulatory system are showing high death rates, whatever the age group.

The death rate for the general population in Massachusetts in 1937 was 11.7 per 1,000. The death rate of 90 for cases "with mental disorder" is 7.6 times as high as that of the general population. The death rate of 35 in the readmissions "with mental disorder" is nearly three times that of the general population. Mental disease is showing tremendously high death rates in both first and readmissions.

ECONOMIC STATUS OF DEATHS, 1937: DEATH RATES PER 1,000 UNDER TREATMENT

Table 59 tests the possible influence of economic condition upon the death rates of mental patients divided into first and readmissions. In 1937, 3,587 first admissions under treatment were classified as "dependent" in economic status. Of these 426 died, giving us a death rate of 118 per 1,000 under treatment. This was the high death rate of the first admission group. The "comfortable" show a lower rate of 90.0 per 1,000, while the "marginal" group presents the lowest death rate of 73 per 1,000. Here we have the lowest death rate in the great average group and higher death rates in both the lower and upper economic groups. In the dependent first admissions, the females show a death rate of 127, which is 14% higher than the rate of 111 for the males. In the marginal first admissions the death rates are practically identical in the two sexes, 73 for both males and females. In the comfortable group the male death rate of 104 is 29% higher than the female rate of 80. Dependent economic status is associated with the high death rate in mental disorders, and this tends to reflect itself in a higher death rate for the females rather than males. In the comfortable economic group, however, the males show a definitely higher death rate.

TABLE 59. — *Economic Status of First and Readmissions who Died, 1937, by Sex: Death Rates per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment	3,013	2,392	5,405	2,001	1,586	3,587	1,012	806	1,818
Deaths	257	242	499	224	202	426	33	40	73
Rate per 1,000	85.2	101.1	92.3	111.9	127.3	118.7	32.6	49.6	40.1
Marginal:									
Under Treatment	11,337	10,654	21,991	6,946	6,349	13,295	4,391	4,305	8,696
Deaths	656	602	1,258	513	464	977	143	138	281
Rate per 1,000	57.8	56.5	57.2	73.8	73.0	73.4	32.5	32.0	32.3
Comfortable:									
Under Treatment	604	898	1,502	375	536	911	229	362	591
Deaths	48	62	110	39	43	82	9	19	28
Rate per 1,000	79.4	69.0	73.2	104.0	80.2	90.0	39.3	52.4	47.3
Unknown:									
Under Treatment	302	291	593	235	230	465	67	61	128
Deaths	62	45	107	55	40	95	7	5	12
Rate per 1,000	205.2	154.6	180.4	234.0	173.9	204.3	104.4	81.9	93.7
Total:									
Under Treatment	15,256	14,235	29,491	9,557	8,701	18,258	5,699	5,534	11,233
Deaths	1,023	951	1,974	831	749	1,580	192	202	394
Rate per 1,000	67.0	66.8	66.9	86.9	86.0	86.5	33.6	36.5	35.0

Death Rate, General Population of Massachusetts, 1937, 11.7 per thousand population.

In the readmissions the marginal group again shows the low death rate of 32. The dependent group is higher with a death rate of 40 and the comfortable group still higher with 47. In readmissions the females show higher death rates than the males, in both the dependent and comfortable groups. In the marginal group, as in first admissions, the death rates are practically identical.

MARITAL STATUS OF DEATHS, 1937: DEATH RATES PER 1,000 UNDER TREATMENT

Table 60 outlines the death rates in the marital status groups of first and readmissions dying in mental hospitals during 1937. In first admissions the low death rate of 50 per 1,000 under treatment, occurs in the single. Next in order are the separated with a death rate of 59, the married with 92, the divorced with 92, and the widowed with 222. While the single show younger age distributions and the widowed show older age distributions, the married, the divorced and the separated are somewhat similar and offer better material for comparison. In the single and divorced, the females show death rates higher than the males. In the married, the widowed, and the separated, the males show decidedly higher death rates than the females.

In readmissions the low death rate occurs in the separated with 24. Then, we have the single with a death rate of 25, the divorced 39, the married with 42, and the widowed with 86. In the single, widowed, and the divorced, the females show higher death rates than the males. In the married and the separated, the males show distinctly higher rates. In readmissions the death rates of the various marital groups show a lesser spread than in first admissions. If marital status influences death rates the effect is more pronounced in first admissions than readmissions.

TABLE 60. — *Marital Status of First and Readmissions who Died, 1937, by Sex: Death Rates per 1,000 Under Treatment*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Treatment	9,086	6,461	15,547	5,375	3,789	9,164	3,711	2,672	6,383
Deaths	337	291	628	252	214	466	85	77	162
Rate per 1,000	37.0	45.0	40.3	46.8	56.4	50.8	22.9	28.8	25.3
Married:									
Under Treatment	4,493	5,253	9,746	2,964	3,169	6,133	1,529	2,084	3,613
Deaths	424	295	719	345	222	567	79	73	152
Rate per 1,000	94.3	56.1	73.7	116.3	70.0	92.4	51.6	35.0	42.0
Widowed:									
Under Treatment	1,008	1,866	2,874	780	1,374	2,154	228	492	720
Deaths	215	327	542	196	284	480	19	43	62
Rate per 1,000	213.2	175.2	188.5	251.2	206.6	222.8	83.3	87.3	86.1
Divorced:									
Under Treatment	391	368	759	249	203	452	142	165	307
Deaths	26	28	54	21	21	42	5	7	12
Rate per 1,000	66.4	76.0	71.1	84.3	103.4	92.9	35.2	42.4	39.0
Separated:									
Under Treatment	230	272	502	146	155	301	84	117	201
Deaths	15	8	23	12	6	18	3	2	5
Rate per 1,000	65.2	29.4	45.8	82.1	38.7	59.8	35.7	17.0	24.8
Unknown:									
Under Treatment	48	15	63	43	11	54	5	4	9
Deaths	6	2	8	5	2	7	1	–	1
Rate per 1,000	125.0	133.3	126.9	116.2	181.8	129.6	200.0	–	111.1
Total:									
Under Treatment	15,256	14,235	29,491	9,557	8,701	18,258	5,699	5,534	11,233
Deaths	1,023	951	1,974	831	749	1,580	192	202	394
Rate per 1,000	67.0	66.8	66.9	86.9	86.0	86.5	33.6	36.5	35.0

COUNTRY OF BIRTH OF PATIENTS DYING, 1937: RATES PER 1,000 UNDER TREATMENT

Table 61 presents the death rates of first and readmissions dying during 1937 who were born in certain countries. Four hundred and six patients born in England were under treatment in mental hospitals during 1937. Of these 66 died, giving us the high death rate of 162 per 1,000. In order followed Germany with a death rate of 137, Canada with 134, Scotland with 131, Ireland with 108, and Sweden with 98. The United States presents a death rate of 80.5. The low death rates are shown by Poland, Greece, and Austria with death rates of 33, 30, and 21, respectively.

TABLE 61. — *Deaths in First and Readmissions during 1937, by Country of Birth: Death Rates per 1,000 Under Treatment*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Treatment	Total Deaths	Rate per 1,000	Total Under Treatment	Total Deaths	Rate per 1,000
England	406	66	162.5	197	9	45.6
Germany	138	19	137.6	72	5	69.4
Canada[1]	1,552	208	134.0	705	39	55.3
Scotland	137	18	131.3	68	2	29.4
Ireland	1,462	158	108.0	823	46	55.8
Sweden	213	21	98.5	119	5	42.0
United States	11,485	925	80.5	7,610	240	31.5
Portugal	224	17	75.8	74	2	27.0
Italy	663	41	61.8	372	16	43.0
Russia	466	28	60.0	432	11	25.4
Finland	118	4	33.8	67	1	14.9
Poland	509	17	33.3	217	7	32.2
Greece	97	3	30.9	49	–	–
Austria	141	3	21.2	58	1	17.2
All other countries	647	52	80.3	370	10	27.0
Total	18,258	1,580	86.5	11,233	394	35.0

(See Table 229 for detail)

[1] Includes Newfoundland.

In readmissions the high death rate of 69 occurs in natives of Germany. In order follow Ireland with 55.8, Canada with 55.3, England with 45.6, and Italy with 43.0. Austria, Finland and Greece show the low death rates of 17, 14, and no deaths, respectively.

NUMBER OF THIS ADMISSION IN DEATHS, 1937: DEATHS RATES PER 1,000 UNDER TREATMENT

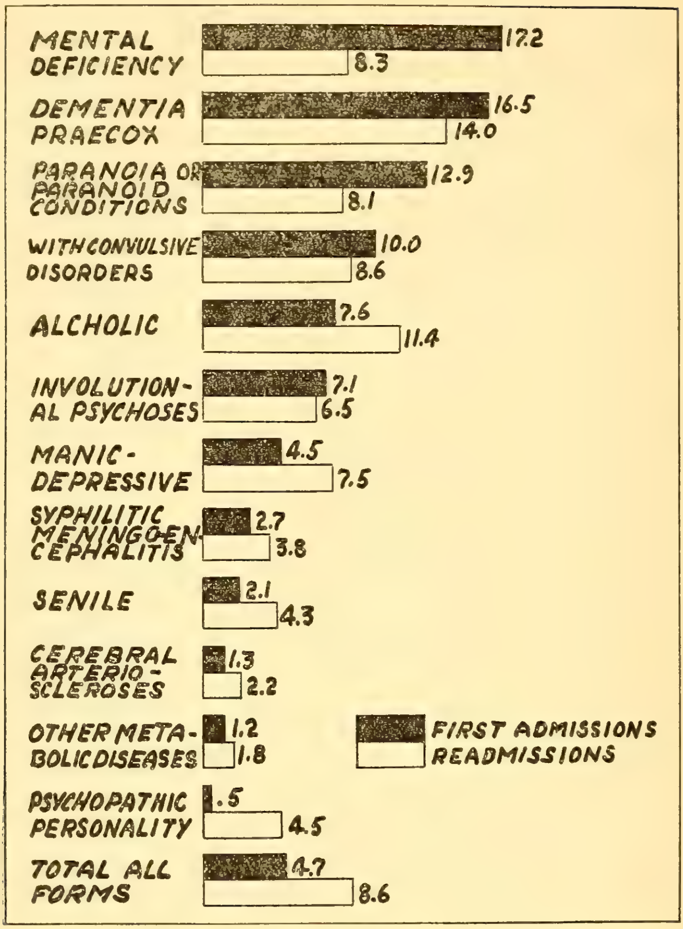
Table 62 presents the death rates of all first and readmissions dying during 1937 in accordance with the number of the present admission. Excluding the admissions showing less than 100 cases under treatment (those having seven admissions and over) we note that the high death rate of 86 occurs in first admissions. Second admissions with a death rate of 46, and patients having their seventh admission with 43 follow. Then in order we see patients having third admissions, fourth admissions, fifth admissions, and sixth admissions showing death rates of 33, 26, 20, and 19, respectively. In first admissions the males show the higher death rates. In patients having a second, third, or fourth admission, the females show the higher death rates.

TABLE 62. — *Death Rates of First and Readmissions Under Treatment in Hospitals for Mental Diseases, 1937, by Number of This Admission and Sex*

NUMBER OF THIS ADMISSION	CASES UNDER TREATMENT			DEATHS			RATE PER 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	9,557	8,701	18,258	831	749	1,580	86.9	86.0	86.5
Second	1,775	1,519	3,294	81	73	154	45.6	48.0	46.7
Third	2,258	2,183	4,441	61	87	148	27.0	39.8	33.3
Fourth	904	980	1,884	23	27	50	25.4	27.5	26.5
Fifth	383	433	816	11	6	17	28.7	13.8	20.8
Sixth	171	184	355	3	4	7	17.5	21.7	19.7
Seventh	95	89	184	7	1	8	73.6	11.2	43.4
Eighth	42	56	98	2	–	2	47.6	–	20.4
Ninth	21	37	58	–	2	2	–	54.0	34.4
Tenth	19	15	34	3	–	3	157.8	–	88.2
Eleventh	9	10	19	–	1	1	–	100.0	52.6
Twelfth or Over	22	28	50	1	1	2	45.4	35.7	40.0
Total	15,256	14,235	29,491	1,023	951	1,974	67.0	66.8	66.9

Table 63. — *Average Length of Hospital Stay during THIS Admission, First and Readmissions Dying, 1937, by Mental Disorders and Sex*

Mental Disorders	Average Hospital Stay in Years										
	Total — All Deaths			First Admissions			Position	Readmissions			Position
	M.	F.	T.	M.	F.	T.		M.	F.	T.	
With mental deficiency	15.23	12.54	14.27	18.52	14.57	17.25	1	7.40	9.50	8.30	6
Dementia praecox	17.05	14.36	15.59	17.87	15.39	16.58	2	15.54	12.88	14.00	2
Paranoia and paranoid conditions	15.00	10.64	11.51	15.00	12.49	12.97	3	15.00	6.15	8.11	7
With convulsive disorders (epilepsy)	9.24	9.97	9.56	9.96	10.23	10.07	4	7.94	9.54	8.66	5
Alcoholic psychoses	8.90	8.19	8.77	7.91	6.94	7.68	5	10.99	17.50	11.49	3
Involutional psychoses	4.97	7.86	6.99	4.83	8.24	7.10	6	6.00	6.70	6.57	10
Manic-depressive psychoses	5.90	6.30	6.14	3.75	5.14	4.53	7	8.06	7.20	7.53	9
With other forms of syphilis	2.33	6.52	4.42	2.33	6.52	4.42	8	–	–	–	21
With epidemic encephalitis	5.54	7.50	5.87	2.58	7.50	3.81	9	10.00	–	10.00	4
Without psychoses	4.34	8.77	5.61	4.34	.04	3.63	10	–	17.50	17.50	1
With organic changes of nervous system	4.30	2.32	3.28	4.12	1.35	2.77	11	7.50	7.80	7.72	8
With syphilitic meningo-encephalitis	2.94	2.35	2.85	2.76	2.49	2.72	12	4.18	.29	3.83	13
Traumatic psychoses	2.40	1.50	2.30	2.32	1.50	2.20	13	2.64	–	2.64	15
Senile psychoses	2.03	2.44	2.29	1.84	2.29	2.11	14	7.83	3.72	4.34	12
With cerebral arteriosclerosis	1.18	1.64	1.40	1.09	1.53	1.30	15	1.85	2.78	2.22	16
Due to other metabolic diseases, etc.	1.13	1.90	1.51	1.23	1.27	1.25	16	.52	3.75	1.81	17
With other infectious diseases	1.11	.52	.94	1.11	.52	.94	17	–	–	–	22
With other disturbances of circulation	.61	.82	.70	.63	.92	.74	18	.04	.04	.04	19
With psychopathic personality	.85	7.50	2.51	.53	–	.53	19	1.50	7.50	4.50	11
Psychoneuroses	1.30	3.85	2.32	.37	–	.37	20	1.77	3.85	2.81	14
Due to new growth	.10	.18	.14	.10	.23	.15	21	–	.04	.04	20
Undiagnosed psychoses	.04	.15	.10	.04	.15	.10	22	–	–	–	23
Due to drugs, etc.	.04	.04	.04	.04	–	.04	23	–	.04	.04	18
Total With Mental Disorder	5.49	5.63	5.56	4.72	4.85	4.79		8.77	8.52	8.64	
Total Without Mental Disorder	4.34	8.77	5.61	4.34	.04	3.63		–	17.50	17.50	
Grand Total	5.48	5.64	5.56	4.72	4.85	4.78		8.77	8.56	8.66	



Graph 5. — Length of Time in Residence of Certain Psychoses, First Admissions and Readmissions Dying, 1937: Averages in Years

Length of Hospital Stay During This Admission of Deaths, 1937: by Mental Disorders

Table 63 and Graph 5 show the length of hospital stay of first and readmissions dying during 1937 by mental disorders. The length of time spent in hospital previous to death may, to a certain extent, measure the physical difficulties associated with certain of the psychoses. In first admissions the group "with mental disorder" remained 4.7 years previous to death. In readmissions this same group remained 8.6 years during the present admission. In first admissions, mental deficiency showed the long hospital stay of 17 years previous to death. Dementia praecox presents a residence of 16 years, paranoia — 12 years, convulsive disorders — 10 years, alcoholic psychoses — 7 years, and involutional psychoses — 7 years. The shorter hospital residences previous to death are shown by the psychoneuroses with .37 years, due to new growth .15 years, undiagnosed psychoses .10 years, and psychoses due to drugs .04 years. In four out of the five psychoses showing the long hospital residences before death, the males show a hospital stay which exceeds that of the females.

Length of Hospital Stay during the Present Admission and Previous Admissions, Readmissions Dying During 1937, by Mental Disorders

Table 64 presents the length of time spent in hospital during their present admission by readmitted patients who died during 1937 and compares this with the total time they spent in hospital during all previous admissions. The data are important as they are complete for these patients. The group "with mental disorder" spent an average of 8.6 years in hospital during the present admission previous to death. The same patients had been in hospital an average of 3.4 years previous to the present admission, giving them a total hospital residence during their lives of 12.0 years. If we consider this total of all admissions together, dementia praecox shows the longest period of time in hospital with 18.8 years. Other totals are mental deficiency with a hospital stay of 15.8 years, the alcoholic psychoses with 15.2 years, paranoia with 14 years, manic-depressive with 10.4 years and epidemic encephalitis with 10.0 years. The short total hospital residences during life are shown by the traumatic psychoses with 4.0 years, cerebral arteriosclerosis 3.2 years, other disturbances of circulation 1.0 years, psychoses due to new growth .54 years, and due to drugs, .04 years. As we view the five or six psychoses showing the long total hospital stay, we note the tendency for the previous admissions to make up shorter periods and the last admission to be a longer period. Viewing the psychoses at the bottom of this table showing the short total hospital stay, we note the previous admissions tend to make up a certain proportion of the total time while the present admission tends to be relatively short.

Table 64. — *Average Length of Hospital Stay during the Present Admission and Previous Admissions, Readmissions Dying, 1937, by Mental Disorders and Sex*

Mental Disorders	All Admissions			This Admission			Previous Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox	21.17	17.08	18.81	15.54	12.88	14.00	5.63	4.20	4.81
With mental deficiency	13.38	19.16	15.86	7.40	9.50	8.30	5.98	9.66	7.56
Alcoholic psychoses	14.89	20.00	15.28	10.99	17.50	11.49	3.90	2.50	3.79
Paranoia and paranoid conditions	28.85	9.99	14.18	15.00	6.15	8.11	13.85	3.84	6.07
Manic-depressive psychoses	11.39	9.94	10.49	8.06	7.20	7.53	3.33	2.74	2.96
With epidemic encephalitis	10.00	–	10.00	10.00	–	10.00	–	–	–
With convulsive disorders (epilepsy)	8.27	10.70	9.37	7.94	9.54	8.66	.33	1.16	.71
With organic changes of nervous system	7.50	8.26	8.07	7.50	7.80	7.72	–	.46	.35
Involutional psychoses	6.00	8.24	7.83	6.00	6.70	6.57	–	1.54	1.26
With syphilitic meningo-encephalitis	7.40	.79	6.80	4.18	.29	3.83	3.22	.50	2.97
With psychopathic personality	3.50	7.50	5.50	1.50	7.50	4.50	2.00	–	1.00
Senile psychoses	7.83	4.94	5.38	7.83	3.72	4.34	–	1.22	1.04
Psychoneuroses	5.50	3.89	4.69	1.77	3.85	2.81	3.73	.04	1.98
Due to other metabolic diseases, etc.	1.01	10.00	4.60	.52	3.75	1.81	.49	6.25	2.79
Traumatic psychoses	4.00	–	4.00	2.64	–	2.64	1.36	–	1.36
With cerebral arteriosclerosis	2.53	4.38	3.27	1.85	2.78	2.22	.68	1.60	1.05
With other disturbances of cirlation	.12	1.50	1.04	.04	.04	.04	.08	1.46	1.00
Due to new growth	–	.54	.54	–	.04	.04	–	.50	.50
Due to drugs, etc.	–	.04	.04	–	.04	.04	–	–	–
Without psychoses	–	27.50	27.50	–	17.50	17.50	–	10.00	10.00
Total With Mental Disorder	11.91	12.23	12.08	8.77	8.52	8.64	3.14	3.71	3.44
Total Without Mental Disorder	–	27.50	27.50	–	17.50	17.50	–	10.00	10.00
Grand Total	11.91	12.31	12.12	8.77	8.56	8.66	3.14	3.75	3.46

Length of Hospital Stay during the Present Admission, Readmissions Dying, 1937, by Hospital

Table 65 shows the length of hospital stay of cases dying in various hospitals during 1937. Among first admissions, the Psychopathic Hospital showed the shortest length of stay of .06 years, or approximately 22 days. Of the active admitting hospitals, Foxborough presents the longest hospital stay of 5.1 years. Worcester follows with 4.7 years, Westborough — 3.3 years, and Northampton —

3.1 years. The shorter hospital residences are shown by Boston State and Danvers with 2.5 years each. As might be expected the transfer hospitals caring for patients transferred to them, show the long average residence of 15.9 years at Grafton and 12.9 years at Medfield.

TABLE 65. — *Length of Time in Residence During THIS Admission, First and Readmissions Dying during 1937, by Hospital: Averages in Years*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Deaths	First Admissions	Readmissions
Boston Psychopathic	.06	.06	.06
Foxborough	5.70	5.11	8.68
Worcester	5.53	4.73	8.94
Taunton	3.75	3.01	9.56
Westborough	3.67	3.38	4.70
Northampton	3.50	3.10	5.89
Boston State	3.47	2.57	7.80
Danvers	2.61	2.52	3.10
Grafton	15.52	15.93	14.23
Medfield	13.74	12.97	15.66
Gardner	10.73	9.68	13.09
Monson	10.03	9.66	10.95
Metropolitan	4.84	3.26	5.74
Bridgewater	21.08	22.64	15.28
Tewksbury	18.56	16.13	20.61
Veterans' Adm. Facility No. 95	7.37	5.73	8.78
McLean	4.30	3.24	6.43
Veterans' Adm. Facility No. 107	3.61	3.57	3.81
Total	5.56	4.78	8.66

In readmissions the long hospital residence previous to death is shown by Taunton with an average of 9.5 years, Worcester and Foxborough following with 8.9 and 8.6 years, respectively. Again the transfer hospitals show the long average residence for readmissions, with 15.6 years at Medfield and 14.2 years at Grafton.

LENGTH OF HOSPITAL STAY OF DEATHS, 1937, BY AGE AT ADMISSION

Table 66 shows the length of time in hospital during the present admission of patients dying during 1937 by age at admission. In first admissions patients admitted between the ages of 20–29 years remained the longest time in hospital before death, an average of 14.9 years. Those admitted in the ages 30–39 years remained 12.8 years. Admissions 40–49 years remained an average of 9.1 years, and patients 50–59 years remained an average of 6.5 years. A certain proportion of patients admitted between the ages 20 and 40 went to make up those individuals who would remain a long time in hospital previous to death; yet we remember that these same ages showed high discharge rates. The males show the longer hospital stay in patients admitted between the ages of 20–29 years. In all other ages up to 80 years, the females show the longer hospital residence previous to death.

TABLE 66. — *Length of Time in Residence During THIS Admission, First and Readmissions Dying, 1937, by Age at Admission and Sex: Averages in Years*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	6.43	7.50	6.64	5.20	8.83	5.84	15.00	3.50	11.16
20–29 years	14.53	10.79	13.31	16.21	12.17	14.95	10.61	8.28	9.76
30–39 years	13.15	14.87	13.92	12.85	12.96	12.89	14.21	17.78	16.32
40–49 years	9.36	11.19	10.33	7.56	10.53	9.12	13.06	12.48	12.75
50–59 years	7.05	6.85	6.95	6.37	6.82	6.59	9.51	6.93	8.08
60–69 years	2.80	3.54	3.13	2.16	3.41	2.73	5.07	4.08	4.66
70–79 years	1.13	1.92	1.52	1.12	1.81	1.45	1.30	2.70	2.23
80–89 years	.93	1.02	.98	.87	.86	.87	1.52	3.15	2.23
90 years and over	.10	.35	.29	.10	.35	.29	–	–	–
Total	5.48	5.64	5.56	4.72	4.85	4.78	8.77	8.56	8.66

(See Tables 224 and 225 for detail)

TABLE 67. — *Age at Death, First and Readmissions Dying, 1937, by Mental Disorders and Sex: Averages in Years*

MENTAL DISORDERS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile psychoses	93	158	251	79.8	79.2	79.4	90	141	231	79.7	79.5	79.6	3	17	20	82.5	76.9	77.7
Psychoneuroses	3	2	5	60.8	67.5	63.5	1	–	1	77.5	–	77.5	2	2	4	52.5	67.5	60.0
With cerebral arteriosclerosis	384	332	716	72.5	73.5	73.0	340	303	643	72.5	73.5	73.0	44	29	73	72.6	73.3	72.9
Traumatic psychoses	8	1	9	63.7	67.5	64.1	6	1	7	65.8	67.5	66.0	2	–	2	57.5	–	57.5
Paranoia and paranoid conditions	6	24	30	70.8	64.7	66.0	4	17	21	67.5	64.8	65.3	2	7	9	77.5	64.6	67.5
With psychopathic personality	3	1	4	64.1	67.5	65.0	2	–	2	62.5	–	62.5	1	1	2	67.5	67.5	67.5
Involutional psychoses	16	37	53	60.6	63.0	62.3	14	28	42	60.7	62.7	62.0	2	9	11	60.0	64.1	63.4
With mental deficiency	27	15	42	59.7	57.8	59.0	19	9	28	61.9	59.7	61.2	8	6	14	54.3	55.0	54.6
With other disturbances of circulation	26	18	44	60.3	60.0	60.2	25	16	41	61.1	60.3	60.7	1	2	3	42.5	57.5	52.5
Alcoholic psychoses	74	17	91	61.2	57.5	60.5	50	15	65	59.1	57.5	58.7	24	2	26	65.8	57.5	65.1
Dementia praecox	161	191	352	55.6	60.0	58.0	104	113	217	54.5	61.2	58.0	57	78	135	57.6	58.4	58.1
With other forms of syphilis	6	6	12	55.8	55.8	55.8	6	6	12	55.8	55.8	55.8	–	–	–	–	–	–
Due to other metabolic diseases, etc.	20	20	40	55.2	53.5	54.3	17	18	35	56.6	53.8	55.2	3	2	5	47.5	50.0	48.5
Due to new growth	4	4	8	57.5	51.2	54.3	4	3	7	57.5	50.8	54.6	–	1	1	–	52.5	52.5
Manic-depressive psychoses	38	55	93	58.6	57.5	58.0	19	24	43	51.7	55.8	54.0	19	31	50	65.6	58.9	61.5
With syphilitic meningo-encephalitis	84	16	100	53.3	53.4	53.4	74	15	89	53.3	52.1	53.1	10	1	11	53.5	72.5	55.2
With organic changes of nervous system	19	20	39	51.7	53.0	52.3	18	17	35	52.5	52.7	52.6	1	3	4	37.5	54.1	50.0
Without psychoses	5	2	7	51.5	47.5	50.3	5	1	6	51.5	42.5	50.0	–	1	1	–	52.5	52.5
Due to drugs, etc.	1	1	2	47.5	37.5	42.5	1	–	1	47.5	–	47.5	–	1	1	–	37.5	37.5
With convulsive disorders (epilepsy)	31	24	55	41.3	51.2	45.6	20	15	35	43.5	49.5	46.0	11	9	20	37.5	54.1	45.0
With other infectious diseases	7	3	10	50.3	35.8	46.0	7	3	10	50.3	35.8	46.0	–	–	–	–	–	–
With epidemic encephalitis	5	1	6	44.5	27.5	41.6	3	1	4	50.8	27.5	45.0	2	–	2	35.0	–	35.0
Undiagnosed psychoses	2	3	5	37.5	39.1	38.5	2	3	5	37.5	39.1	38.5	–	–	–	–	–	–
Total With Mental Disorder	1,018	949	1,967	64.4	67.1	65.7	826	748	1,574	66.3	69.5	67.8	192	201	393	61.4	62.3	61.8
Total Without Mental Disorder	5	2	7	51.5	47.5	50.3	5	1	6	51.5	42.5	50.0	–	1	1	–	52.5	52.5
Grand Total	1,023	951	1,974	64.3	67.1	65.6	831	749	1,580	65.0	68.4	66.6	192	202	394	61.4	62.2	61.8

(See Tables 218 and 219 for detail)

TABLE 68. — *Age at Death of First and Readmissions Dying, 1937, by Hospital and Sex: Averages in Years*

HOSPITALS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston Psychopathic	20	13	33	41.5	48.6	44.3	19	10	29	41.1	48.5	43.7	1	3	4	47.5	49.1	48.7
Westborough	61	96	157	70.0	69.9	69.9	52	71	123	70.0	71.4	70.8	9	25	34	70.2	65.5	66.7
Northampton	92	103	195	63.8	66.9	65.4	82	85	167	68.5	69.3	68.9	10	18	28	65.5	59.4	61.6
Boston State	162	163	325	65.9	69.2	67.5	130	139	269	66.9	70.1	68.6	32	24	56	61.7	63.5	62.5
Foxborough	50	40	90	67.4	64.7	66.2	43	32	75	68.7	68.3	68.5	7	8	15	58.9	50.6	54.5
Taunton	102	102	204	65.4	69.8	68.5	92	89	181	66.0	70.6	68.2	10	13	23	63.7	61.5	62.5
Danvers	143	134	277	66.1	66.8	66.4	124	112	236	66.1	68.8	67.4	19	22	41	66.4	56.3	61.0
Worcester	170	114	284	65.4	68.1	66.5	136	94	230	65.5	68.1	66.6	34	20	54	65.0	68.0	66.1
Medfield	49	49	98	70.8	67.1	69.0	38	32	70	72.7	67.6	70.4	11	17	28	64.3	66.3	65.5
Gardner	33	32	65	67.8	60.3	64.0	24	21	45	68.1	61.3	64.9	9	11	20	66.9	58.4	62.2
Grafton	31	36	67	61.5	66.3	64.1	23	28	51	61.4	66.7	64.3	8	8	16	61.8	65.0	63.4
Metropolitan	17	33	50	56.0	59.6	58.4	3	15	18	65.8	62.5	63.0	14	18	32	53.9	57.2	55.7
Monson	21	14	35	39.1	48.9	43.0	15	10	25	41.5	45.5	43.1	6	4	10	33.3	57.5	43.0
McLean	8	4	12	75.1	72.5	74.2	4	4	8	82.7	72.5	77.6	4	–	4	67.5	–	67.5
Tewksbury	6	18	24	57.5	71.9	68.3	4	7	11	62.5	70.3	67.5	2	11	13	47.5	73.0	69.0
Bridgewater	33	–	33	60.2	–	60.2	26	–	26	59.0	–	59.0	7	–	7	64.6	–	64.6
Veterans' Adm. Facility No. 95	13	–	13	48.6	–	48.6	6	–	6	52.5	–	52.5	7	–	7	45.3	–	45.3
Veterans' Adm. Facility No. 107	12	–	12	51.2	–	51.2	10	–	10	51.0	–	51.0	2	–	2	52.5	–	52.5
Total	1,023	951	1,974	64.3	67.1	65.6	831	749	1,580	65.0	68.4	66.6	192	202	394	61.4	62.2	61.8
Percent	100.0	100.0	100.0				81.2	78.8	80.0				18.8	21.2	20.0			

(See Tables 220 and 221 for detail)

In readmissions the long hospital residence previous to death of 16.3 years is shown by patients admitted between the ages of 30–39 years. Admissions 40–49 years show an average stay of 12.7 years. Patients under the age of 20 years present a stay of 11.1 years. In the readmissions the ages under 20 and between 30 and 50 are important from the viewpoint of a possible long hospital stay previous to death. The females show the longer hospital stay in the ages 30–39, 70–79 and 80–89 years. In all other age groups the males show the longer hospital residence.

Age of Patients Dying, 1937, by Mental Disorders

The average age at death of first admissions "with mental disorder" was 67.8 years, 69.5 years for the females and 66.3 years for the males (Table 67). The high average ages at death in first admissions are shown by the senile psychoses with 79 years, psychoneuroses — 77 years, cerebral arteriosclerosis — 73 years, traumatic psychoses — 66 years, and paranoia — 65 years. The young average ages at death are observed in psychoses due to drugs — 47 years, convulsive disorders — 46 years, other infectious diseases — 46 years, epidemic encephalitis — 45 years and undiagnosed psychoses — 38 years.

In readmissions the males average 61.4 years at death and the females 62.3 years. The high average ages at death are shown by the senile psychoses — 77 years, cerebral arteriosclerosis — 72 years, paranoia and psychopathic personality — 67 years each, and alcoholic psychoses — 65 years. The younger ages at death occur in psychoses due to drugs — 37 years, and epidemic encephalitis — 35 years.

Patients dying are drawn largely from the older age groups. The average age at death of 65.6 years is 24.9 years higher than the average age of 40'7 years for cases discharged to the community, 1937.

Age of Patients Dying, 1937, by Hospital

Table 68 presents the average age at death of first and readmissions dying in various hospitals, 1937. Among first admissions to the active admitting hospitals, Westborough shows the high average age at death of 70 years. In order follow Northampton, Boston State, Foxborough, and Taunton with averages of 68 years each. Among the transfer hospitals, Medfield shows the high average age of 70.4 years. For the entire state, McLean shows the high average age at death of 77.6 years.

Among the readmissions, Westborough with 66.7 years and Worcester with 66.1 years show the high average ages at death of the admitting hospital group. Among the chronic hospitals, Medfield shows the higher average of 65.5 years.

Causes of Death of Patients Dying, 1937

Table 69 outlines the causes of death in patients dying, 1937, arranged in order of importance. Diseases of the myocardium are the chief cause of death, 23% of cases (population 12%). Bronchopneumonia with 16% (population 4%), arteriosclerosis with 10% (population 2%), lobar pneumonia with 5% (population 3%), and nephritis with 4% (population 5%), are next in order. An interesting finding is presented when we add together the percentages for cardio-vascular diseases (diseases of the myocardium, arteriosclerosis, cerebral hemorrhage, other diseases of the heart, chronic endocarditis, and diseases of the coronary arteries and angina pectoris). These conditions account for 45.3% of the deaths in connection with mental disorders (population 40%). Disorders involving the lungs show a high incidence in mental diseases also. The total (bronchopneumonia, tuberculosis of the respiratory system, and lobar pneumonia) is 25.6% (population 11%). Combining these two major groups under the headings "cardio-vascular disorders" and "respiratory disorders" we find that they account for 70.9% of deaths in mental diseases and only 51% of deaths in the general population. In 1936 this total was 70.8%. Seven out of every ten deaths occurring in mental disorders involve the heart or lungs. Also notable is the low for cancer deaths in mental diseases, 4% (population 12%).

Length of Hospital Stay of Patients Dying, 1937, by Number of Times Admitted

Table 70 gives the length of time in residence previous to death during the present admission, and in addition, the total hospital stay during all admissions in accordance with the total number of times the patient was admitted to mental hospitals.

Table 69. — *Causes of Death of Patients Dying in Hospitals for Mental Diseases, 1937, Compared with Causes of Death in the General Population: Numbers and Percentages*

Causes of Death	Mental Diseases						General Population Percent
	Number			Percent			
	M.	F.	T.	M.	F.	T.	
Diseases of the myocardium	215	246	461	21.0	25.9	23.3	12.3
Bronchopneumonia	173	148	321	16.9	15.5	16.3	4.4
Arteriosclerosis	116	100	216	11.3	10.5	10.9	2.0
Lobar pneumonia	58	43	101	5.7	4.5	5.1	3.5
Nephritis	44	51	95	4.3	5.4	4.8	5.9
Cancer and other malignant tumors	29	60	89	2.8	6.3	4.5	12.8
Tuberculosis of the respiratory system	52	31	83	5.1	3.3	4.2	3.4
General paralysis of the insane	69	10	79	6.7	1.1	4.0	.1
Cerebral hemorrhage	40	34	74	3.9	3.6	3.7	8.3
Other diseases of the heart	36	32	68	3.5	3.4	3.4	9.3
Other external causes	20	24	44	2.0	2.5	2.2	5.9
Diseases of the coronary arteries and angina pectoris	23	20	43	2.2	2.1	2.2	6.2
Chronic endocarditis	15	20	35	1.5	2.1	1.8	3.4
Epilepsy	14	9	23	1.4	.9	1.2	.1
Diabetes	5	12	17	.5	1.3	.9	2.8
Suicides	7	11	18	.7	1.2	.9	1.2
Ill-defined causes of death	9	4	13	.9	.4	.7	.04
Other diseases of the nervous system	7	6	13	.7	.6	.7	.3
Hernia, intestinal obstruction	6	6	12	.6	.6	.6	.8
Other diseases of the respiratory system (tuberculosis excepted)	5	5	10	.5	.5	.5	.08
Syphilis (non-nervous forms)	8	1	9	.8	.1	.5	.4
Diarrhea and enteritis	1	8	9	.1	.8	.5	.4
All other causes	71	70	141	6.9	7.4	7.1	15.4
Total	1,023	951	1,974	100.0	100.0	100.0	100.0

(See Table 228 for detail)

The average length of hospital stay of the last admission during which the patient died was 5.5 years. When we study the total time these patients had spent in hospital, including previous admissions, we observe a hospital stay during life of 12.1 years. Considering the present admission during which the patient died, individuals coming to mental hospitals but once show the short hospital stay of 4.7 years. Patients who have had two or three admissions show a longer hospital stay during this last admission, increasing to 12.1 years in patients dying during the fourth admission. Small numbers in the other groups produce expected variations. The averages of length of stay before death are somewhat lower in patients having a large number of admissions.

Table 70. — *Length of Time in Residence During This Admission and All Admissions, Cases Dying during 1937, by Number of Times Admitted: Averages in Years*

Number of Times Admitted	Number			Average Length of Hospital Stay in Years					
				This Admission			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	831	749	1,580	4.72	4.85	4.78	–	–	–
Two	81	73	154	6.18	6.20	6.19	6.69	6.94	6.81
Three	61	87	148	11.46	9.25	10.16	15.46	14.01	14.61
Four	23	27	50	11.01	13.09	12.13	16.28	18.73	17.60
Five	11	6	17	7.67	10.09	8.52	16.89	16.00	16.57
Six	3	4	7	12.62	5.63	8.63	18.33	10.25	13.71
Seven	7	1	8	3.67	1.50	3.40	8.64	27.50	11.00
Eight	2	–	2	15.00	–	15.00	17.50	–	17.50
Nine	–	2	2	–	2.00	2.00	–	17.50	17.50
Ten or more	4	2	6	13.17	15.00	13.78	22.87	27.75	24.50
Total	1,023	951	1,974	5.48	5.64	5.56	11.91	12.31	12.12

(See Tables 226 and 227 for detail)

We now consider the total length of hospital residence during all admissions. The patients admitted twice show an average of 6.8 years. As these present an average of 6.1 years for their last admission during which they died, they obviously left an average of .7 years for the single previous admission. Patients admitted three times spent 10.1 years in hospital in the admission during which they died. Therefore, we have a total of 4.5 years for the two previous admissions. By the same method patients admitted four times spent 5.5 years in hospital during three previous admissions. The patients admitted five times spent a total of 8.0 years in hospital during four previous admissions. As we consider the averages for all admissions we note a remarkable consistency. If we exclude patients having two admissions and those having ten or more admissions, we note the remaining groups show an average time in hospital varying between 11 and 17 years. Thus, patients having four admissions spend a total of 17 years in hospital, and those having eight and nine admissions also spend 17 years in hospital. There is a rather remarkable consistency in the length of time spent in hospital during all admissions by these patients regardless of the number of admissions involved.

Average Length of Hospital Stay per Admission of Patients Dying, 1937, by Number of Times Admitted

Table 71 studies the readmissions and presents the average length of hospital residence during all admissions in accordance with the number of times admitted. For example, patients coming to mental hospitals twice showed a total length of stay of 6.8 years or an average of 3.4 years for each of the two admissions. Patients admitted three times spent 14.6 years in hospital, or an average of 4.8 years for each of the three admissions. Patients admitted three and four times show an average hospital residence per admission of 4.8 years and 4.4 years. While these two classifications are rather high, the remaining groups show a rather unusual consistency in the average length of hospital stay for each admission. Patients having two, five, six, eight, or ten admissions show average hospital residences of two or three years per admission. Those with seven admissions drop to an average of 1.5 years, and those having nine admissions show an average of 1.9 years. This table demonstrates the point that the average time in hospital per admission tends to be remarkably consistent regardless of the number of admissions.

Table 71. — *Length of Time in Residence During Each Admission, Readmissions Dying During 1937: Averages in Years*

Number of Times Admitted	Average Length of Stay in Years during All Admissions	Average Length of Stay in Years for Each Time Admitted
Two	6.81	3.40
Three	14.61	4.87
Four	17.60	4.40
Five	16.57	3.31
Six	13.71	2.28
Seven	11.00	1.57
Eight	17.50	2.18
Nine	17.50	1.94
Ten or more	24.50	2.22

(See Table 227 for detail)

Section E. Resident Population of Mental Hospitals on September 30, 1937

In the preceding sections we have discussed admissions, discharges to the community, and deaths for 1937. We now discuss the resident population and analyze specific factors in reference to all patients within mental hospitals and all patients temporarily out of mental hospitals, on September 30, 1937. On that date there were 24,916 patients in residence in the thirteen State hospitals under the Department, the Bridgewater State Hospital (Department of Correction), the Mental Wards at the State Infirmary (Department of Public Welfare), the two Veterans' Administration Facilities Nos. 95 and 107, and in nineteen private hospitals. Of this number 12,801 were males and 12,115 females.

In this analysis it should be recalled that the resident population is, in part, an accumulation of the admissions of previous years who have not left the hospital by reason of discharge or death. Of the patients coming into hospitals during any one year a certain number are discharged after a fairly short hospital residence, another proportion dies and others remain within the institution for varying periods of time. Study of the resident population will provide valuable information as to the characteristics of this last group which tends to chronicity or long residence within mental hospitals.

PATIENTS IN RESIDENCE IN PUBLIC AND PRIVATE MENTAL HOSPITALS ON SEPTEMBER 30, 1904–1937

Table 72 presents the numbers of patients in the various types of mental hospitals on September 30 of each year from 1904 to 1937, inclusive. Rates per 100,000 of the population are presented for all hospitals together and for the State hospitals. Considering all hospitals 9,840 patients were in residence in 1904; in 1914 this number had increased to 14,582; in 1924 to 18,288; in 1934 to 23,419; in 1937 the number was 24,916. The year 1904 presents a rate of 324 persons in mental hospitals per 100,000 of the population. In 1937 this rate had increased to 567. This is an increase in rates of 75% or 2.2% per year.

The second section of this table records the numbers and residence rates for patients within the 13 State hospitals under the Department of Mental Diseases. In 1904 this group had 8,445 patients in residence or 85% of all mental patients in the State. In 1937 the State hospitals cared for 21,544 patients or 86%. The rates per 100,000 of the population rose from 278 in 1904 to 490 in 1937, an increase in rates of 76.2% or 2.3% per year. Bridgewater and Tewksbury show an increase from 1,062 in 1904 to the high of 1,749 in 1930, and decrease to 1,371 in 1937. The Governmental hospitals have shown a marked increase in numbers in residence from 339 in 1924 to 1,585 in 1937. McLean increased from 189 patients in 1904 to 205 in 1937. The other 18 private hospitals increased from 144 in 1904 to 211 in 1937. For 1937 nineteen private institutions cared for but 1.6% of the total patients; the Governmental hospitals for 6.3%; the Hospitals for Criminal Insane and the Mental Wards at Tewksbury cared for 5.5%; and the State hospitals under the Department 86.4%.

Sex differences are observed. In the totals the residence rates for males within mental hospitals are higher in 27 of the 34 years under consideration. The females show higher residence rates in but 7 years, 1904 and the years 1918–1923, inclusive. In the State hospitals the females show higher residence rates than the males in all but one of the thirty-four years (1912). The sex differences observed demonstrate clearly how incomplete are statistics based upon State hospital populations alone and emphasize the necessity for consideration of all patients in all types of institutions. In State hospitals the residence rates for the males increased from 267 in 1904 to 475 in 1937. This is an increase of 77%. In the females the residence rates increased from 289 in 1904 to 504 in 1937. This is an increase of 74%. Considering State hospitals alone, we would say that the sexes had shown about the same degree of increase over the 34 year period. In making these same calculations for all patients in all types of mental hospitals we get radically different results owing chiefly to the establishment of the Governmental hospitals which have absorbed males who ordinarily would have gone to State hospitals. Residence rates for males increased from 321 in 1904 to 602 in 1937, an increase of 87%. The female rates increased from 328 in 1904 to 534 in 1937, an increase of 62%. Considering all patients in all types of mental hospitals we note that the males have shown a tremendous increase over the 34 years (87%) as compared with the females (62%). Mental disease is becoming increasingly serious for the males. It also becomes evident that the significance of mental diseases as a *state-wide problem* can be determined only by a thorough study of *all* cases of mental disease under care in any hospital whatever the type.

MENTAL DISORDERS OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1937, BY FORM OF ADMISSION

Table 73 and Graph 6 give the diagnosis of first and readmissions in residence in all mental hospitals by form of admissions.* On September 30, 1937 there were 13,625 first admissions in mental hospitals, 6,917 males and 6,708 females. Of this total, 13,524 were diagnosed as "with mental disorder" and 101 as "without mental

---

*The total number of patients discussed from this point on is 23,188 instead of 24,916 noted in Table 72. This difference is accounted for by the following three points: (1) Exclusion of the 211 patients in residence in the eighteen private hospitals, (2) exclusion of non-psychotic epileptics at the Monson State Hospital and (3) exclusion of the non-residents of Massachusetts at the two Veterans' hospitals.

TABLE 72. — *All Classes of Patients in Residence in Hospitals for Mental Diseases on September 30, 1904–1937: Numbers and Rates per 100,000 Population of State*

YEARS	TOTAL						STATE HOSPITALS — D.M.D.						BRIDGEWATER AND TEWKSBURY			GOVERNMENTAL HOSPITALS			McLEAN HOSPITAL			OTHER PRIVATE HOSPITALS		
	NUMBER			RATE[1]			NUMBER			RATE			NUMBER			NUMBER			NUMBER			NUMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904 .	4,760	5,080	9,840	321	328	324	3,959	4,486	8,445	267	289	278	678	384	1,062	–	–	–	94	95	189	29	115	144
1905 .	5,139	5,263	10,402	340	334	337	4,326	4,744	9,070	286	301	293	682	316	998	–	–	–	82	98	180	49	105	154
1906 .	5,213	5,370	10,583	338	335	336	4,371	4,768	9,139	283	297	290	706	382	1,088	–	–	–	90	94	184	46	126	172
1907 .	5,437	5,529	10,966	346	339	342	4,553	4,862	9,415	290	298	294	753	426	1,179	–	–	–	97	108	205	34	133	167
1908 .	5,870	5,976	11,846	367	360	364	4,945	5,238	10,183	309	316	312	792	479	1,271	–	–	–	95	123	218	38	136	174
1909 .	6,135	6,245	12,380	377	370	373	5,178	5,470	10,648	318	324	321	830	508	1,338	–	–	–	93	126	219	34	141	175
1910 .	6,427	6,511	12,938	388	380	384	5,393	5,731	11,124	325	334	330	909	519	1,428	–	–	–	89	128	217	36	133	169
1911 .	6,705	6,647	13,352	399	382	390	5,607	5,867	11,474	334	337	335	970	517	1,487	–	–	–	90	127	217	38	136	174
1912 .	7,022	6,857	13,879	412	389	400	5,888	6,060	11,948	345	344	344	986	521	1,507	–	–	–	96	125	221	52	151	203
1913 .	7,128	7,127	14,255	413	398	405	6,005	6,317	12,322	347	353	350	994	516	1,510	–	–	–	87	131	218	42	163	205
1914 .	7,209	7,373	14,582	412	406	409	6,084	6,555	12,639	347	361	354	988	538	1,526	–	–	–	85	122	207	52	158	210
1915 .	7,505	7,682	15,187	423	418	420	6,356	6,870	13,226	358	374	366	1,022	509	1,531	–	–	–	80	131	211	47	172	219
1916 .	7,724	7,774	15,498	430	417	423	6,543	6,955	13,498	364	373	369	1,042	514	1,556	–	–	–	85	127	212	54	178	232
1917 .	7,893	7,980	15,873	433	422	428	6,686	7,187	13,873	367	380	374	1,044	517	1,561	–	–	–	88	122	210	75	154	229
1918 .	7,802	8,155	15,957	423	426	424	6,565	7,350	13,915	356	384	370	1,045	516	1,561	–	–	–	86	123	209	106	166	272
1919 .	7,726	8,128	15,854	413	419	416	6,559	7,331	13,890	351	378	365	1,013	506	1,519	–	–	–	90	122	212	64	169	233
1920 .	7,793	8,329	16,122	412	424	418	6,632	7,532	14,164	350	383	367	1,021	501	1,522	–	–	–	84	122	206	56	174	230
1921 .	8,242	8,658	16,900	431	436	434	7,040	7,825	14,865	368	394	381	1,050	513	1,563	–	–	–	87	130	217	65	190	255
1922 .	8,427	8,815	17,242	437	439	438	7,197	8,024	15,221	373	400	387	1,076	513	1,589	–	–	–	83	123	206	71	155	226
1923 .	8,470	9,020	17,490	435	444	440	7,223	8,240	15,463	371	406	389	1,097	491	1,588	–	–	–	84	130	214	66	159	225
1924 .	8,957	9,331	18,288	456	455	455	7,330	8,515	15,845	373	415	395	1,138	532	1,670	339	–	339	81	123	204	69	161	230
1925 .	9,290	9,581	18,871	468	462	465	7,568	8,770	16,338	382	423	403	1,139	513	1,652	426	–	426	86	135	221	71	163	234
1926 .	9,339	9,687	19,026	467	463	465	7,592	8,874	16,466	379	424	402	1,166	517	1,683	429	–	429	84	140	224	68	156	224
1927 .	9,637	9,859	19,496	477	466	472	7,854	9,016	16,870	389	426	408	1,183	544	1,727	436	–	436	85	138	223	79	161	240
1928 .	10,142	10,122	20,264	498	474	485	8,007	9,262	17,269	393	433	414	1,177	551	1,728	807	–	807	85	134	219	66	175	241
1929 .	10,419	10,294	20,713	507	477	492	8,222	9,444	17,666	400	437	419	1,176	549	1,725	896	–	896	74	133	207	51	168	219
1930 .	10,746	10,559	21,305	518	484	501	8,373	9,726	18,099	404	446	425	1,195	554	1,749	1,040	–	1,040	86	120	206	52	159	211
1931 .	11,172	10,889	22,061	534	495	514	8,744	10,070	18,814	418	457	438	1,098	534	1,632	1,184	–	1,184	86	126	212	60	159	219
1932 .	11,428	11,022	22,450	542	496	518	9,026	10,229	19,255	428	460	444	1,081	520	1,601	1,185	–	1,185	78	118	196	58	155	213
1933 .	11,678	11,256	22,934	549	501	524	9,184	10,491	19,675	431	467	450	1,055	488	1,543	1,309	–	1,309	71	106	177	59	171	230
1934 .	12,030	11,389	23,419	561	503	531	9,442	10,649	20,091	440	470	455	1,017	471	1,488	1,425	–	1,425	73	119	192	73	150	223
1935 .	12,342	11,618	23,960	570	508	538	9,717	10,870	20,587	449	475	462	1,002	444	1,446	1,475	–	1,475	77	129	206	71	175	246
1936 .	12,543	11,952	24,495	592	530	560	9,953	11,234	21,187	469	498	484	969	420	1,389	1,474	–	1,474	78	128	206	69	170	239
1937 .	12,801	12,115	24,916	602	534	567	10,116	11,428	21,544	475	504	490	972	399	1,371	1,585	–	1,585	76	129	205	52	159	211

---

[1] Population estimated for each intercensal year.

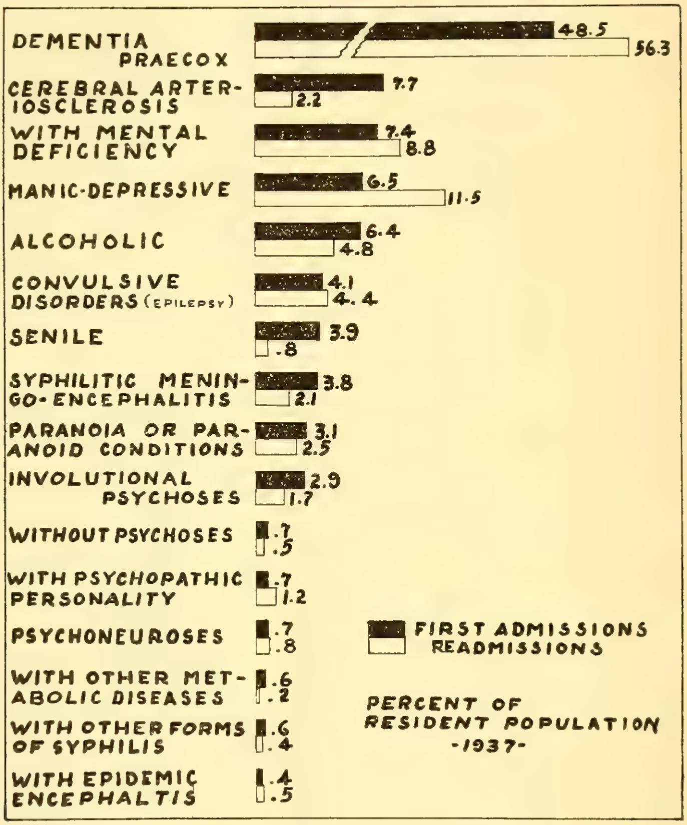
TABLE 73. — *First and Readmissions Resident in Hospitals for Mental Diseases on September 30, 1937, by Form of Admission and Mental Disorders: Number and Percentage Distribution.*

MENTAL DISORDERS	FIRST ADMISSIONS																			
	TOTAL				COURT				TEMPORARY CARE				OBSERVATION				VOLUNTARY			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	402	118	520	3.8	399	118	517	3.9	1	–	1	3.1	1	–	1	1.8	1	–	1	.4
With other forms of syphilis	61	25	86	.6	61	25	86	.6	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	30	20	50	.4	30	20	50	.4	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	6	7	13	.1	5	7	12	.1	–	–	–	–	1	–	1	1.8	–	–	–	–
Alcoholic psychoses	746	122	868	6.4	736	120	856	6.5	4	–	4	12.5	6	2	8	14.5	–	–	–	–
Due to drugs, etc.	7	6	13	.1	6	5	11	.1	1	1	2	6.3	–	–	–	–	–	–	–	–
Traumatic psychoses	38	8	46	.3	37	8	45	.3	–	–	–	–	1	–	1	1.8	–	–	–	–
With cerebral arteriosclerosis	532	524	1,056	7.7	530	522	1,052	7.9	2	1	3	9.3	–	1	1	1.8	–	–	–	–
With other disturbances of circulation	11	13	24	.2	11	13	24	.2	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	264	293	557	4.1	158	143	301	2.3	–	–	–	–	–	–	–	–	106	150	256	90.1
Senile psychoses	182	352	534	3.9	180	349	529	4.0	–	1	1	3.1	1	1	2	3.6	1	1	2	.7
Involutional psychoses	120	270	390	2.9	120	270	390	2.9	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	33	46	79	.6	33	46	79	.6	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	1	1	2	.01	1	1	2	.01	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	91	56	147	1.1	91	56	147	1.1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	43	59	102	.7	36	55	91	.7	3	–	3	9.3	1	2	3	5.5	3	2	5	1.8
Manic-depressive psychoses	315	567	882	6.5	312	559	871	6.6	–	2	2	6.3	–	1	1	1.8	3	5	8	2.8
Dementia praecox	3,231	3,385	6,616	48.5	3,226	3,382	6,608	49.8	2	2	4	12.5	3	–	3	5.5	–	1	1	.4
Paranoia and paranoid conditions	142	281	423	3.1	139	281	420	3.2	–	–	–	–	2	–	2	3.6	1	–	1	.4
With psychopathic personality	51	47	98	.7	51	47	98	.7	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	535	473	1,008	7.4	534	473	1,007	7.6	–	–	–	–	1	–	1	1.8	–	–	–	–
Undiagnosed psychoses	6	4	10	.1	5	2	7	.1	1	1	2	6.3	–	1	1	1.8	–	–	–	–
Without psychoses	66	29	95	.7	31	20	51	.4	5	1	6	18.8	22	6	28	50.9	8	2	10	3.5
Primary behavior disorders	4	2	6	.04	–	–	–	–	2	2	4	12.5	2	–	2	3.6	–	–	–	–
Total With Mental Disorder	6,847	6,677	13,524	99.3	6,701	6,502	13,203	99.6	14	8	22	68.7	17	8	25	45.3	115	159	274	96.5
Total Without Mental Disorder	70	31	101	.7	31	20	51	.4	7	3	10	31.3	24	6	30	54.5	8	2	10	3.5
Grand Total	6,917	6,708	13,625	100.0	6,732	6,522	13,254	100.0	21	11	32	100.0	41	14	55	100.0	123	161	284	100.0

TABLE 73. — *First and Readmissions Resident in Hospitals for Mental Diseases on September 30, 1937, by Form of Admission and Mental Disorders: Number and Percentage Distribution* — Concluded

MENTAL DISORDERS	READMISSIONS																			
	TOTAL				COURT				TEMPORARY CARE				OBSERVATION				VOLUNTARY			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	155	46	201	2.1	154	46	200	2.1	–	–	–	–	–	–	–	–	1	–	1	.9
With other forms of syphilis	23	8	31	.3	23	8	31	.3	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	32	13	45	.5	31	13	44	.5	–	–	–	–	1	–	1	5.9	–	–	–	–
With other infectious diseases	–	2	2	.02	–	2	2	.02	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	384	76	460	4.8	380	76	456	4.8	1	–	1	9.1	2	–	2	11.8	1	–	1	.9
Due to drugs, etc.	5	3	8	.1	5	3	8	.1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	25	2	27	.3	25	2	27	.3	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	96	114	210	2.2	95	114	209	2.2	–	–	–	–	–	–	–	–	1	–	1	.9
With other disturbances of circulation	4	4	8	.1	4	4	8	.1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	230	192	422	4.4	191	145	336	3.6	–	–	–	–	–	1	1	5.9	39	46	85	74.5
Senile psychoses	30	48	78	.8	30	48	78	.8	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	46	119	165	1.7	46	118	164	1.7	–	–	–	–	–	–	–	–	–	1	1	.9
Due to other metabolic diseases, etc.	6	16	22	.2	5	16	21	.2	1	–	1	9.1	–	–	–	–	–	–	–	–
Due to new growth	2	2	4	.04	2	2	4	.04	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	44	26	70	.7	43	26	69	.7	–	–	–	–	–	–	–	–	1	–	1	.9
Psychoneuroses	39	42	81	.8	36	39	75	.8	1	–	1	9.1	–	2	2	11.8	2	1	3	2.6
Manic-depressive psychoses	417	680	1,097	11.5	415	673	1,088	11.6	1	1	2	18.2	–	1	1	5.9	1	5	6	5.2
Dementia praecox	2,684	2,695	5,379	56.3	2,675	2,691	5,366	57.0	3	2	5	45.4	3	–	3	17.6	3	2	5	4.4
Paranoia and paranoid conditions	74	161	235	2.5	73	160	233	2.5	–	–	–	–	1	–	1	5.9	–	1	1	.9
With psychopathic personality	60	57	117	1.2	60	57	117	1.2	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	405	436	841	8.8	404	436	840	8.9	–	–	–	–	1	–	1	5.9	–	–	–	–
Undiagnosed psychoses	7	2	9	.1	7	2	9	.1	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	29	19	48	.5	22	13	35	.4	–	1	1	9.1	3	1	4	23.5	4	4	8	7.0
Primary behavior disorders	3	–	3	.03	1	–	1	.01	–	–	–	–	1	–	1	5.9	1	–	1	.9
Total With Mental Disorders	4,768	4,744	9,512	99.5	4,704	4,681	9,385	99.6	7	3	10	90.9	8	4	12	70.6	49	56	105	92.1
Total Without Mental Disorder	32	19	51	.5	23	13	36	.4	–	1	1	9.1	4	1	5	29.4	5	4	9	7.9
Grand Total	4,800	4,763	9,563	100.0	4,727	4,694	9,421	100.0	7	4	11	100.0	12	5	17	100.0	54	60	114	100.0

disorder". Dementia praecox makes up 48.5 per cent of first admissions in residence. Then follow in order, psychoses with cerebral arteriosclerosis, 7.7%, with mental deficiency, 7.4%, manic-depressive psychoses, 6.5%, alcoholic psychoses, 6.4% and convulsive disorders, 4.1%. From 15.0% of first admissions coming into mental hospitals (1937), dementia praecox has risen to 48.5% in the resident population.



Graph 6. — First Admissions and Readmissions in Residence on September 30, 1937, by Psychoses: Percentage Distribution

Court commitments (first admissions) show dementia praecox predominating with 49.8%. Psychoses with cerebral arteriosclerosis comprise 7.9% and mental deficiency 7.6%. In the temporary care admissions in residence the high groups are without psychoses with 18.8%, primary behavior disorders, dementia praecox and alcoholic psychoses with 12.5% each. In the observation commitments in residence the leading diagnoses are, without psychoses with 50.9%, and alcoholic psychoses with 14.5%. Among the resident voluntary first admissions, psychoses with epilepsy comprise 90.1%.

In addition to the first admissions there were 9,563 readmitted cases in the resident population on September 30, 1937, 4,800 males and 4,763 females. Of the grand total, 9,512 were diagnosed as "with mental disorder" and 51 as "without mental disorder". Psychoses prominent numerically in the resident readmissions are dementia praecox — 56.3%, manic-depressive psychoses — 11.5%, mental deficiency — 8.8%, and alcoholic psychoses — 4.8%.

In resident readmissions who came into hospitals through court commitment dementia praecox comprises 57.0%, manic-depressive — 11.6%, and mental deficiency — 8.9%. In temporary care readmissions in residence dementia praecox makes up 45.4%, manic-depressive — 18.2% and other metabolic diseases and without psychoses — 9.1% each. The observation commitments in residence show 23.5% without psychoses, 17.6% dementia praecox and the alcoholic psychoses and the psychoneuroses, 11.8% each. In the voluntary readmissions psychoses with convulsive disorders comprise 74.5%, without psychoses — 7.0% and manic-depressive — 5.2%.

Economic Status of Patients in Residence on September 30, 1937

Table 74 shows the economic status of patients in the resident population, by first and readmissions and sex. Of the 13,625 first admissions in residence, 20% are recorded as dependent in economic status, 72% as marginal and 4% as comfortable. In patients still on the books of the hospitals but in the community on visit, etc., we have a lower proportion of the dependent, 17% and higher proportions of the marginal and comfortable groups, 73 and 6% respectively. Here we have the suggestion that the higher economic groups have a greater chance of being placed on visit in the community. Visits, of course, commonly precede discharge.

Table 74. — *Economic Status of the Resident Population and Patients Out on September 30, 1937, First and Readmissions, by Sex: Numbers and Percentages*

Economic Status	First Admissions						Readmissions					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Resident Population:												
Dependent	1,562	1,222	2,784	22.6	18.2	20.4	874	703	1,577	18.2	14.8	16.5
Marginal	4,979	4,947	9,926	72.0	73.8	72.9	3,704	3,714	7,418	77.2	78.0	77.6
Comfortable	238	392	630	3.4	5.8	4.6	168	294	462	3.5	6.2	4.8
Unknown	138	147	285	2.0	2.2	2.1	54	52	106	1.1	1.0	1.1
Total	6,917	6,708	13,625	100.0	100.0	100.0	4,800	4,763	9,563	100.0	100.0	100.0
Patients Out:												
Dependent	133	161	294	17.2	18.2	17.7	88	73	161	19.0	11.8	14.9
Marginal	565	651	1,216	72.9	73.3	73.2	349	493	842	75.4	79.5	77.7
Comfortable	48	52	100	6.2	5.9	6.0	19	39	58	4.1	6.3	5.4
Unknown	29	23	52	3.7	2.6	3.1	7	15	22	1.5	2.4	2.0
Total	775	887	1,662	100.0	100.0	100.0	463	620	1,083	100.0	100.0	100.0

Of the 9,563 readmissions in residence 16% are recorded as dependent, 77% marginal and 4% comfortable. Readmitted patients out on visit are lower in dependent and higher in the comfortable with 14% dependent, 77% marginal and 5% comfortable.

As we trace economic status through admissions, discharges, deaths and resident population, interesting material is provided. First admissions entering mental hospitals during 1937 showed 18% as dependent (Table 28). First admissions discharged presented 12% in the dependent group (Table 41). The deaths (first admissions) showed 26% dependent (Table 59). Now we observe the resident population (first admissions) showing 20% dependent and patients out on visit 17% dependent (Table 74). Dependent economic status in first admissions is linked with a high death rate, a low discharge rate, and a moderate tendency towards retention within mental hospitals.

The marginal economic group made up 72% of first admissions coming into mental hospitals, 78% of the discharges, 61% of the deaths and 72% of the resident population. The marginal economic group is high in discharges, low in deaths and presents little tendency to accumulation in the resident population. The comfortable economic group made up 5.6% of first admissions, 6.5% of discharges, 5.1% of deaths and 4.6% of the resident population. This group is high in discharges, low in deaths and shows no tendency whatever to accumulate in the resident population.

The readmissions show essentially the same associations with economic status as the first admissions. Dependent economic status in mental patients being admitted for the first time and in those being readmitted tends to show a large proportion of deaths, a low proportion of discharges and a tendency to accumulation within the resident population of mental hospitals.

MARITAL STATUS OF PATIENTS IN THE RESIDENT POPULATION ON SEPTEMBER 30, 1937

Table 75 presents the marital status of the resident population and of patients temporarily out on visit, etc. on September 30, 1937, by first and readmissions. Of the 13,625 first admissions in residence 54% were single, 31% married, 10% widowed, 2% divorced and 1% separated. Among the patients temporarily out on visit (potential candidates for discharge), we see a lower porportion of the single, 42%, a higher proportion of the married, 44% and similar porportions of the widowed, divorced and separated with 9, 2 and 1%, respectively.

TABLE 75. — *Marital Status of the Resident Population and Patients Out on September 30, 1937: First and Readmissions, by Sex*

MARITAL STATUS	RESIDENT POPULATION							
	FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%
Single	4,264	3,118	7,382	54.2	3,280	2,393	5,673	59.3
Married	1,893	2,366	4,259	31.3	1,183	1,737	2,920	30.5
Widowed	470	948	1,418	10.4	168	392	560	5.9
Divorced	162	158	320	2.3	101	136	237	2.5
Separated	92	109	201	1.5	64	101	165	1.7
Unknown	36	9	45	.3	4	4	8	.1
Total	6,917	6,708	13,625	100.0	4,800	4,763	9,563	100.0

MARITAL STATUS	PATIENTS OUT ON VISIT, ETC.							
	FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%
Single	364	349	713	42.9	264	256	520	48.0
Married	335	408	743	44.7	166	273	439	40.5
Widowed	48	104	152	9.1	14	57	71	6.6
Divorced	17	16	33	2.0	15	25	40	3.7
Separated	10	10	20	1.2	4	9	13	1.2
Unknown	1	–	1	.1	–	–	–	–
Total	775	887	1,662	100.0	463	620	1,083	100.0

Of the 9,563 readmissions in the resident population, 59% were single, 30% married, 5% widowed, 2% divorced and 1% separated. The patients temporarily out of hospitals on visit, etc. show a lower per cent of the single, 48%, a higher per cent of the married, 40% and higher percentages of the widowed and the divorced with 6 and 3%, respectively.

Comparing marital status in the resident population with the marital status of admissions for the year, interesting material becomes available. In first admissions the single are showing a rather remarkable tendency towards accumulation within mental hospitals. The married leave hospitals rapidly and therefore have little opportunity to accumulate within mental hospitals. The widowed, the divorced and the separated are not being retained.

In the readmissions also patients of single marital status are having long hospital residences and are tending to comprise a large proportion of the resident population. On the other hand patients of the married, widowed, divorced and separated groups are evidently leaving hospitals more rapidly either through discharge or death and are showing no tendency towards retention.

AGE AT ADMISSION OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1937

Table 76 presents the distribution of admission ages of first and readmissions in the resident population. First admissions in the resident population show an average admission age of 42.4 years, 41.0 years for the males and the females 2.9 years older with 43.9 years. The admission age group 30–39 years shows the largest number with 3,326 patients, the 40–49 year group includes 2,939 cases and the 20–29 year group, 2,735. Thus, 9,000 of these first admissions in residence, or 66% were admitted between the ages of 20 and 49 years. The males show the larger numbers in all ages up to 40. From 40 onward the females show the larger numbers.

TABLE 76. — *Admission Ages of First Admissions and Readmissions in the Resident Population, September 30, 1937*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	501	416	917	333	283	616	168	133	301
20–29 years	2,680	1,879	4,559	1,624	1,111	2,735	1,056	768	1,824
30–39 years	3,238	2,829	6,067	1,762	1,564	3,326	1,476	1,265	2,741
40–49 years	2,466	2,835	5,301	1,363	1,576	2,939	1,103	1,259	2,362
50–59 years	1,563	1,944	3,507	900	1,076	1,976	663	868	1,531
60–69 years	854	988	1,842	584	613	1,197	270	375	645
70–79 years	337	456	793	280	378	658	57	78	135
80–89 years	73	113	186	67	99	166	6	14	20
90 years and over	5	11	16	4	8	12	1	3	4
Total	11,717	11,471	23,188	6,917	6,708	13,625	4,800	4,763	9,563
Average admission age	40.3	43.2	41.8	41.0	43.9	42.4	39.4	42.3	40.9

(See Tables 235 and 236 for detail)

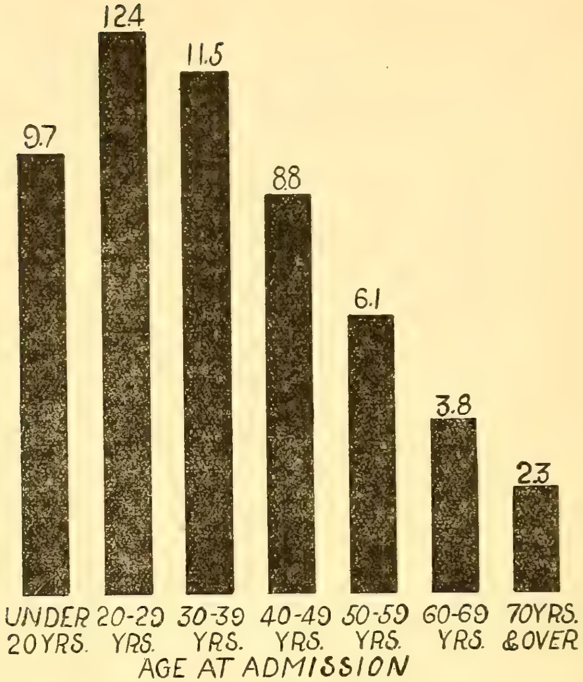
Readmissions in the resident population show an average admission age of 40.9 years, 39.4 years for the males and 42.3 years for the females. The readmissions in residence also show the largest number of 2,741 in the admission age group 30–39 years. A total of 2,362 were admitted in the ages 40–49 years and 1,824 in the ages 20–29 years. Here we have a total of 6,927 patients, or 72% of all readmissions who were admitted between the ages of 20 and 49 years. As in first admissions the readmissions show the males with larger numbers in the age groups up to 40 years. From that point on the females show the larger numbers.

LENGTH OF HOSPITAL STAY OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1937, BY AGE AT ADMISSION

Table 77 and Graph 7 give the average length of stay during the present admission of all first and readmissions in the resident population in accordance with the age at admission. First admissions admitted during the ages 20–29 years have shown the longest period of hospital residence of 13.2 years. Patients admitted in the age group 30–39 years are next with an average stay of 12.7 years. Then we observe a gradual decrease of hospital residence as the older ages are approached.

TABLR 77. — *Average Length of Hospitals Stay during the Present Admission, First Admissions and Readmissions in Residence on September 30, 1937, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	All Admissions	First Admissions	Read-missions
Under 19 years	9.7	10.0	9.0
20–29 years	12.4	13.2	11.2
30–39 years	11.5	12.7	10.0
40–49 years	8.8	9.3	8.1
50–59 years	6.1	6.0	6.2
60–69 years	3.8	3.7	4.1
70–79 years	1.7	1.5	2.7
80–89 years	.6	.5	1.2



Graph 7. — Length of Time in Residence of Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Age at Admission: Averages in Years

In readmissions also those admitted in the age group 20–29 years have shown the long hospital residence of 11.2 years. As in first admissions we see a gradually decreasing length of time in hospitals during the present admission, as the older ages at admission are approached. In previous tables it has been noted that the patients admitted in younger ages have shown high discharge rates and low death rates in comparison with admissions in the older age groups. It is evident that a certain proportion of cases admitted in the younger ages are tending to chronicity and retention in hospitals for long periods of time.

Mental Disorders in Admissions, Discharges, Deaths, 1937, and the Resident Population and Patients Out on Visit, on September 30, 1937

Table 78 gives the percentage distribution of mental disorders in patients coming into mental hospitals, in those leaving mental hospitals by discharge or death, in the resident population, and in patients temporarily out of mental hospitals on visit, by first and readmissions.

Only the numerically important psychoses will be discussed. In first admissions psychoses with cerebral arteriosclerosis made up 17% of first admissions, 6% of first admissions discharged, 40% of first admissions dying and 7% of the first admissions in the resident population. This psychosis shows a low discharge rate, an extremely high death rate and no tendency towards retention within hospitals. Dementia praecox made up 15% of first admissions, 14% of first admissions discharged, 13% of first admissions dying and 48% of the first admissions in the resident population. This psychosis is low in both discharges and deaths. The outstanding point is its remarkable tendency to accumulation within the resident population. The without psychoses group made up 12% of first admissions, 20% of the discharges, .4% of the deaths and .7% of the resident population.

Obviously this group is leaving hospitals very rapidly. Manic-depressive psychoses made up 9% of first admissions, 12% of discharges, 2% of deaths and 6% of the resident population. This psychosis is leaving hospitals rapidly, shows a low death rate and no tendency towards retention.

In readmissions dementia praecox makes up 25% of patients entering mental hosptals during the year, 19% of readmissions discharged, 34% of the readmissions dying and 56% of the resident population (readmissions). In comparison with first admissions dementia praecox is making a poorer showing. Dementia praecox readmissions are showing a lower discharge rate and a higher death rate. This high death rate removes so many patients that the relative tendency to retention within hospitals is less than in first admissions. Manic-depressive psychoses made up 22% of readmissions coming into hospitals, 25% of the readmissions discharged, 12% of the deaths and 11% of the resident population. This psychosis also is making a poorer showing in readmissions than in first admissions.

Admission Ages of Admissions, Discharges and Deaths, 1937, Compared with the Admission Ages of the Resident Population on September 30, 1937, by Mental Disorders

In Table 79 we compare the age at admission of first and readmissions during 1937, the admission ages of cases discharged, admission ages of patients dying, admission ages of patients in the resident population and admission ages of patients on visit on September 30, 1937, by mental disorders. This table will show how patients of certain admission ages tend to distribute themselves in the patients discharged, dying or retained within the resident population.

In the first admissions the group "with mental disorder" presents an average admission age of 48.9 years. First admissions discharged during that same year were 7.9 years younger at the time of admission, an average admission age of 41.0 years. As these admission ages remain remarkably constant over the years we may say that the patients discharged during 1937 were selected from the younger ages of patients admitted during previous years. The average admission age of patients dying during the year was 13.2 years older than the admissions, or an average of 62.1 years. Quite clearly the patients who die are the patients of older ages in the admissions of previous years. First admissions in the resident population presented an average admission age of 42.5 years, or 6.4 years younger than the admission age of 48.9 years.

The readmissions coming into mental hospitals during 1937 presented an average admission age of 43.0 years. The readmissions discharged presented an admission age of 40.8 years or 1.2 years younger. The readmissions dying had an admission age 10.1 years older than the admissions, or 53.1 years. Readmissions in the resident population with an average admission age of 40.9 years, averaged 2.1 years younger at admission than readmissions entering during the year.

Limitations of space prevent a separate discussion of the individual psychoses but the figures are available for study. In general, both first and readmissions coming into hospitals each year are tending to divide themselves into three groups from the viewpoint of age — (1) younger patients who will reappear in the discharges (2) other young patients, slightly older, who will tend to make up the resident population and (3) a decidedly older group who will reappear among the deaths. Thus, the young admissions go to make up a favorable group discharged and an unfavorable group tending to remain within the resident population of mental hospitals.

Present Age of Patients in Residence on September 30, 1937

Table 80 shows the *present* age of first and readmissions in the resident population on September 30, 1937. The first admissions show an average present age of 51.9 years, 50.6 years for the males and the females 2.7 years older with an average of 53.3 years. The largest number of 3,128 patients falls in the present age group 50–59 years, the 40–49 year group contains 2,980 patients and the 60–69 year group 2,539 patients. Thus, 63% of the first admissions in the resident population are between 40 and 70 years.

The readmissions in residence show an average present age of 49.6 years, 48.0 years for the males and 51.1 years for the females. The 40–49 year group contains

TABLE 78. — *Admissions, Discharges, Deaths, 1937, Resident Population and Patients Out on September 30, 1937: First and Readmissions, by Mental Disorders: Percentage Distribution*

MENTAL DISORDERS	ADMISSIONS		DISCHARGES		DEATHS		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	3.4	2.3	2.6	1.5	5.6	2.8	3.8	2.1	4.0	1.7
With other forms of syphilis	.4	.3	.3	.4	.7	–	.6	.3	.4	.4
With epidemic encephalitis	.1	.2	.2	.2	.3	.5	.4	.5	.3	.6
With other infectious diseases	.5	.1	.6	.2	.6	–	.1	.02	.2	–
Alcoholic psychoses	9.1	8.6	12.3	10.1	4.1	6.6	6.4	4.8	8.7	5.9
Due to drugs, etc.	.6	.6	.8	.7	.1	.3	.1	.1	.3	.3
Traumatic psychoses	.5	.7	.4	.7	.4	.5	.3	.3	.6	.3
With cerebral arteriosclerosis	17.1	5.2	6.1	1.6	40.7	18.4	7.7	2.2	7.7	2.8
With other disturbances of circulation	1.1	.3	.5	.1	2.6	.8	.2	.1	1.0	.4
With convulsive disorders (epilepsy)	1.9	3.0	1.9	2.4	2.2	5.1	4.1	4.4	2.9	2.7
Senile psychoses	6.1	1.3	1.4	.5	14.7	5.1	3.9	.8	2.8	.9
Involutional psychoses	2.9	1.6	2.1	.9	2.7	2.8	2.9	1.7	5.3	2.1
Due to other metabolic diseases, etc.	1.4	.3	1.4	.5	2.2	1.3	.6	.2	1.5	.4
Due to new growth	.2	.1	.1	–	.4	.3	.01	.04	.06	.09
With organic changes of nervous system	1.7	.7	.9	1.0	2.2	1.0	1.1	.7	1.5	1.1
Psychoneuroses	5.3	4.7	8.4	5.8	.1	1.0	.7	.8	3.3	4.2
Manic-depressive psychoses	9.4	22.8	12.3	25.6	2.7	12.6	6.5	11.5	17.6	29.8
Dementia praecox	15.0	25.4	14.5	19.6	13.8	34.2	48.5	56.3	31.4	34.3
Paranoia and paranoid conditions	2.1	2.4	1.6	2.2	1.3	2.3	3.1	2.5	2.7	2.4
With psychopathic personality	1.2	2.4	1.5	2.4	.1	.5	.7	1.2	1.6	2.8
With mental deficiency	2.1	3.2	1.9	2.9	1.8	3.6	7.4	8.8	3.9	5.1
Undiagnosed psychoses	1.9	.7	2.7	.9	.3	–	.1	.1	.3	.6
Without psychoses	12.9	12.3	20.5	18.7	.4	.3	.7	.5	1.0	1.1
Primary behavior disorders	3.0	.8	4.9	1.1	–	–	.04	.03	–	–
Total With Mental Disorder	84.1	86.8	74.5	80.3	99.6	99.7	99.3	99.5	99.0	98.8
Total Without Mental Disorder	15.9	13.2	25.5	19.7	.4	.3	.7	.5	1.0	1.1
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 79. — *Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1937, Compared with Average Admission Age of the Resident Population and Patients Out on September 30, 1937, by Mental Disorders*

MENTAL DISORDERS	ADMISSIONS		DISCHARGES		DEATHS		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	46.3	47.9	42.3	44.3	50.8	51.1	44.3	43.3	43.0	47.2
With other forms of syphilis	49.3	51.6	40.0	43.5	51.2	–	46.3	49.8	45.0	42.5
With epidemic encephalitis	34.0	35.0	31.6	30.0	41.2	25.0	30.5	29.9	26.0	30.3
With other infectious diseases	41.1	27.5	40.0	47.5	45.0	–	39.0	26.0	45.5	–
Alcoholic psychoses	43.9	46.3	42.5	45.4	51.6	54.2	47.4	49.6	45.1	49.5
Due to drugs, etc.	45.1	51.5	42.9	50.8	47.5	37.5	47.3	45.0	48.3	51.6
Traumatic psychoses	48.3	44.4	42.0	35.2	63.9	55.0	47.6	40.6	43.4	48.3
With cerebral arteriosclerosis	70.9	67.7	67.3	66.3	71.8	70.5	68.2	64.6	67.1	64.3
With other disturbances of circulation	59.7	54.5	60.0	42.5	60.0	52.5	52.5	52.5	54.4	60.0
With convulsive disorders (epilepsy)	31.9	33.1	31.5	30.7	36.9	36.2	35.0	34.6	30.5	33.4
Senile psychoses	76.4	71.6	75.9	75.8	77.8	73.7	71.9	70.4	72.2	68.0
Involutional psychoses	52.0	54.6	52.6	52.5	55.7	57.0	52.7	54.6	52.3	51.9
Due to other metabolic diseases, etc.	48.3	44.1	44.0	45.8	53.9	45.5	48.4	44.1	39.0	42.5
Due to new growth	53.0	42.5	45.0	–	54.6	47.5	40.0	42.5	65.0	55.0
With organic changes of nervous system	50.6	36.0	43.6	41.7	50.0	42.5	46.0	37.0	45.5	39.1
Psychoneuroses	37.6	39.2	36.7	36.8	77.5	58.7	42.0	41.6	41.8	39.6
Manic-depressive psychoses	38.2	44.2	37.1	42.5	49.8	53.8	42.8	46.5	38.2	43.1
Dementia praecox	33.2	36.1	31.1	34.9	41.7	43.8	35.7	38.2	33.7	37.4
Paranoia and paranoid conditions	49.1	52.2	50.4	49.1	52.2	58.0	50.1	52.0	47.1	50.0
With psychopathic personality	32.2	34.7	31.3	38.5	62.5	62.5	37.7	36.1	34.1	33.2
With mental deficiency	31.5	33.7	32.1	35.7	45.1	46.4	35.2	34.7	34.3	35.4
Undiagnosed psychoses	36.3	37.1	36.3	35.0	38.5	–	49.0	41.6	29.0	63.3
Without psychoses	37.2	39.5	37.2	38.8	46.6	37.5	34.7	38.9	34.3	38.5
Primary behavior disorders	27.9	25.8	27.5	25.7	–	–	37.0	25.6	–	–
Total With Mental Disorder	48.9	43.0	41.0	40.8	62.1	53.1	42.5	40.9	41.8	41.8
Total Without Mental Disorder	35.4	38.6	35.3	38.0	46.6	37.5	34.8	38.1	34.3	38.5
Grand Total	46.7	42.4	39.5	40.3	62.1	53.1	42.4	40.9	41.7	41.8

(See Tables 183–4, 209–10, 222–23 and 231–234 for detail) the highest number of 2,522 patients, the 50–59 year group records 2,246 patients and the group 30–39 years 1,717 patients. Readmissions in residence show 67% are between the ages of 30 and 60 years while first admissions showed about one-third between the ages of 40 and 70 or ten years older.

TABLE 80. — *Present Ages of First Admissions and Readmissions in the Resident Population September 30, 1937*

Present Age	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	150	140	290	105	93	198	45	47	92
20–29 years	978	754	1,732	591	458	1,049	387	296	683
30–39 years	2,049	1,578	3,627	1,088	822	1,910	961	756	1,717
40–49 years	2,934	2,568	5,502	1,548	1,432	2,980	1,386	1,136	2,522
50–59 years	2,665	2,709	5,374	1,616	1,512	3,128	1,049	1,197	2,246
60–69 years	1,865	2,225	4,090	1,198	1,341	2,539	667	884	1,551
70–79 years	868	1,187	2,055	610	827	1,437	258	360	618
80–89 years	194	287	481	148	209	357	46	78	124
90 years and over	14	23	37	13	14	27	1	9	10
Total	11,717	11,471	23,188	6,917	6,708	13,625	4,800	4,763	9,563
Average Present Age	49.6	52.4	51.0	50.6	53.3	51.9	48.0	51.1	49.6

(See Tables 237 and 238 for detail)

TABLE 81. — *Average Present Age of Resident Population on September 30, 1937: First Admissions and Readmissions, by Mental Disorders*

Mental Disorders	First Admissions		Readmissions	
	Number	Average Present Age	Number	Average Present Age
With syphilitic meningo-encephalitis	520	48.5	201	47.9
With other forms of syphilis	86	53.1	31	54.6
With epidemic encephalitis	50	36.0	45	34.8
With other infectious diseases	13	45.1	2	31.0
Alcoholic psychoses	868	57.2	460	57.6
Due to drugs, etc.	13	51.1	8	57.5
Traumatic psychoses	46	54.2	27	48.7
With cerebral arteriosclerosis	1,056	70.8	210	68.4
With other disturbances of circulation	24	59.1	8	58.7
With convulsive disorders (epilepsy)	557	44.3	422	44.0
Senile psychoses	534	75.1	78	74.7
Involutional psychoses	390	56.9	165	59.2
Due to other metabolic diseases, etc.	79	51.5	22	53.1
Due to new growth	2	50.0	4	47.5
With organic changes of nervous system	147	49.8	70	43.2
Psychoneuroses	102	45.3	81	45.3
Manic-depressive psychoses	882	48.7	1,097	53.0
Dementia praecox	6,616	48.5	5,397	48.2
Paranoia and paranoid conditions	423	57.1	235	58.0
With psychopathic personality	98	44.8	117	42.2
With mental deficiency	1,008	45.9	841	43.8
Undiagnosed psychoses	10	49.0	9	41.6
Without psychoses	95	43.0	48	46.2
Primary behavior disorders	6	37.0	3	25.6
Total With Mental Disorder	13,524	52.0	9,512	49.6
Total Without Mental Disorder	101	42.6	51	45.0
Grand Total	13,625	51.9	9,563	49.6

(See Tables 231 and 233 for detail)

PRESENT AGE OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1937, BY MENTAL DISORDERS

Table 81 gives the average present age of the different psychoses of first and readmissions in the resident population. All first admissions in residence show an average present age of 51.9 years, 52.0 years for those "with mental disorder" and 42.6 years for those "without mental disorder". The highest average present ages are shown by the senile psychoses with 75.1 years, cerebral arteriosclerosis —70.8 years, other disturbances of circulation — 59.1 years and alcoholic psychoses —

57.2 years. The youngest average ages are shown by other infectious diseases — 45.1 years, psychopathic personality — 44.8 years, convulsive disorders — 44.3 years and epidemic encephalitis — 36.0 years.

The readmissions in residence show an average present age of 49.6 years, 49.6 years for cases "with mental disorder" and 45.0 years for cases "without mental disorder". In readmissions high average present ages are shown by senile psychoses — 74.7 years, cerebral arteriosclerosis with 68.4 years, involutional psychoses — 59.2 years and other disturbances of circulation — 58.7 years. The low average present ages are shown by psychopathic personality — 42.2 years, undiagnosed psychoses — 41.6 years, epidemic encephalitis — 34.8 years and other infectious diseases with 31.0 years.

Present Age of Patients in Residence on September 30, 1937, by Hospital

Table 82 outlines the present age of patients in various mental hospitals throughout the State on September 30, 1937, comparing this with the age at admission of these same patients. The same data is offered for patients temporarily out of hospital on visit, etc. Of the active admitting hospitals, the high averages in present age of first admissions in the resident population are shown by Boston State — 53.3 years, Taunton — 52.6 years and Westborough — 52.3 years. The youngest present age is shown by Foxborough — 49.4 years. The Boston Psychopathic, with a preponderance of temporary care cases, has the youngest resident hospital population, averaging 38.2 years. Of the transfer hospitals the high average is shown by Medfield — 55.4 years and the low average by the Metropolitan with 51.8 years. The Hospital for Epileptics (Monson) presents an average present age of 42.2 years. The admission ages of these same patients are also available by hospital. The hospitals which had a high average age of patients at time of admission are now tending to show high average ages in the resident population.

Table 82. — *Average Present Age and Admission Age of First and Readmissions in the Resident Population and Patients Out on September 30, 1937, by Hospitals*

Hospitals	Resident Population				Patients Out			
	First Admissions		Readmissions		First Admissions		Readmissions	
	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission
Boston Psychopathic	38.2	38.2	35.0	35.0	43.1	42.8	32.5	32.5
Boston State	53.3	45.2	48.9	39.4	46.2	44.3	43.3	40.9
Taunton	52.6	44.6	49.1	41.4	40.7	39.3	39.8	38.9
Westborough	52.3	45.0	50.8	42.8	43.9	41.7	46.6	42.9
Northampton	51.3	44.2	50.7	42.7	42.6	40.4	45.4	43.4
Worcester	51.2	42.3	50.7	41.8	47.3	43.9	46.0	43.6
Danvers	51.1	43.5	49.6	41.3	43.1	41.0	43.1	40.9
Foxborough	49.4	42.2	47.5	39.3	45.1	43.1	46.6	43.0
Medfield	55.4	42.3	51.3	40.5	42.4	40.8	42.6	40.2
Grafton	55.2	41.1	53.4	40.1	51.9	43.5	50.3	42.1
Gardner	52.9	39.9	51.9	41.7	54.9	44.0	53.5	45.2
Metropolitan	51.8	48.0	48.3	43.6	41.4	40.7	41.5	38.2
Monson	42.2	33.0	42.8	32.4	30.5	27.2	34.1	32.3
Tewksbury	57.1	37.6	57.2	39.2	55.0	35.0	55.0	55.0
McLean	56.3	48.8	53.2	45.4	42.3	40.5	45.0	42.3
Bridgewater	50.8	33.9	49.1	36.9	–	–	45.0	25.0
Vet. Adm. Fac. No. 107	45.3	39.6	44.5	38.7	42.7	38.3	43.4	37.0
Vet. Adm. Fac. No. 95	44.1	36.8	44.0	34.4	46.6	45.0	43.7	37.5
Total	51.9	42.4	49.6	40.9	44.6	41.7	45.0	41.8

(See Tables 235–242 for detail)

Readmissions in the resident population show the high average present age at Westborough with 50.8 years and Northampton and Worcester with averages of 50.7 years each. Foxborough again shows the low average in the admitting group of 47.5 years. Among the transfer hospitals Grafton shows the high present age with 53.4 years and the Metropolitan Hospital the low with 48.3 years. The Hospital for Epileptics shows an average of 42.8 years.

The study of the average present ages of patients who have been placed out on visit shows that they were drawn from the younger patients. The average present age of first admissions in the resident population was 51.9 years while the average of first admissions out on visit was 44.6 years. In the readmissions the present age of the resident population was 49.6 years while the present age of readmissions out on visit was 45.0 years. While patients placed out on visit are apt to be selected from much younger ages in first admissions, we observe that this relationship is not as clear cut in the readmissions.

TABLE 83. — *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in the Resident Population on September 30, 1937, by Mental Disorders*[1]

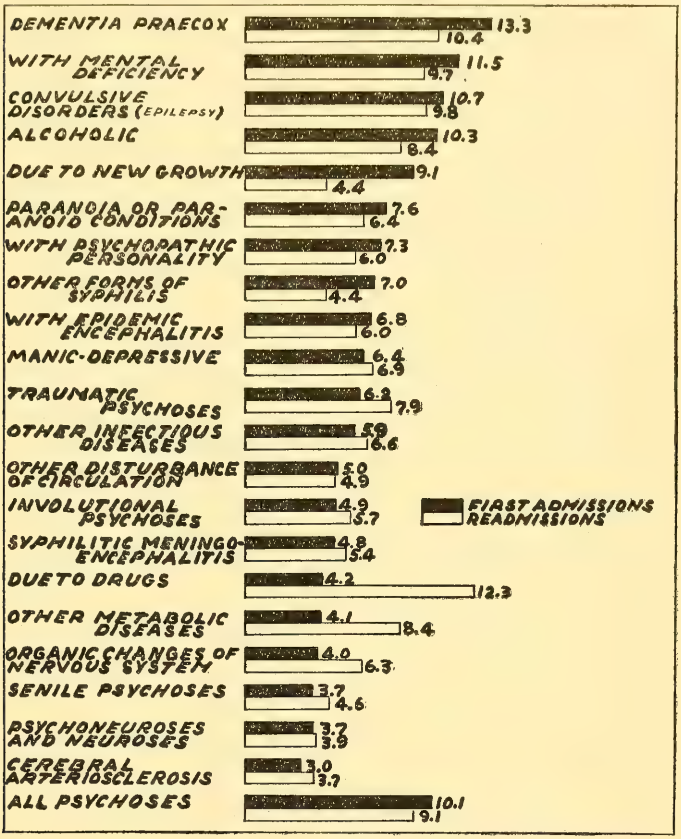
MENTAL DISORDERS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4.88	5.57	5.04	4.74	5.41	4.89	5.24	5.98	5.41
With other forms of syphilis	5.74	8.01	6.38	6.26	9.06	7.07	4.36	4.75	4.46
With epidemic encephalitis	6.58	6.19	6.44	7.05	6.55	6.85	6.14	5.65	6.00
With other infectious diseases	8.89	4.11	6.02	8.89	3.39	5.93	–	6.62	6.62
Alcoholic psychoses	9.71	9.73	9.72	10.29	10.89	10.37	8.60	7.86	8.48
Due to drugs, etc.	6.26	8.81	7.35	1.23	7.79	4.25	13.30	10.87	12.39
Traumatic psychoses	6.86	7.03	6.89	6.48	5.23	6.26	7.45	14.25	7.95
With cerebral arteriosclerosis	2.93	3.37	3.15	2.81	3.27	3.04	3.61	3.83	3.73
With other disturbances of circulation	3.64	6.19	5.00	4.01	5.87	5.02	2.62	7.25	4.93
With convulsive disorders (epilepsy)	9.05	11.69	10.36	9.41	11.88	10.71	8.63	11.40	9.89
Senile psychoses	3.99	3.79	3.86	4.02	3.60	3.74	3.85	5.14	4.64
Involutional psychoses	4.76	5.34	5.17	4.85	4.98	4.94	4.54	6.15	5.70
Due to other metabolic diseases, etc.	4.79	5.31	5.11	3.60	4.62	4.19	11.33	7.31	8.40
Due to new growth	4.45	7.50	5.97	.75	17.50	9.12	6.31	2.50	4.40
With organic changes of nervous system	4.66	4.95	4.77	4.01	4.01	4.01	6.00	6.98	6.36
Psychoneuroses	3.31	4.21	3.81	3.20	4.10	3.72	3.44	4.36	3.92
Manic-depressive psychoses	6.31	7.00	6.74	5.87	6.82	6.48	6.64	7.14	6.95
Dementia praecox	12.25	11.91	12.08	13.82	12.98	13.39	10.36	10.56	10.46
Paranoia and paranoid conditions	6.68	7.47	7.21	7.03	7.92	7.62	6.02	6.69	6.48
With psychopathic personality	6.20	7.15	6.66	5.82	9.06	7.38	6.53	5.57	6.06
With mental deficiency	11.20	10.30	10.76	12.24	10.84	11.58	9.83	9.71	9.77
Undiagnosed psychoses	.27	.79	.44	.45	.12	.32	.12	2.12	.56
Without psychoses:	8.10	8.50	8.24	8.58	8.31	8.50	7.03	8.79	7.73
Alcoholism	.24	.12	.21	.14	.12	.14	.81	–	.81
Epidemic encephalitis	3.50	–	3.50	–	–	–	3.50	–	3.50
Psychopathic personality — pathological sexuality	.12	–	.12	.12	–	.12	–	–	–
Psychopathic personality — pathological emotionality	–	.75	.75	–	–	–	–	.75	.75
Psychopathic personality — asocial or amoral trends	.12	.12	.12	.12	.12	.12	–	.12	.12
Psychopathic personality — mixed types	.25	4.50	.95	.12	–	.12	.43	4.50	1.79
Epilepsy	5.50	1.50	4.16	3.50	–	3.50	7.50	1.50	4.50
Mental deficiency:	13.09	12.21	12.78	14.95	11.95	13.89	9.48	12.67	10.66
Idiot	11.75	15.00	12.56	11.75	17.50	12.57	–	12.50	12.50
Imbecile	13.31	13.25	13.29	15.03	13.73	14.38	9.87	7.50	9.53
Moron	13.25	10.74	12.41	16.18	6.57	13.78	9.27	13.34	10.98
Other non-psychotic diseases or conditions	7.16	7.69	7.36	8.16	6.83	7.76	5.77	8.34	6.91
No other condition	1.62	1.58	1.61	1.87	1.58	1.76	.37	–	.37
Primary behavior disorders	.51	.12	.43	.12	.12	.12	1.04	–	1.04
Total With Mental Disorder	9.81	9.70	9.75	10.34	9.97	10.16	9.06	9.30	9.18
Total Without Mental Disorder	7.58	8.17	7.77	8.09	7.78	8.00	6.47	8.79	7.33
Grand Total	9.79	9.69	9.74	10.31	9.96	10.14	9.04	9.30	9.17

(See Tables 243–245 for detail)

[1] This table considers only the length of time spent in hospitals during the *present* admission.

LENGTH OF HOSPITAL STAY OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1937, BY MENTAL DISORDERS

Table 83 and Graph 8 present the average length of hospital stay of first and readmissions in residence at the end of the year, by mental disorders. The total first admissions "with mental disorder" had remained a total of 10.16 years up to the end of 1937, 10.34 years for males and 9.97 years for females. In the resident first admissions, dementia praecox had shown the longest hospital stay of 13.3 years. Psychoses with mental deficiency — 11.5 years, convulsive disorders— 10.7 years, alcoholic psychoses — 10.3 years and due to new growth — 9.1 years follow in order. The shorter hospital residences are shown by senile psychoses— 3.7 years, psychoneuroses — 3.7 years, with cerebral arteriosclerosis — 3.0 years, and undiagnosed psychoses — .3 years.



Graph 8. — Length of Time in Residence of First Admissions and Readmissions in Residence in Hospitals for Mental Diseases on September 30, 1937 by, Psychoses: Averages in Years

First admissions "without mental disorder" had remained an average of 8.0 years. Table 83 presents the length of stay of the subdivisions of the without psychosis group. The long residence observed appears to be due to cases of mental deficiency without psychosis. Seven cases of idiocy had remained an average of 12.5 years each, 24 cases of imbecility had remained 14.3 years, and 20 morons had remained an average of 13.7 years. Thus, 51 of the 101 resident cases without mental disorder placed in the mental deficiency classification.

In readmissions the total "with mental disorder" had remained in residence 9.1 years, 9.0 years for the males and 9.3 years for the females. Psychoses due to drugs presented the long hospital stay of 12.3 years. In order are dementia praecox — 10.4 years, convulsive disorders — 9.8 years, psychoses with mental deficiency — 9.7 years and alcoholic psychoses — 8.4 years. The short hospital residences are shown by psychoneuroses — 3.9 years, cerebral arteriosclerosis — 3.7 years and undiagnosed psychoses — .56 years. The without psychosis group shows that one idiot remained 12.5 years, seven imbeciles 9.5 years each and nineteen morons an average of 10.9 years. Of the 51 readmissions in residence "with mental disorder", 27 were in the mental deficiency classification.

While the medical staffs of the various institutions have been unwilling to diagnose these patients as psychotic, they have considered them as unsuitable for return to the community. The patients of the lower mental grades, at the idiot or imbecile level, are quite obviously unable to care for themselves. These patients, together with the morons, present such symptoms as irritability, excitability, assaultiveness, and episodic outbursts, which render their return to the community highly inadvisable. Hospital administrators report that these cases constitute some of their most serious conduct problems and that continued institutional care is necessary and highly advisable.

If we calculate the maintenance costs, capital investment, cost of central department, depreciation, etc., we arrive at a total annual per capita cost of approximately $465 for State hospital care of mental patients. With an average hospital stay during the present admission of 9.74 years, the patients at present in residence at the end of 1937 had cost the Commonwealth over one hundred and five millions of dollars ($105,020,770.80) during the present admission.

LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS AND THE PRESENT ADMISSION, READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1937

Table 84 records the total hospital stay during their lives of readmissions in the resident population by reporting the length of time in hospitals during all previous admissions as well as during the present admission. A total of 9,563 readmissions had spent an average of 4.43 years in hospitals during previous admissions. During their present admission they have remained in hospitals an average of 9.17 years which gives a total hospital stay up to the end of 1937, of 13.60 years.

TABLE 84. — *Average Length of Hospital Stay during Previous Admissions and the Present Admission: Readmitted Cases in Residence September 30, 1937, by Mental Disorders*

MENTAL DISORDERS	Time in Institution during Previous Admissions			Time in Institution during Present Admission			Time in Institution during All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1.99	2.23	2.05	5.24	5.98	5.41	7.23	8.21	7.46
With other forms of syphilis	1.86	3.14	2.19	4.36	4.75	4.46	6.22	7.89	6.65
With epidemic encephalitis	2.20	1.17	1.90	6.14	5.65	6.00	8.34	6.82	7.90
With other infectious diseases	–	.12	.12	–	6.62	6.62	–	6.74	6.74
Alcoholic psychoses	3.60	4.23	3.70	8.60	7.86	8.48	12.20	12.09	12.18
Due to drugs, etc.	5.67	3.00	4.67	13.30	10.87	12.39	18.97	13.87	17.06
Traumatic psychoses	1.15	5.00	1.43	7.45	14.25	7.95	8.60	19.25	9.38
With cerebral arteriosclerosis	1.74	1.87	1.81	3.61	3.83	3.73	5.35	5.70	5.54
With other disturbances of circulation	1.06	.78	.92	2.62	7.25	4.93	3.68	8.03	5.85
With convulsive disorders (epilepsy)	2.73	2.98	2.84	8.63	11.40	9.89	11.36	14.38	12.73
Senile psychoses	2.26	2.28	2.28	3.85	5.14	4.64	6.11	7.42	6.92
Involutional psychoses	1.50	1.64	1.60	4.54	6.15	5.70	6.04	7.79	7.30
Due to other metabolic diseases, etc.	2.66	1.46	1.79	11.33	7.31	8.40	13.99	8.77	10.19
Due to new growth	.81	3.93	2.37	6.31	2.50	4.40	7.12	6.43	6.77
With organic changes of nervous system	1.80	4.05	2.63	6.00	6.98	6.36	7.80	11.03	8.99
Psychoneuroses	.92	1.11	1.02	3.44	4.36	3.92	4.36	5.47	4.94
Manic-depressive psychoses	2.56	3.30	3.02	6.64	7.14	6.95	9.20	10.44	9.97
Dementia praecox	4.67	5.41	5.04	10.36	10.56	10.46	15.03	15.97	15.50
Paranoia and paranoid conditions	3.22	3.14	3.17	6.02	6.69	6.48	9.24	9.83	9.65
With psychopathic personality	2.42	2.16	2.30	6.53	5.57	6.06	8.95	7.73	8.36
With mental deficiency	7.13	7.13	7.13	9.83	9.71	9.77	16.96	16.84	16.90
Undiagnosed psychoses	2.33	2.31	2.33	.12	2.12	.56	2.45	4.43	2.89
Without psychoses	5.23	5.40	5.30	7.03	8.79	7.73	12.26	14.19	13.03
Primary behavior disorders	2.37	–	2.37	1.04	–	1.04	3.41	–	3.41
Total With Mental Disorder	4.15	4.71	4.43	9.06	9.30	9.18	13.21	14.01	13.61
Total Without Mental Disorder	4.96	5.40	5.13	6.47	8.79	7.33	11.43	14.19	12.46
Grand Total	4.16	4.71	4.43	9.04	9.30	9.17	13.20	14.01	13.60

(See Tables 245 and 246 for detail)

The longest hospital residences during previous admissions are shown by mental deficiency — 7.1 years, dementia praecox — 5.0 years and psychoses due to drugs — 4.6 years. The short hospital residences during previous admissions are shown by psychoneuroses — 1.0 years, other disturbances of circulation — .92 years, and other infectious diseases — .12 years. As the length of time in residence during the present admission has been discussed in Table 83 we pass on to the total time in hospital during the previous admissions as well as the present admission. In this total time the long hospital residences are observed in psychoses due to drugs — 17.0 years, mental deficiency — 16.9 years, dementia praecox — 15.5 years, convulsive disorders — 12.7 years and other metabolic diseases — 10.1 years. The short total hospital residences are observed in cerebral arteriosclerosis — 5.5 years, psychoneuroses — 4.9 years and undiagnosed psychoses — 2.8 years.

Using the estimated cost of $465 per year these 9,563 readmissions have cost the Commonwealth, during all admissions, an average of $6,324 each, or a grand total of $60,476,412 up to the end of 1937. Adding the cost of the first admissions in residence of $64,243,237 we have a grand total cost, during all admissions, for the resident population of $124,719,649. The total costs of 105 millions in a previous table covered only the present admission.

Color or Race of Patients in Residence on September 30, 1937

Table 85 presents the color or race of patients in residence in mental hospitals on September 30, 1937, by mental disorders. In this table we will discuss the eight psychoses which are most important numerically and show the first three racial groups predominating in any specific psychosis. Dementia praecox makes up 70% of the yellow group, 61% of the mulatto group and 51% of the white group. Manic-depressive psychoses make up 9% of the mulatto group, 8% of the white group and 8% of the black group. Psychoses with mental deficiency make up 8.9% of the black group, 8.1% of the white group and 7.9% of others. The alcoholic psychoses comprise 6% of the black, 5% of the white and 4% of the yellow groups. Psychoses with cerebral arteriosclerosis make up 7% of the black, 5% of the white and 4% of others. Psychoses with convulsive disorders contribute 4% of others, 4% of the white group and 3% of the mulatto group. General paresis contributes 11% of the mulatto group, 9% of others, 5% of the black and 3% of the white group. The involutional psychoses show 2.4% of the white group, 1.6% of others and 1.1% of the mulatto classification.

The white show relatively high percentages in the involutional psychoses and the manic-depressive group. The black group show high proportions in the alcoholic psychoses, the psychoses with cerebral arteriosclerosis and in mental deficiency. The mulattoes are high in general paresis and the manic-depressive psychoses. The yellow group is high in dementia praecox.

Country of Birth of Patients in the Resident Population on September 30, 1937

Table 86 shows the country of birth of patients in the resident population giving the rates per 100,000 of the same country of birth aged 15 years and over (1930 census), by first and readmissions. Of the 13,625 first admissions in the resident population, Austria shows the high residence rate of 2,992 per 100,000 of the State population born in Austria. Three countries, Finland, Portugal and Ireland show residence rates of 744, 726 and 723, respectively. Poland presents a residence rate of 602. Russia, Turkey, Norway and Germany present rates varying between 560 and 519. Italy, the United States, Canada, England and Scotland present the low residence rates of 416, 407, 404, 391 and 306, respectively. Thirteen countries show residence rates for mental disorders which are higher than the rate of the United States (407).

For the 9,563 readmissions in residence the high residence rate of 1,295 is shown by Austria. Other countries with high rates are Turkey — 657, Russia — 561, Finland — 449 and Ireland — 448. The low residence rates are shown by Italy — 254, England — 219, Canada — 208, and Scotland — 194.

The incidence of mental disorders by country of origin can be measured much more accurately in the tables dealing with first and readmissions coming into mental hospitals. These figures, however, do measure any tendency towards retention

TABLE 85. — *Color in Patients in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders: Percentage Distribution*

MENTAL DISORDERS	TOTAL		WHITE		BLACK		MULATTO		YELLOW		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	721	3.1	683	3.0	22	5.3	10	11.6	–	–	6	9.5
With other forms of syphilis	117	.5	105	.5	7	1.6	2	2.3	2	8.3	1	1.6
With epidemic encephalitis	95	.4	93	.4	2	.5	–	–	–	–	–	–
With other infectious diseases	15	.1	15	.1	–	–	–	–	–	–	–	–
Alcoholic psychoses	1,328	5.8	1,293	5.7	29	6.8	3	3.4	1	4.2	2	3.2
Due to drugs, etc.	21	.1	21	.1	–	–	–	–	–	–	–	–
Traumatic psychoses	73	.3	72	.3	1	.2	–	–	–	–	–	–
With cerebral arteriosclerosis	1,266	5.5	1,228	5.4	33	7.7	1	1.1	1	4.2	3	4.8
With other disturbances of circulation	32	.1	31	.1	1	.2	–	–	–	–	–	–
With convulsive disorders (epilepsy)	979	4.2	960	4.3	13	3.0	3	3.4	–	–	3	4.8
Senile psychoses	612	2.6	604	2.7	6	1.4	1	1.1	1	4.2	–	–
Involutional psychoses	555	2.4	553	2.4	–	–	1	1.1	–	–	1	1.6
Due to other metabolic diseases, etc.	101	.4	99	.4	2	.5	–	–	–	–	–	–
Due to new growth	6	.02	5	.02	1	.2	–	–	–	–	–	–
With organic changes of nervous system	217	.9	213	.9	4	.9	–	–	–	–	–	–
Psychoneuroses	183	.8	183	.8	–	–	–	–	–	–	–	–
Manic-depressive psychoses	1,979	8.5	1,931	8.5	34	8.0	8	9.3	1	4.2	5	7.9
Dementia praecox	11,995	51.8	11,680	51.8	209	48.9	53	61.0	17	70.7	36	57.1
Paranoia and paranoid conditions	658	2.8	643	2.8	14	3.3	–	–	1	4.2	–	–
With psychopathic personality	215	.9	206	.9	7	1.6	1	1.1	–	–	1	1.6
With mental deficiency	1,849	8.0	1,802	8.1	38	8.9	4	4.6	–	–	5	7.9
Undiagnosed psychoses	19	.1	19	.1	–	–	–	–	–	–	–	–
Without psychoses	143	.6	139	.6	4	.9	–	–	–	–	–	–
Primary behavior disorders	9	.03	9	.03	–	–	–	–	–	–	–	–
Total With Mental Disorder	23,036	99.3	22,439	99.3	423	99.1	87	100.0	24	100.0	63	100.0
Total Without Mental Disorder	152	.7	148	.7	4	.9	–	–	–	–	–	–
Grand Total	23,188	100.0	22,587	100.0	427	100.0	87	100.0	24	100.0	63	100.0

(See Table 247 for detail)

within mental hospitals of patients born in certain countries. The handicaps imposed by language difficulties in reference to possible return to the community are brought to mind in the finding that the English speaking groups, Canada, England and Scotland are showing the low retention rates both in first and readmissions.

TABLE 86. — *Country of Birth of First and Readmissions in the Resident Population on September 30, 1937: Rates per 100,000 of Same Country of Birth 15 Years of Age and Over, 1930 Census*

COUNTRY OF BIRTH	FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate
Austria	127	2,992.	55	1,295.
Finland	96	744.	58	449.
Portugal	177	726.	64	262.
Ireland	1,142	723.	708	448.
Poland	428	602.	192	270.
Russia	377	560.	378	561.
Turkey	34	545.	41	657.
Norway	29	539.	17	316.
Germany	105	519.	65	321.
Greece	80	481.	48	289.
Sweden	165	454.	109	299.
France	26	438.	18	303.
Italy	514	416.	314	254.
United States	8,357	407.	6,418	312.
Canada[1]	1,152	404.	592	208.
England	301	391.	169	219.
Scotland	96	306.	61	194.
All other countries	419	491.	256	300.
Total	13,625	442.	9,563	310.

(See Table 229 for detail)

[1]Includes Newfoundland.

TABLE 87. — *County of Residence and Rates per 100,000 of (1) Patients Admitted to Hospitals during the Year Ended September 30, 1937; (2) Patients Remaining Within Institutions on September 30, 1937*

County of Residence at Time of Admission	ADMISSIONS DURING YEAR			Rate per 100,000 Population Same County[1]	County of Residence at Time of Admission	CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County[1]
	M.	F.	T.			M.	F.	T.	
Suffolk	1,117	884	2,001	216.	Suffolk	3,087	3,341	6,428	694.
Barnstable	39	24	63	164.	Hampshire	249	180	429	573.
Middlesex	798	614	1,412	145.	Dukes	16	17	33	550.
Hampshire	64	44	108	144.	Hampden	882	943	1,825	548.
Plymouth	121	114	235	139.	Nantucket	9	9	18	526.
Worcester	389	301	690	138.	Plymouth	481	391	872	519.
Dukes	3	5	8	133.	Essex	1,348	1,184	2,532	499.
Norfolk	228	205	433	131.	Berkshire	322	280	602	496.
Essex	334	299	633	124.	Franklin	149	105	254	492.
Hampden	212	187	399	119.	Bristol	893	896	1,789	487.
Berkshire	77	67	144	118.	Worcester	1,247	1,078	2,325	467.
Franklin	34	27	61	118.	Middlesex	2,107	2,270	4,377	451.
Nantucket	4	–	4	116.	Norfolk	602	656	1,258	381.
Bristol	226	167	393	107.	Barnstable	71	71	142	369.
Non-resident of State	115	58	173	–	Non-resident of State	128	45	173	–
Unknown	21	8	29	–	Unknown	126	5	131	–
Total	3,782	3,004	6,786	154.	Total	11,717	11,471	23,188	528.

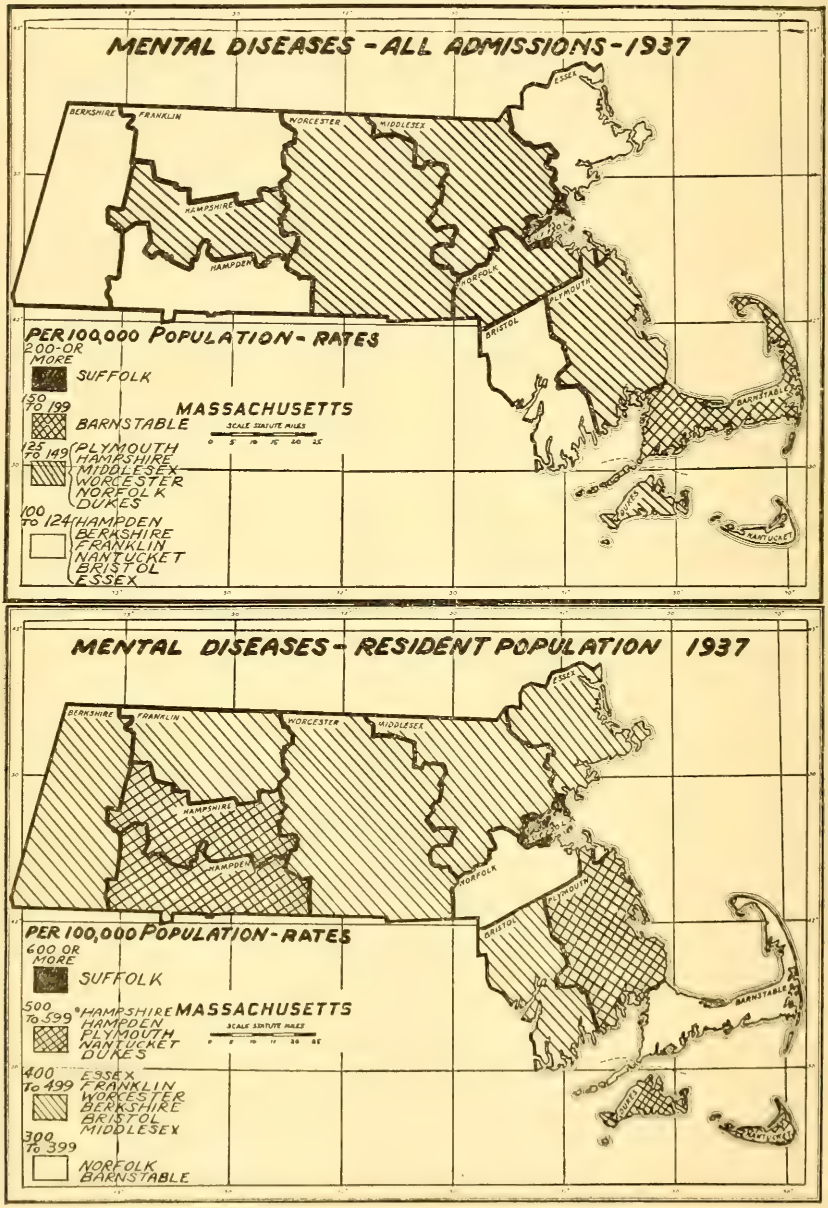
(See Table 251 for detail)

[1]Estimated population of each county, 1937.

COUNTY OF RESIDENCE OF ADMISSIONS AND OF THE RESIDENT POPULATION ON SEPTEMBER 30, 1937: RATES PER 100,000 POPULATION

Table 87 and Graph 9 give the county of residence of the patient at the time of admission and also the rates per 100,000 of the population of the same county both for cases admitted during 1937 and patients in residence at the end of 1937. Considering all admissions during the year, Suffolk County shows the high admission rate of 216 persons per 100,000 of the population. The next county, Barnstable, shows a drop of 24% to a rate of 164. Middlesex and Hampshire are third and fourth with rates of 145 and 144, respectively. Franklin, Nantucket and Bristol show the low admission rates of 118, 116 and 107, respectively.

In the resident population Suffolk again shows the high residence rate of 694. Hampshire is second with 573, Dukes third with 550 and Hampden fourth with


MENTAL DISEASES - ALL ADMISSIONS - 1937
BERKSHIRE
FRANKLIN
WORCESTER
MIDDLESEX
ESSEX
HAMPSHIRE
HAMPDEN
SUFFOLK
NORFOLK
PLYMOUTH
BRISTOL
BARNSTABLE
DUKES
NANTUCKET
PER 100,000 POPULATION - RATES
200-OR MORE SUFFOLK
150 TO 199 BARNSTABLE
125 TO 149 PLYMOUTH HAMPSHIRE MIDDLESEX WORCESTER NORFOLK DUKES
100 TO 124 HAMPDEN BERKSHIRE FRANKLIN NANTUCKET BRISTOL ESSEX
MASSACHUSETTS
SCALE STATUTE MILES
0 5 10 15 20 25
MENTAL DISEASES - RESIDENT POPULATION 1937
BERKSHIRE
FRANKLIN
WORCESTER
MIDDLESEX
ESSEX
HAMPSHIRE
HAMPDEN
SUFFOLK
NORFOLK
PLYMOUTH
BRISTOL
BARNSTABLE
DUKES
NANTUCKET
PER 100,000 POPULATION - RATES
600 OR MORE SUFFOLK
500 TO 599 HAMPSHIRE HAMPDEN PLYMOUTH NANTUCKET DUKES
400 TO 499 ESSEX FRANKLIN WORCESTER BERKSHIRE BRISTOL MIDDLESEX
300 TO 399 NORFOLK BARNSTABLE
MASSACHUSETTS
SCALE STATUTE MILES

GRAPH 9. — COUNTY OF RESIDENCE AT TIME OF ADMISSION, ALL ADMISSIONS, 1937, AND RESIDENT POPULATION ON SEPTEMBER 30, 1937: RATES PER 100,000 POPULATION

548. The low residence rates are shown by Norfolk — 381 and Barnstable — 369. Comparing the counties in both admission rates and residence rates, we find that Suffolk, Hampshire and Plymouth are the only counties appearing in the first six positions in either group. Barnstable and Middlesex, high in admissions, are low in the resident population.

Admissions, 1937, and Patients in Residence on September 30, 1937, for the Forty Largest Cities in Massachusetts: Rates per 100,000 Population (1935)

Table 88 gives the numbers and rates for all admissions, 1937, and for the resident population of mental hospitals at the end of 1937 coming from the forty Massachusetts cities largest in population at the time of the 1935 decennial census. In the admissions Framingham shows the high admission rate for 1937 of 225 persons per 100,000. Then follow in order, Boston with 221, Chelsea — 220, Cambridge — 196, Melrose — 185, Revere — 181, Brookline — 180 and Northampton — 179. The low admission rates are shown by Salem — 98, Haverhill — 78 and Fall River — 73.

TABLE 88. — *Admissions to Hospitals for Mental Diseases, 1937, and Cases in Residence on September 30, 1937, from the Forty Largest Cities and Towns in Massachusetts: Rates per 100,000 Population (1935)*

City or Town	Population 1935[1]	Admissions 1937	Rate per 100,000	Resident Population September 30, 1937	Rate per 100,000
Boston	817,713	1,811	221.	6,010	734.
Cambridge	118,075	232	196.	792	670.
Holyoke	56,139	74	131.	359	639.
Attleboro	21,835	37	169.	136	622.
Lowell	100,114	118	117.	622	621.
Brockton	62,407	80	128.	379	607.
North Adams	22,085	29	131.	132	597.
Lawrence	86,785	100	115.	501	577.
Springfield	149,642	196	130.	860	574.
Waltham	40,557	62	152.	230	567.
Lynn	100,909	170	168.	567	561.
Northampton	24,525	44	179.	136	554.
Salem	43,472	43	98.	241	554.
Fitchburg	41,700	63	151.	229	549.
Framingham	22,651	51	225.	124	547.
Worcester	190,471	311	163.	1,020	535.
Gloucester	24,164	39	161.	127	525.
New Bedford	110,022	135	122.	570	518.
Taunton	37,431	54	144.	192	512.
Chelsea	42,673	94	220.	218	510.
Haverhill	49,516	39	78.	253	510.
Chicopee	41,952	44	104.	213	507.
Peabody	22,082	36	163.	110	498.
Fall River	117,414	86	73.	584	497.
Pittsfield	47,516	52	109.	228	479.
Malden	57,277	89	155.	274	478.
Weymouth	21,748	27	124.	98	450.
Somerville	100,773	158	156.	450	446.
Leominster	21,894	30	137.	87	397.
Beverly	25,871	28	108.	98	378.
Everett	47,228	60	127.	179	379.
Belmont	24,831	42	169.	94	378.
Revere	35,319	64	181.	133	376.
Brookline	50,319	91	180.	187	371.
Newton	66,144	81	122.	231	349.
Quincy	76,909	111	144.	267	347.
Medford	61,444	92	149.	206	335.
Melrose	24,256	45	185.	80	329.
Arlington	38,539	57	147.	127	329.
Watertown	35,827	38	106.	102	284.
Total	3,080,229	5,013	162.	17,446	566.

(See Table 251 for detail)

[1] Massachusetts Decennial Census, 1935.

In the resident population of mental hospitals patients who originally came from Boston show the high residence rate of 734. Other high rates occur in Cambridge — 670, Holyoke — 639, Attleboro — 622, Lowell — 621, and Brockton — 607. The low rates for patients in residence are shown by patients coming originally from Melrose — 329, Arlington — 329 and Watertown — 284.

MENTAL DEFICIENCY

Section F. General Discussion of All Classes Under Care in State Schools for the Mentally Deficient, 1937

Section F is devoted to the general discussion of all classes of the mentally deficient under care in public and private schools for the year 1937.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT ON SEPTEMBER 30, 1937

Table 89 shows that the public and private institutions for the mentally deficient had 5,417 patients within institutions at the end of the statistical year, 1937. A total of 6,130 were on the books of the various schools, including cases supervised by the Division of Mental Deficiency. The State schools had 5,244 patients within institutions, and 5,749 patients carried on the books. The Belchertown State School had a total of 1,301 within the institution and 1,455 on the books. The Walter E. Fernald State School had 1,962 patients within the institution and 2,092 on the books. The Wrentham State School had 1,981 within the institution and 2,202 on the books. Two hundred and seven mentally defective individuals were under the supervision of the Division of Mental Deficiency. Six private schools had 173 patients within institutions and 174 on the books.

TABLE 89. — *Number of Patients in Public and Private Schools for the Mentally Defective, September 30, 1937, by School*

SCHOOLS	ACTUALLY IN THE INSTITUTIONS		ON THE BOOKS	
State:				
Belchertown	1,301		1,455	
Walter E. Fernald	1,962		2,092	
Wrentham	1,981		2,202	
Total		5,244		5,749
Mental Defectives in Community under Div. of Mental Deficiency:		–		207
Private:				
Elm Hill	20		20	
Mentally Defective in Hospital Cottages	84		85	
Standish Manor	6		6	
Perkins School of Adjustment	44		44	
The Freer School	10		10	
Clarke School	9		9	
Total		173		174
Total, all patients		5,417		6,130

NOTE: — In addition to the above, there were 1,970 cases on the books, (1,849 cases within and 121 cases out of mental hospitals on September 30, 1937), who were diagnosed as "Psychoses with mental deficiency." There were 89 on the books, (78 cases within and 11 cases out of mental hospitals) who were diagnosed as "Without psychoses — mental deficiency."

Comparing the figure of 5,417 actually within State institutions for 1937 with the figure of 5,302 for 1936, we observe an increase of 2.1%. The rate per 100,000 of the population for 1937 was 123.3 for patients actually within institutions and 139.5 for the total on the books. These rates do not picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1937.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904–1937

Table 90 gives the number of patients who entered the State schools during each year, 1904–1937, inclusive. The largest numbers of admissions to the Walter E. Fernald State School occurred in 1905, 1909 and 1923 with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the largest numbers in 1916, 1914 and 1921 with 482, 240 and 238, respectively. Belchertown State School admitted the largest number in 1931, 202 cases.

For all three schools, the largest numbers of patients were admitted in 1916, with 667, and in 1923 with 586. Observing particularly the period from 1923 onward, during which the three State schools were functioning we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930 and 1931, however, there was an increase due largely to increases of capacity at the Belchertown State School. From 461 admissions in 1931 the year 1932 showed a decrease in admissions to 369. The year 1933 showed an increase in admissions to 478, and the year 1934 a decrease to 471. The year 1935 is low with 392 admissions. The figure for 1936 shows an increase of 63 patients while 1937 shows a still further increase of 32 patients to 487 admissions.

TABLE 90. — *All Admissions from the Community[1] to State Schools for the Mentally Defective, 1904–1937, by School*

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	–	–
1905	282	282	–	–
1906	187	187	–	–
1907	215	215	–	–
1908	273	273	–	–
1909	275	275	–	–
1910	377	250	127	–
1911	266	188	78	–
1912	361	190	171	–
1913	228	192	36	–
1914	468	228	240	–
1915	322	231	91	–
1916	667	185	482	–
1917	363	195	168	–
1918	418	190	228	–
1919	372	230	142	–
1920	356	220	136	–
1921	414	176	238	–
1922	283	174	109	–
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
1934	471	157	213	101
1935	392	125	173	94
1936	455	137	209	109
1937	487	205	173	109
Total	12,802	6,403	4,744	1,655

[1] All First and Readmissions included but not transfers.

During the entire 34–year period a total of 12,802 cases have been admitted to all State schools. A total of 6,403 patients were admitted to the Walter E. Fernald State School, or an average of 188 admissions per year. During the last 28 years, 4,744 cases have been admitted to the Wrentham State School, or an average of 169 admissions per year. Over the 15-year period 1923–1937, a total of 1,655 patients has been admitted to the Belchertown State School, or an average of 110 admissions per year. As the present rated capacities of both Wrentham and Belchertown are smaller than that of Fernald, their admission averages are necessarily limited.

ALL ADMISSIONS TO STATE SCHOOLS, 1904–1937: RATES PER 100,000 OF THE POPULATION

Table 91 shows the total number of admissons to State schools for the years 1904-1937, by sex, and the rate of admissions per 100,000 of the general population for each year. In general, the admission rates were higher during the middle period of 1914–1925, than during the earlier or later periods. The number of admissions is, of course, dependent upon the available accomodations. The years 1923–1925 are quite high, due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932 to a rate of 8. This rose during 1933 and 1934, however, to a rate of 10. In 1936 the rate was 10 while that of 1937 is 11. The admission rates for males are higher than those of the females in all but 7 years of the 34–year period.

Table 91. — *Number of Patients Admitted to State Schools for Mental Defectives, 1904–1937, by Sex: Rates per 100,000 Population*

Year	Number of Admissions[1]			Number of Admissions per 100,000 Population[2]		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.
1934	227	244	471	10.	10	10.
1935	203	189	392	9.	8.	9.
1936	233	222	455	11.	9.	10.
1937	293	194	487	13.	8.	11.

[1] Does not include transfers.
[2] Population estimated for intercensal years.

Over the entire period 1904–1937, the admission rates for mental defectives have remained on approximately the same level. Over the past 12 years the rates have been somewhat lower than those of the ten years preceding 1925. It should be recalled, however, that these admissions do not represent the community demand for institutional care for the mental defective but simply register the number of beds that were available for new admissions each year. The current waiting list of 3,197 cases for 1937, demonstrates how far we are from meeting the actual demands for institutional provision for mental defectives.

Cases in Residence in State Schools, 1904–1937

Table 92 reveals the number of patients within State schools and the residence rates per 100,000 of the population for the years 1904–1937, by sex. In this table we observe a gradual increase from a rate of 27 patients in residence per 100,000 population in 1904, to a rate of 119 in the year 1937. This table shows the efforts made by the State to meet the problem of the mental defective. Since 1904 the rate for patients in residence increased 340% or about 10% per year. For mental disorders in State hospitals the increase was 2% per year.

From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem since 1922. During the six years previous to 1937, the rates for the females exceeded those of the males. In 1937 the male rate is higher.

The last column of Table 92 gives the percentage increase over the preceding year of patients in residence. The largest increase of 22% occurred in 1905. There is then a period of smaller increases up to 1911. From 1912 to 1923, the percentage increases are on a high level. Since 1924 the increases have been fairly consistent and on a rather low general level.

TABLE 92. — *Number of Patients in Residence in State Schools for Mental Defectives, on September 30 of each Year, 1904–1937: Rates per 100,000 Population*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RATES PER 100,000 POPULATION			Percentage Increases on Rates
	M.	F.	T.	M.	F.	T.	
1904 .	513	334	847	34.	21.	27.	–
1905 .	617	411	1,028	40.	26.	33.	22
1906 .	668	452	1,120	43.	28.	35.	6
1907 .	713	515	1,228	45.	31.	38.	8
1908 .	793	539	1,332	49.	32.	40.	5
1909 .	856	587	1,443	52.	34.	43.	7
1910 .	915	652	1,567	55.	38.	46.	6
1911 .	968	674	1,642	57.	38.	48.	4
1912 .	1,049	796	1,845	61.	45.	53.	10
1913 .	1,091	829	1,920	63.	46.	54.	1
1914 .	1,227	967	2,194	70.	53.	61.	12
1915 .	1,292	1,016	2,308	72.	55.	63.	3
1916 .	1,376	1,206	2,582	76.	65.	70.	11
1917 .	1,419	1,254	2,673	77.	66.	72.	2
1918 .	1,431	1,332	2,763	77.	69.	73.	1
1919 .	1,432	1,307	2,739	76.	67.	71.	2*
1920 .	1,452	1,368	2,820	76.	69.	73.	2
1921 .	1,466	1,475	2,941	76.	74.	75.	2
1922 .	1,389	1,460	2,849	72.	72.	72.	4*
1923 .	1,592	1,647	3,239	81.	81.	81.	12
1924 .	1,699	1,761	3,460	86.	85.	86.	6
1925 .	1,746	1,847	3,593	88.	89.	88.	2
1926 .	1,796	1,864	3,660	89.	89.	89.	1
1927 .	1,852	1,935	3,787	91.	91.	91.	2
1928 .	1,956	1,956	3,912	95.	91.	93.	2
1929 .	1,980	1,961	3,941	96.	90.	93.	–
1930 .	2,050	2,109	4,159	98.	96.	97.	4
1931 .	2,135	2,277	4,412	103.	104.	103.	6
1932 .	2,205	2,361	4,566	106.	108.	107.	3
1933 .	2,316	2,455	4,771	108.	109.	109.	1
1934 .	2,375	2,558	4,933	110.	112.	111.	1
1935 .	2,399	2,610	5,009	113.	116.	115.	3
1936 .	2,461	2,672	5,133	116.	118.	117.	1
1937 .	2,570	2,674	5,244	120.	118.	119.	1

*Indicates percentage decrease.

TABLE 93. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools September 30, 1910–1937*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910	1,654	80	4.8	–	–	–	–	7	.4
1911	1,772	115	6.4	–	–	–	–	15	.8
1912	1,985	130	6.5	–	–	–	–	10	.5
1913	2,049	104	5.0	–	–	–	–	23	1.1
1914	2,366	157	6.6	–	–	–	–	15	.6
1915	2,471	134	5.4	–	–	–	–	28	1.1
1916	2,873	237	8.2	–	–	–	–	54	1.8
1917	2,947	222	7.5	–	–	–	–	52	1.7
1918	3,115	305	9.8	–	–	–	–	47	1.5
1919	3,219	387	12.0	–	–	–	–	93	2.8
1920	3,163	290	9.1	–	–	–	–	53	1.6
1921	3,375	376	11.1	–	–	–	–	58	1.7
1922	3,315	401	12.1	–	–	–	–	65	1.9
1923	3,762	463	12.3	–	–	–	–	60	1.5
1924	4,075	560	13.7	–	–	–	–	55	1.3
1925	4,125	488	11.8	–	–	–	–	44	1.0
1926	4,145	429	10.3	–	–	–	–	56	1.3
1927	4,162	332	7.9	–	–	–	–	70	1.6
1928	4,304	–	–	109	2.5	216	5.0	67	1.5
1929	4,363	–	–	108	2.5	231	5.3	83	1.9
1930	4,557	–	–	111	2.4	218	4.7	69	1.5
1931	4,815	–	–	107	2.8	203	4.2	93	1.9
1932	4,957	–	–	91	1.8	205	4.1	95	1.9
1933	5,202	–	–	110	2.1	233	4.4	88	1.6
1934	5,410	–	–	142	2.6	247	4.5	88	1.6
1935	5,444	–	–	141	2.5	259	4.7	35	.6
1936	5,597	–	–	151	2.6	286	5.1	27	.4
1937	5,749	–	–	145	2.5	337	5.8	23	.4

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT", "ON PAROLE" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910–1937

Table 93 shows that the lowest percentage of patients "on visit" and "on parole" of 4.8% occurred in 1910. There was a gradual increase over the following years until the high percentage of 13.7% was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape". It will be noted that the percentage "on visit" has shown a slight tendency to increase during the last four years. The same is true for the percentage "on parole". This is very significant as these cases are earning their own living in the community. An increase in these cases in the face of present day economic conditions testifies to the excellent work of the social service departments of the State schools. The percentage of patients "on escape" at the end of each statistical year varied between the low figure of .4% in 1910 and 1937, and the high point of 2.8 in 1919. There has not been much variation over the last six years. In 1935, 1936 and also in 1937 there was a decided drop in the percentage on escape.

PATIENTS OUT OF STATE SCHOOLS ON SEPTEMBER 30, 1937

The number of patients "on visit", "on parole", and "on escape" from State schools in 1937 was 505, or 8.7% of the total number on the books (Table 94); 145 or 2.5% were "on visit"; 337 or 5.8% were "on parole"; and 23 or .4% were "on escape".

On September 30, 1937, the Belchertown State School had 28 patients or 1.9% of its population out "on visit"; 111 patients or 7.6% "on parole"; and 15 patients or 1.0% "on escape". A total of 154 patients or 10.5% of the cases on the books were out of the institution. The Fernald State School had 31 patients or 1.4% of its total population "on visit"; 93 patients or 4.4% "on parole"; and 6 patients or .2% "on escape". A total of 130 patients, or 6.2% of patients on the books, were out of the institution on September 30, 1937. The Wrentham State School had 86 patients or 3.9% of its population "on visit"; 133 patients or 6.0% "on parole"; and 2 or .09% "on escape". A total of 221 patients or 10.0% were out of the institution at the end of the statistical year.

TABLE 94. — *Number of Patients "On Visit", "On Parole", and "On Escape" from State Schools on September 30, 1937, by School*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Belchertown . . .	1,455	28	1.9	111	7.6	15	1.0	154	10.5
Walter E. Fernald . .	2,092	31	1.4	93	4.4	6	.2	130	6.2
Wrentham	2,202	86	3.9	133	6.0	2	.09	221	10.0
Total	5,749	145	2.5	337	5.8	23	.4	505	8.7

Patients "on visit" are those absent from the State schools for a definite period of time. Patients "on parole" are usually working and remain in the community for an indefinite period, the length of this period being dependent upon their adjustment in the community.

TABLE 95. — *Number of Visits during the Year 1937, by State Schools and Sex: Rates per 1,000 Daily Average Population on Books*

SCHOOLS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	598.2	851.4	1,449.7	150	221	371	250.7	259.5	255.9
Walter E. Fernald . .	1,190.3	881.3	2,071.6	367	229	596	308.3	259.8	287.7
Wrentham	931.2	1,218.4	2,149.6	283	263	546	303.9	215.8	254.0
Total	2,719.7	2,951.2	5,671.0	800	713	1,513	294.1	241.5	266.7

Table 95 outlines the total number of visits from State schools during the year 1937. The Walter E. Fernald State School shows the highest visit rate for the year of 287 visits per thousand daily average population on the books. Belchertown is second with a rate of 255, and Wrentham third with a rate of 254. More males go out on visit than females, as is shown in the rate for the males of 294 as against 241 for the females. In both Wrentham and Walter E. Fernald State Schools visit rates of the males are higher than those of the females. At Belchertown the visit rate for the females is 9 points higher than that of the males.

Section G. Admissions to State Schools for Mental Defectives, 1937

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1936 to September 30, 1937, inclusive.

LEGAL STATUS OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1937

Table 96 reveals that a total of 496 admissions were received at the three State schools during the year; 193 or 38.9% were admitted under regular court commitment; 292 or 58.8% were admitted on the voluntary or "school" status; 2 cases, or .4% entered under the observation form; and 9 or 1.8% were admitted by transfer. First admissions comprise by far the largest proportion of admissions to the State schools, 453 or 91% compared with 43 or 9% of readmissions.

TABLE 96. — *Legal Status of Admissions to State Schools, 1937*

TYPE OF ADMISSION	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	272	181	453	80	96	176	192	85	277	–	–	–	–	–	–
Readmissions	27	16	43	10	7	17	11	4	15	–	2	2	6	3	9
Total	299	197	496	90	103	193	203	89	292	–	2	2	6	3	9

MENTAL STATUS OF FIRST ADMISSIONS TO STATE SCHOOLS, 1928–1937

Table 97 shows the number of patients admitted, 1928–1937, in each of the mental status groups with rates per hundred thousand of the population 24 years of age and under (1930 census). The comparison is restricted to this population age grouping as over 95% of first admissions to State schools are less than 25 years of age. The total rate presents higher rates for 1933–1937 than the preceding five year period 1928–1932. The idiot and moron groups have shown considerable fluctuation, with no definite trend. The imbecile group, however, has shown an upward trend increasing from a rate of 4 in 1928 to a rate of 7 in 1937. The imbecile group is the one emerging from the population in increasing numbers.

TABLE 97. — *Mental Status of First Admissions to State Schools, 1928–1937: Numbers and Rates per 100,000 Population of State under 24 years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1928	390	21.	40	2.	91	4.	211	11.	48	2.
1929	280	15.	55	2.	81	4.	134	7.	10	.5
1930	403	21.	65	3.	104	5.	211	11.	23	1.
1931	426	23.	47	2.	97	5.	249	13.	33	1.
1932	346	18.	40	2.	82	4.	206	11.	18	.9
1933	447	24.	77	4.	142	7.	204	11.	24	1.
1934	451	24.	58	3.	176	9.	193	10.	24	1.
1935	379	20.	59	3.	133	7.	176	9.	11	.5
1936	428	23.	45	2.	158	8.	211	11.	14	.7
1937	453	24.	68	3.	145	7.	230	12.	10	.5

MENTAL STATUS OF ALL ADMISSIONS TO STATE SCHOOLS, 1937

Table 98 outlines the mental status of first admissions and readmissions for the year 1937. The idiots make up 15.0%, imbeciles 32.0%, morons 50.8%, and the not mentally defective 2.2% of first admissions. Among the readmissions the percentage for the idiots is 23.5, for the imbeciles 47.0%, for the morons 23.5%, and for not mentally defective 5.9%.

TABLE 98. — *Mental Status of First Admissions and Readmissions to State Schools, 1937: Number and Percentage*

MENTAL STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	45	23	68	16.5	12.7	15.0	4	4	8	19.0	30.8	23.5
Imbecile	97	48	145	35.7	26.5	32.0	10	6	16	47.6	46.1	47.0
Moron	125	105	230	46.0	58.0	50.8	5	3	8	23.8	23.1	23.5
Not Mentally Defective	5	5	10	1.8	2.8	2.2	2	–	2	9.5	–	5.9
Total	272	181	453	100.0	100.0	100.0	21	13	34	100.0	100.0	100.0

(See Table 255 for detail)

For the sexes the first admissions show larger proportions of idiots and imbeciles in the males, while the females show greater proportions in the morons and the not mentally defective. The males of lower mental status and the females of higher ratings seem to have the more serious difficulties in the community.

FIRST AND READMISSIONS TO STATE SCHOOLS, 1937, BY SCHOOL

Of the total 487 admissions (exclusive of transfers), 453 or 93.0% were first admissions and 34 or 7.0% were readmissions (Table 99). Belchertown State School contributed 109 admissions, 102 or 93.6% first admissions and 7 or 6.4% readmissions. The Fernald State School contributed 205 admissions, 188 or 91.7% first admissions and 17 or 8.3% readmissions. The Wrentham State School presented 173 admissions, 163 or 94.2% first admissions and 10 or 5.8% readmissions. Apparently, Wrentham is the most successful in keeping its discharges in the community, with 5.8% of readmissions. At the other extreme, the Fernald State School shows the largest proportion of readmissions, 8.3%.

TABLE 99. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1937, by School*

STATE SCHOOLS	Total Admissions	FIRST ADMISSIONS		READMISSIONS	
		Number	Percent	Number	Percent
Belchertown	109	102	93.6	7	6.4
Walter E. Fernald	205	188	91.7	17	8.3
Wrentham	173	163	94.2	10	5.8
Total	487	453	93.0	34	7.0

AGES OF ADMISSIONS TO STATE SCHOOLS, 1937, BY MENTAL STATUS

Table 100 presents the average ages of first admissions and readmissions by mental status. The average admission age of all first admissions was 12.7 years, 11.5 years for the males and 14.5 years for the females. Evidently mental deficiency in boys means earlier community difficulties and a younger admission age. This situation is emphasized in the readmissions as we observe an average admission age of 18.6 for the males and 24.8 for the females.

Among the first admissions the idiots show the low average admission age of 10.1 years, the imbeciles present an admission age of 12.3 years, the morons an average admission age of 13.7 years and the not mentally defective an average of 13.5 years. Patients of the lower mental ratings tend to be admitted at earlier ages. In the sexes the idiots are the only group in which the males (10.3 years) show a higher admission age than the females (9.8 years). Among readmissions the idiots again show the lowest average age of 18.1 years; the imbeciles 20.9 years; the morons 23.1 years; and the not mentally defective 25.0 years. In each group the females show the higher average ages at readmission.

TABLE 100. — *Average Age at Admission of First Admissions and Readmissions to State Schools during 1937, by Mental Status and Sex*

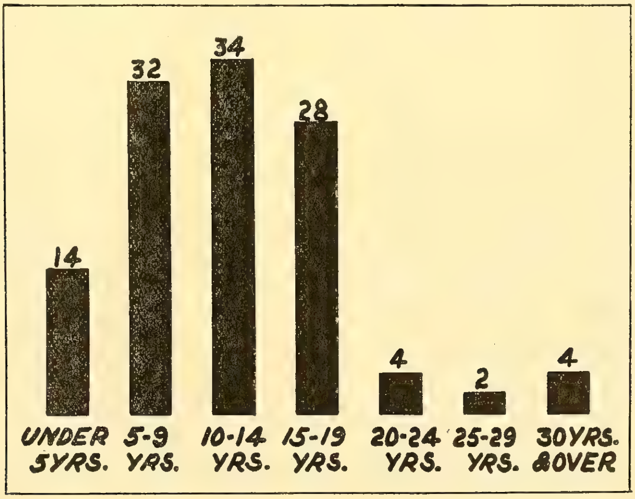
MENTAL STATUS	AVERAGE AGE					
	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Idiot	10.30	9.80	10.13	16.25	20.00	18.12
Imbecile	11.11	14.77	12.32	17.50	26.66	20.93
Moron	12.18	15.50	13.70	20.50	27.50	23.12
Not Mentally Defective	13.50	13.50	13.50	25.00	–	25.00
Total	11.51	14.52	12.72	18.69	24.81	21.02

(See Table 255 for detail)

TABLE 101. — *Ages of First Admissions and Readmissions to State Schools, 1937: Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census*

AGE GROUPS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years	50	14.3	50	14.3	–	–
5– 9 years	130	33.2	128	32.7	2	.5
10–14 years	141	36.4	133	34.3	8	2.0
15–19 years	113	30.8	104	28.4	9	2.4
20–24 years	21	6.0	17	4.9	4	1.1
25–29 years	15	4.6	7	2.1	8	2.4
30 years plus	17	5.2	14	4.3	3	.9
Total	487	11.4	453	10.6	34	.8

(See Table 255 for detail)



GRAPH 10. — AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1937: RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930 CENSUS

AGES OF ADMISSIONS TO STATE SCHOOLS, 1937: RATES PER 100,000 STATE POPULATION

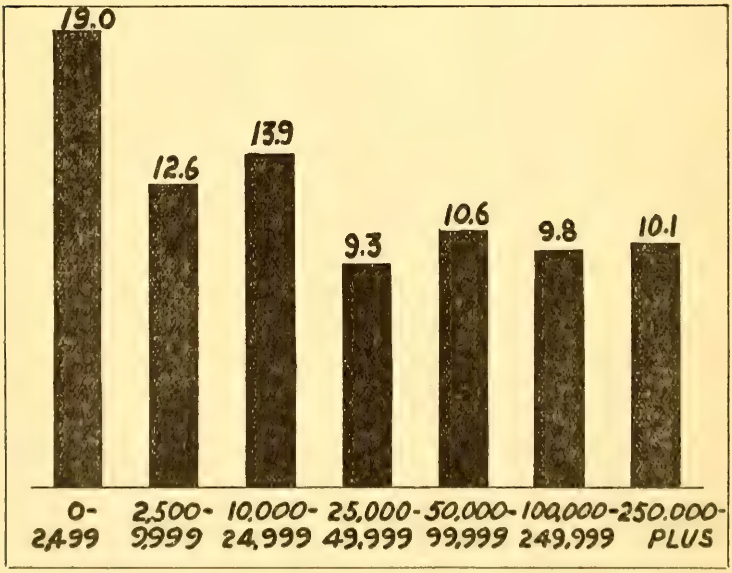
Table 101 and Graph 10 show the rates of admission for specific age groups per 100,000 of the general population (1930 census). They present a fairly accurate picture of the ages at which the urgency for admission to State schools is the greatest.

In first admissions the high admission rate of 34 per 100,000 occurs in the age group 10–14 years. The age group 5–9 years presents a rate of 32 and the age group 15–19 years a rate of 28. The ages under 5 years and from 20 years upward show smaller admission rates. In readmissions the high rate of 2.4 occurs in the two age groups 15–19 years and 25–29 years. The ages under 10 years and over 30 years show very low readmission rates. It should be recalled that these rates are not true measures of the incidence of mental deficiency, but record simply the ages presenting cases of such urgency that admission was very necessary.

TABLE 102. — *Population of Place of Residence of Admissions to State Schools, 1937, and Rates per 100,000 of Same Population Units, 1930 Census*

POPULATION UNIT	POPULATION IN EACH UNIT, 1930 CENSUS	TOTAL ADMISSIONS	RATE PER 100,000
0– 2,499	199,957	38	19.0
2,500– 9,999	544,976	69	12.6
10,000– 24,999	693,428	97	13.9
25,000– 49,999	576,467	54	9.3
50,000– 99,999	460,411	49	10.6
100,000–249,999	993,187	98	9.8
250,000 plus	781,188	79	10.1
Unknown	–	3	–
Total	4,249,614	487	11.4

(See Table 257 for detail)



GRAPH 11. — POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1937: RATES PER 100,000 OF SAME POPULATION UNITS, 1930 CENSUS

Table 103. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1937, by Mental Status*

Economic Condition	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	19.9	45.3	30.0	22.2	17.4	20.6	12.4	37.5	20.7	24.8	52.4	37.4	20.0	100.0	60.0
Marginal	77.9	51.9	67.5	71.1	73.9	72.0	85.6	58.3	76.6	74.4	46.7	61.7	80.0	–	40.0
Comfortable	2.2	1.7	2.0	6.7	8.7	7.4	2.0	2.1	2.0	.8	–	.4	–	–	–
Unknown	–	1.1	.5	–	–	–	–	2.1	.7	–	.9	.4	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 256 for detail)

Table 104. — *Nativity and Parentage of First Admissions to State Schools, 1937: Rates per 100,000 Population of Same Nativity Groups Aged 0–24 Years, 1930 Census*

Nativity Groups	Population in Each Group Aged 0–24 Years, 1930 Census	Number of First Admissions	Rates per 100,000 Population Aged 0–24 years
Foreign Born	106,038	12	11.3
Native Born:	1,709,011	441	25.8
Foreign Parentage (both parents foreign born)	689,955	116	16.8
Mixed Parentage (one parent native — one foreign)	302,536	85	28.0
Native Parentage (both parents native born)	716,520	209	29.1
Unknown Parentage	–	31	–
Total	1,815,049	453	24.9

(See Table 253 for detail)

POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1937

Table 102 and Graph 11 show the rates per 100,000 of mental defectives admitted from the various population units in Massachusetts. The villages (0–2,499 population) show the highest admission rate, with 19.0 mental defectives admitted per 100,000 of that population unit. The third population group, (the smaller cities) show the next highest admission rate of 13.9. The towns with a population of 2,500–9,999 are third with a rate of 12.6. The cities of 50,000–99,999 population are fourth with a rate of 10.6. The low rates of 9.3 and 9.8 are observed in the intermediate and the larger cities, respectively.

Evidently, the most favorable population groups from the standpoint of admission to State schools are the intermediate populations (25,000–49,999). The most unfavorable population units are the villages (0–2,499).

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1937 BY MENTAL STATUS

Table 103 shows that the largest proportion of first admissions, 67.5%, belong in the marginal economic class; 30.0% are found in the dependent group; and 2.0% in the comfortable class. Admissions to State schools (30%) are higher in dependency than admissions to State hospitals (18%). The marginal and comfortable groups combined comprise 79.4% of idiots; 78.6% of imbeciles; 62.1% of morons; and 40.0% of cases not mentally defective. Conversely, the idiots show the smallest percentage coming from dependent homes (20.6%), while 20.7% of imbeciles come from this economic group, 37.4% of morons and 60.0% of the not mentally defective. The idiots and imbeciles show large proportions in the marginal or higher groups while the morons show a large proportion coming from homes of dependent economic status.

NATIVITY OF FIRST ADMISSIONS TO STATE SCHOOLS, 1937

Table 104 gives the admission rates to State schools for the native and foreign born. The native born are divided into three groups; those of foreign parentage, of mixed parentage, and of native parentage. When we compare the first admissions to our State schools with the population 24 years of age and under, we find that the native born show an admission rate per 100,000 of 25.8 while the foreign born show a lower rate of 11.3. Relatively, the foreign born of these ages contribute less than half as many mental defectives to our State schools as do the native born 24 years of age and under. When we divide the native born in accordance with the birthplace of their parents, we find that the native born of native parentage show the high admission rate of 29.1. The native born of mixed parentage are second with a rate of 28.0, while the native born of foreign parentage show the low rate of 16.8.

The foreign born and the native born with both parents foreign born are making a very good showing in the matter of incidence of patients admitted to State schools for mental defectives.

TABLE 105. — *Average Age of First Admissions to State Schools, 1937, by Nativity, Parentage and Sex*

NATIVITY GROUPS	AVERAGE AGE		
	M.	F.	T.
Foreign Born	18.5	22.5	20.8
Native Born	11.3	14.2	12 5
Foreign Parentage (both parents foreign born)	12.8	14.6	13.3
Mixed Parentage (one parent native — one foreign)	10 5	15.7	12 2
Native Parentage (both parents native born)	10.8	13.3	11.9
Unknown Parentage	9.9	15.2	13.3
Aggregate Age	11.5	14.5	12.7

(See Table 253 for detail)

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1937, BY NATIVITY

Table 105 shows that the foreign born have a high average admission age, 20.8 years. The native born have an average admission age of 12.5 years. Considering the parentage of the native born the highest average admission age occurs in the native born of foreign parentage, 13.3 years; 12.8 years for the males and 14.6 years for the females. The lowest average admission age occurs in the native born of native parentage, 11.9 years; 10.8 years for the males and 13.3 years for the females. The native born of native parentage, showing the low admission age, also presented the highest admission rate (Table 104).

CLINICAL DIAGNOSES AND AVERAGE INTELLIGENCE QUOTIENT OF ADMISSIONS TO STATE SCHOOLS, 1937

Table 106 outlines the average intelligence quotient of first admissions and readmissions for 1937 in the various clinical diagnosis groups. Because of the possible variations in small numbers, we will not discuss the groups in which less than ten cases are involved. Among the first admissions the highest average admission I.Q. of .56 occurs in the familial classification. It is rather unexpected that the group presenting hereditary mental defect should show the highest average intelligence at admission. The undifferentiated cases are second with an average admission I.Q. of .51. This group, of course, comprises cases who lack outstanding characteristics which would place them in one of the clinical groups. The group "other forms" is third with an average intelligence quotient of .47. The post-infectional are fourth with .40. The low averages are observed in mongolism, .33, with congenital cerebral spastic infantile paralyses, .31, and with developmental cranial anomalies, .23.

TABLE 106. — *Clinical Diagnoses and Average Intelligence Quotient of First Admissions and Readmissions to State Schools, 1937, by Sex*

CLINICAL DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Number			Average I.Q.			Number			Average I.Q.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With epilepsy — symptomatic	–	–	–	–	–	–	–	1	1	–	.05	.05
With epilepsy — idiopathic	2	–	2	.10	–	.10	–	–	–	–	–	–
With other organic nervous disease	3	2	5	.15	.30	.21	–	–	–	–	–	–
Post-traumatic — natal	4	1	5	.15	.55	.23	2	1	3	.45	.25	.38
With developmental cranial anomalies	11	5	16	.25	.19.	23	2	1	3	.30	.35	.31
Post-traumatic — post-natal	1	–	1	.25	–	.25	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	15	5	20	.33	.27	.31	1	–	1	.75	–	.75
Mongolism	29	8	37	.30	.41	.33	3	1	4	.18	.15	.17
With endocrine disorders	4	5	9	.45	.35	.39	–	–	–	–	–	–
Post-infectional	11	2	13	.39	.45	.40	1	1	2	.25	.05	.15
Undifferentiated	139	93	232	.51	.50	.51	9	2	11	.37	.35	.36
Familial	34	52	86	.52	.59	.56	3	2	5	.68	.65	.67
Other forms	19	8	27	.47	.47	.47	–	4	4	–	.47	.47
Total	272	181	453	.45	.50	.47	21	13	34	.40	.36	.38

(See Tables 260 and 261 for detail)

The male first admissions show an average admission I.Q. of .45, while that for the females is .50. In the following clinical groups the males present the higher average admission I.Q.: with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, with endocrine disorders, and undifferentiated.

The females show the higher average admission I.Q. in the clinical groups familial, mongolism, post-infectional, post-traumatic — natal, and with other organic nervous disease.

Owing to the small numbers involved, the readmissions will not be discussed. We note, however, that the average admission I.Q. of readmissions, .38, is nine points lower than that of the first admissions, .47. Evidently the first admissions of previous years of the lower mental ranges have tended to make up the readmissions of the present year.

CLINICAL DIAGNOSES AND AVERAGE AGES OF ADMISSIONS TO STATE SCHOOLS, 1937

Table 107 shows the average ages of first admissions and readmissions in the various clinical diagnosis groups. Owing to difficulties with small numbers, the groups having less than 10 first admissions will not be discussed. The highest average admission age of 15.2 years occurs in the clinical group "other forms". The familial are second with 14.2 years, the undifferentiated group third with 13.5 years and the post-infectional group fourth with 11.5 years. Patients with mongolism show the low average admission age of 7.2 years.

Still confining ourselves to the groups containing 10 or more first admissions, we note that the average admission age is higher for the females in the groups familial, with congenital cerebral spastic infantile paralyses, and undifferentiated. The males show the higher admission age in mongolism, with developmental cranial anomalies, in the post-infectional group and in other forms. It is interesting that the hereditary group (familial), with its many social and economic handicaps, should succeed in keeping the children out of institutions until such a comparatively late age.

TABLE 107. — *Clinical Diagnoses and Average Age at Admission of First Admissions and Readmissions to State Schools, 1937, by Sex*

CLINICAL DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With epilepsy — symptomatic	–	–	–	–	–	–	–	1	1	–	17.5	17.5
With other organic nervous disease	3	2	5	3.5	7.5	5.1	–	–	–	–	–	–
With epilepsy — idiopathic	2	–	2	5.5	–	5.5	–	–	–	–	–	–
Post-traumatic — natal	4	1	5	4.5	17.5	7.1	2	1	3	22.5	17.5	20.8
Mongolism	29	8	37	7.7	5.1	7.2	3	1	4	17.5	17.5	17.5
With developmental cranial anomalies	11	5	16	8.3	5.1	7.3	2	1	3	12.5	47.5	24.1
With congenital cerebral spastic infantile paralyses	15	5	20	7.7	9.5	8.2	1	–	1	7.5	–	7.5
Post-infectional	11	2	13	12.2	8.0	11.5	1	1	2	12.5	17.5	15.0
Undifferentiated	139	93	232	12.5	15.0	13.5	9	2	11	19.7	27.5	21.1
Familial	34	52	86	11.4	16.0	14.2	3	2	5	24.1	8.7	18.0
With endocrine disorders	4	5	9	15.0	23.5	19.7	–	–	–	–	–	–
Post-traumatic — post-natal	1	–	1	27.5	–	27.5	–	–	–	–	–	–
Other forms	19	8	27	15.9	13.7	15.2	–	4	4	–	16.8	16.8
Total	272	181	453	11.5	14.5	12.7	21	13	34	18.6	24.8	21.0

(See Tables 258 and 259 for detail)

TABLE 108. — *Clinical Diagnoses of Admissions to State Schools, 1937, by School*

CLINICAL DIAGNOSES	TOTAL		BELCHERTOWN		WALTER E. FERNALD		WRENTHAM	
	No.	%	No.	%	No.	%	No.	%
Familial	91	18.7	48	44.0	16	7.8	27	15.6
Mongolism	41	8.4	7	6.4	15	7.3	19	11.0
With developmental cranial anomalies	19	3.9	3	2.8	6	2.9	10	5.8
With congenital cerebral spastic infantile paralyses	21	4.3	–	–	14	6.8	7	4.0
Post-infectional	15	3.1	3	2.8	8	3.9	4	2.3
Post-traumatic — natal	8	1.6	2	1.8	–	–	6	3.5
Post-traumatic — post-natal	1	.2	–	–	1	.5	–	–
With epilepsy — symptomatic	1	.2	–	–	1	.5	–	–
With epilepsy — idiopathic	2	.4	–	–	1	.5	1	.6
With endocrine disorders	9	1.8	–	–	7	3.4	2	1.1
With other organic nervous disease	5	1.0	–	–	–	–	5	2.9
Undifferentiated	243	50.0	45	41.3	111	54.2	87	50.3
Other forms	31	6.4	1	.9	25	12.2	5	2.9
Total	487	100.0	109	100.0	205	100.0	173	100.0

(See Table 262 for detail)

CLINICAL DIAGNOSES OF ADMISSIONS TO STATE SCHOOLS, 1937, BY SCHOOL

Table 108 presents the clinical diagnoses of admissions to State schools during 1937 by individual schools. Rather marked differences are observed in the types of cases admitted. For example, Belchertown State School places 41% in the undifferentiated group, while the Walter E. Fernald State School used this diagnosis in 54% of admissions and Wrentham in 50% of admissions. Belchertown places

44% of admissions in the familial group; Walter E. Fernald 7%; and Wrentham 15%. That a selection of certain types for admission is possible is demonstrated by the figures on mongolism. Belchertown admitted 6% in this diagnosis; Walter E. Fernald 7%; and Wrentham 11%. In admissions diagnosed with congenital cerebral spastic infantile paralyses Belchertown admitted no cases; Walter E. Fernald 6% of admissions; and Wrentham 4%. It should be remembered that admissions are selected from rather large waiting lists. The urgency for admission of the various types may vary also in accordance with the population of the areas served by the respective schools.

COUNTRY OF ORIGIN OF NATIVE BORN OF FOREIGN OR MIXED PARENTAGE, FIRST ADMISSIONS TO STATE SCHOOLS, 1937

Table 109 gives the country of origin of the native born of foreign or mixed parentage for first admissions during 1937. As 95% of admissions are under 25 years, the population comparisons are restricted to the ages 0–24 years. Patients with Greece as the country of origin show the high admission rate to State schools, with a rate of 65. Sweden and Portugal demonstrate a rate of 32 each and Canada a rate of 28. The low admission rates are shown with Ireland as the country of origin — 14, Russia — 10 and England — 9. At the bottom of Table 109 we present the admission rate for the native born of native parentage aged 0–24 years (31.9). This rate is higher than that of the native born of foreign or mixed parentage (21.3).

TABLE 109. — *Country of Origin of Native Born of Foreign or Mixed Parentage, First Admissions to State Schools, 1937: Rates per 100,000 Population Aged 0–24 Years of Same Country of Origin*

COUNTRY OF ORIGIN	POPULATION 0–24 YEARS, 1930 CENSUS	FIRST ADMISSIONS 1937	RATES PER 100,000 SAME COUNTRY OF ORIGIN
Greece	16,716	11	65.8
Sweden	24,302	8	32.9
Portugal	27,841	9	32.3
Canada [1]	245,773	71	28.8
Italy	174,969	40	22.8
Poland	104,464	17	16.2
Ireland	133,870	19	14.1
Russia	64,832	7	10.7
England	51,770	5	9.6
All Other Countries	147,954	20	13.5
Unknown	–	5	–
Total	992,491	212	21.3

Rate for Native of Native Parentage, (229 cases) — 31.9.

[1] Includes Newfoundland.

Section H. All Discharges from State Schools for Mental Defectives, 1937

The section following discusses various factors in reference to discharges from State schools.

DISCHARGES TO THE COMMUNITY FROM STATE SCHOOLS, 1917–1937

Table 110 presents the number and rates per thousand under care of discharges from State schools over the period 1917–1937. With the exception of 1926, the males have shown a larger number of cases under care than the females from 1917 to 1929. From 1930 to 1937, however, the females have shown larger numbers under care. In discharges, the males have shown larger numbers leaving State schools than females in every year of the 21-year period with the exception of 1926. The larger number of male discharges from 1930 onwards in the face of a larger number of females under care is rather interesting. In the discharge rates, the year 1920 presents the high of 105. The total rate shows irregularity between 1917 and 1924. From that point on a rough trend is discernible. The years 1925–1927 show discharge rates between 60 and 70. The next three years, 1928–1930 drop to discharge rates between 40 and 50. The years 1931–1934 show a further drop to rates between 30 and 39. The years 1935, 1936 and 1937 have shown higher discharge rates with 51, 40 and 43, respectively. In the sexes, the males have shown higher discharge rates in 20 of the 21 years included in this table, the only exception being the year 1926.

TABLE 110. — *Discharges from State Schools, 1917–1937, by Sex: Rates per 1,000 Under Care*

YEARS	NUMBER UNDER CARE			DISCHARGES			RATES PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,808	1,430	3,238	172	80	252	95.1	55.9	77.8
1918	1,824	1,517	3,341	120	37	157	65.7	24.3	46.9
1919	1,925	1,576	3,501	78	52	130	40.5	32.9	37.1
1920	1,941	1,636	3,577	247	129	376	127.2	78.8	105.1
1921	1,863	1,714	3,577	103	56	159	55.2	32.6	44.4
1922	1,908	1,749	3,657	192	120	312	100.6	68.6	85.3
1923	2,086	1,893	3,979	120	40	160	57.5	21.1	40.2
1924	2,236	2,091	4,327	137	65	202	61.2	31.0	46.6
1925	2,254	2,207	4,461	185	102	287	82.0	46.2	64.3
1926	2,235	2,255	4,490	139	154	293	62.1	68.2	65.2
1927	2,270	2,244	4,514	196	99	295	86.3	44.1	65.3
1928	2,324	2,260	4,584	136	79	215	58.5	34.9	46.9
1929	2,322	2,287	4,609	110	76	186	47.3	33.2	40.3
1930	2,365	2,435	4,800	114	80	194	48.2	32.8	40.4
1931	2,441	2,577	5,018	97	69	166	39.7	26.7	33.0
1932	2,492	2,695	5,187	98	69	167	39.3	25.6	32.1
1933	2,628	2,807	5,435	89	79	168	33.8	28.1	30.9
1934	2,733	2,939	5,672	92	86	178	33.6	29.2	31.3
1935	2,805	2,999	5,804	174	126	300	62.0	42.0	51.6
1936	2,836	3,063	5,899	140	97	237	49.3	31.6	40.1
1937	2,950	3,134	6,084	135	131	266	45.7	41.7	43.7

MENTAL STATUS AND AVERAGE AGE OF DISCHARGES TO THE COMMUNITY, 1937

Table 111 outlines the average age of discharges in the various mental status groups, by sex. The 266 patients returned to the community present an average discharge age of 22.5 years, 19.8 years for the males and 25.3 years for the females. The higher discharge age for the females is partially due to the fact that the females admitted are uniformly older than the males (see Table 100).

In the idiot group the 10 cases discharged left the institution at an average age of 17.1 years. The 61 cases in the imbecile group averaged 18.9 years. The 155 cases in the moron group averaged 23.2 years and the 40 cases in the group not mentally defective averaged 26.6 years of age at discharge. In the idiot group the females were 12.8 years older than the males at the time of discharge, and in the imbecile group 3.3 years older. In the moron group the females were 5.5 years older, and in the group not mentally defective 7.1 years older.

TABLE 111. — *Mental Status and Average Age of Discharges from State Schools, 1937, by Sex: Numbers and Averages*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Idiot	5	5	10	10.7	23.5	17.1
Imbecile	32	29	61	17.3	20.6	18.9
Moron	77	78	155	20.4	25.9	23.2
Not Mentally Defective	21	19	40	23.2	30.3	26.6
Total	135	131	266	19.8	25.3	22.5

(See Table 263 for detail)

AGES OF DISCHARGES RETURNED TO THE COMMUNITY, 1937, BY SCHOOL

Table 112 presents the discharge age of patients leaving State schools during 1937. One hundred nine, or 40% of the total discharges were under 20 years of age; 117, or 43% were between the ages 20–29 years; and 40, or 15% were 30 years of age or over. It is apparent that the ages under 25 years are the most favorable for the discharge of patients from State schools.

In the sexes we note that the discharge age runs a little younger for boys and a little older for girls. The average age for all discharges was 22.5 years, 19.8 years for the males and 25.3 for the females. Discharges from Wrentham showed the highest average age of 23.4 years, 20.0 years for the males and 25.9 years for the females. Belchertown was second with an average of 23.3 years, 20.0 years for the males and 25.5 years for the females. Fernald discharges were the youngest, with an average age of 21.2 years, 19.5 years for the males and 24.3 years for the females. In every school the males discharged are from five to six years younger than the females discharged.

TABLE 112. — *Age at Discharge of Patients Discharged from State Schools, 1937, by School and Sex*

AGE AT DISCHARGE	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	1	3	–	1	1	–	–	–	2	–	2
5– 9 years	7	8	15	1	2	3	4	2	6	2	4	6
10–14 years	18	5	23	4	1	5	6	1	7	8	3	11
15–19 years	46	22	68	10	6	16	31	11	42	5	5	10
20–24 years	33	34	67	10	12	22	15	10	25	8	12	20
25–29 years	23	27	50	6	13	19	11	6	17	6	8	14
30–34 years	4	15	19	–	7	7	–	1	1	4	7	11
35–39 years	1	6	7	–	2	2	–	–	–	1	4	5
40–44 years	1	6	7	–	2	2	1	1	2	–	3	3
45 years and over	–	7	7	–	1	1	–	4	4	–	2	2
Total	135	131	266	31	47	78	68	36	104	36	48	84
Average Age	19.8	25.3	22.5	20.0	25.5	23.3	19.5	24.3	21.2	20.0	25.9	23.4

DISCHARGES TO THE COMMUNITY, 1937, BY SCHOOL: RATES PER 1,000 CASES UNDER CARE

During 1937, 266 patients were discharged from the three State schools for the mentally defective (Table 113). Of these, 135 or 50.8% were males and 131 or 49.2% were females. While the sexes balance in all schools combined, the individual schools show marked sex differences in discharges. Of the 78 patients discharged from Belchertown 39.7% were males and 60.3% females. Of the 104 discharged from Fernald State School 65.4% were males and 34.6% females. Of the 84 discharged from Wrentham 42.9% were males and 57.1% females.

TABLE 113. — *Discharges from State Schools, 1937, by School: Numbers and Rates per 1,000 Cases Under Care*[1]

STATE SCHOOLS	NUMBER UNDER CARE			NUMBER OF DISCHARGES			RATE PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	639	905	1,544	31	47	78	48.	51.	50.
Walter E. Fernald	1,298	922	2,220	68	36	104	52.	39.	46.
Wrentham	1,013	1,307	2,320	36	48	84	35.	36.	36.
Total	2,950	3,134	6,084	135	131	266	45.	41.	43.

---

[1] Includes all discharges irrespective of I.Q. Cases under care are obtained by adding resident population and patients out on September 30, 1937, and all discharges and all deaths during the year 1937.

The rate of discharge per 1,000 of cases under care for all schools is 43; 45 for the males and 41 for the females. Belchertown presents the highest discharge rates with 50 discharged per 1,000 cases under care. Wrentham has the low discharge rate of 36 patients per 1,000 under care. The discharge rate for females is higher than males at Belchertown and Wrentham. At Fernald the discharge rate for the males is 33% higher than that of the females.

MENTAL STATUS OF DISCHARGES TO THE COMMUNITY, 1937, BY AGE: RATES PER 1,000 UNDER CARE OF SAME GROUPS

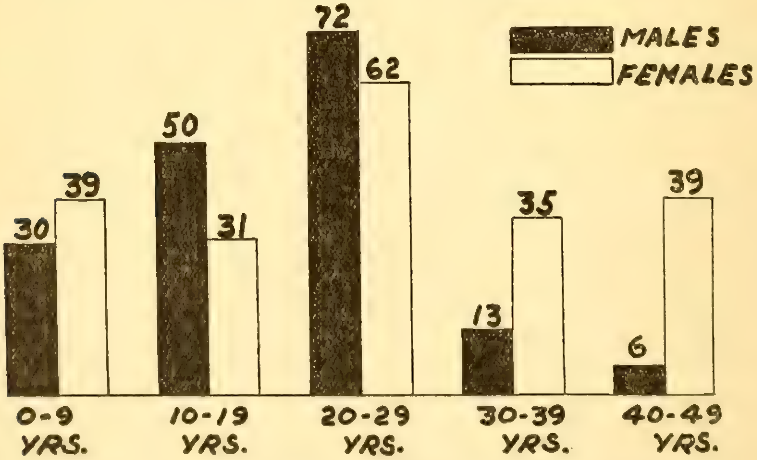
Table 114 presents the discharge rates per thousand under care by mental status and age at discharge. Higher discharge rates are observed in the mental status groups showing the higher intelligence. The idiot group shows a discharge rate of 12 per thousand idiots under care; the imbecile group a rate of 25; the moron group a rate of 57. The not mentally defective group is highest with a rate of 204. Higher discharge rates for the females occur in the idiot classification but the males are higher in the imbecile, moron and not mentally defective groupings. In reference to age, the idiots show their high discharge rate of 18 in the 20–29 year age group. For imbeciles the high rate of 60 occurs in the 0–9 age group. The morons present their high rate of 86 in the 20–29 year group, and the not mentally defective their high rate of 466 in the 40–49 year age group.

TABLE 114. — *Discharges from State Schools, 1937, by Mental Status and Age at Discharge: Rates per 1,000 Cases Under Care of Same Mental Status and Age*

MENTAL STATUS	Sex	AGE DISTRIBUTION					
		All Ages	0–9 Years	10–19 Years	20–29 Years	30–39 Years	40–49 Years
Idiot	M.	11.1	28.5	17.1	–	–	–
	F.	13.5	–	10.2	39.6	–	–
	T.	12.2	14.7	14.6	18.0	–	–
Imbecile	M.	25.9	52.6	31.2	34.5	5.3	–
	F.	25.0	71.4	21.7	33.3	14.0	14.5
	T.	25.5	60.6	27.1	33.9	9.9	8.0
Moron	M.	65.4	–	63.8	116.8	8.8	–
	F.	51.8	31.7	40.8	69.2	57.2	32.8
	T.	57.8	13.8	54.7	86.6	43.9	27.4
Not Mentally Defective	M.	230.7	–	170.2	409.0	333.3	333.3
	F.	180.9	–	62.5	285.7	43.4	500.0
	T.	204.0	–	126.5	333.3	125.0	466.6
Total	M.	45.7	30.7	50.6	72.9	13.7	6.1
	F.	41.7	39.6	31.1	62.8	35.2	39.5
	T.	43.7	34.6	42.6	67.3	27.1	28.4

(See Table 285 for detail)

The discharge rates by age are outlined in Graph 12. Age appears to have a greater influence on the discharge of males than of females. The males show sharply increasing discharge rates from 30 in the 0–9 year group to 50 in the 10–19 year group and to 72 in the 20–29 year group. At that point the males drop to much lower rates of 13 and 6 in the two age groups 30–39 and 40–49 years. The discharge rates of the females are more consistent throughout the various age groups, varying from a low rate of 31 in the 10–19 year group to the high of 62 in the 20–29 year group. The females continue to show discharge rates on approximately the same level for both the 30–39 year and the 40–49 year groups.



GRAPH 12. — AGE OF DISCHARGES FROM STATE SCHOOLS, 1937: RATES PER 1,000 CASES UNDER CARE OF SAME AGES

Clinical Diagnoses of Discharges to the Community, 1937, by Age: Rates per 1,000 under Care of Same Groups

Table 115 outlines the discharge rates per thousand cases under care by clinical groupings and by age distribution. We shall confine the discussion of discharge rates in the various age groups to the four classifications presenting ten or more discharges. The familial group (98 cases) demonstrates the high discharge rate of 77 in the age group 20–29 years and the low rate of 33 in the age group 10–19 years. The post-infectional group (12 cases) shows the high discharge rate of 81 in the age group 20–29 years and the low rate of 22 in the 30–39 year group. The undifferentiated group (100 cases) offers the high discharge rate of 64 in the 20-29 year age group and the low rate of 16 in the 30–39 year group. The group other forms (27 cases) shows the high discharge rate of 126 in the 20–29 year group.

Table 115. — *Discharges from State Schools, 1937, by Clinical Diagnoses and Age at Discharge: Rates per 1,000 Cases under Care[1] of Same Clinical Groupings and Age*

Clinical Diagnoses	Total	0–9 Years	10–19 Years	20–29 Years	30–39 Years	40–49 Years
Familial	52.4	35.2	33.2	77.5	48.7	59.2
Mongolism	19.2	42.5	14.5	–	–	–
With developmental cranial anomalies	20.0	23.2	33.8	–	–	–
With congenital cerebral spastic infantile paralyses	22.9	33.3	61.5	–	–	–
Post-infectional	41.2	–	45.0	81.0	22.7	–
Post-traumatic — natal	16.0	47.6	–	33.3	–	–
With epilepsy — symptomatic	83.3	–	250.0	–	–	–
With epilepsy — idiopathic	52.1	300.0	47.6	33.3	–	–
With endocrine disorders	63.2	–	48.7	142.8	100.0	–
Undifferentiated	40.4	26.4	45.1	64.1	16.9	24.1
Other forms	73.7	–	121.2	126.2	17.5	17.2
Total	43.7	34.6	42.6	67.3	27.1	28.4

[1] Cases under care include the resident population and cases out on September 30, 1937, plus discharges and deaths during the year 1937.

Referring to the total rates for the clinical groups in Table 115 the high discharge rate of 83 occurs in the group with epilepsy — symptomatic (2 cases). "Other forms" is second with 73 (27 cases); with endocrine disorders third with 63 (5 cases); familial fourth with 52 (98 cases); and epilepsy — idiopathic fifth with 52 (6 cases). The low discharge rates occur in mongolism 19.2 (6 cases), and post-traumatic — natal 16.0 (2 cases).

It is interesting to compare the discharge rate of 43 cases per thousand under care in State schools for mental defectives (95% first admissions) with the discharge rate of 153 per thousand first admissions under care in mental hospitals. While the mental hospitals discharged one patient out of every 6 under care during 1937, the State schools discharged but one patient out of every 23 under care.

Economic Status of Discharges to the Community, 1937, by Mental Status: Rates per 1,000 under Care of Same Groups

Table 116 outlines the economic status of discharges in the various mental status groups presenting also the rates per thousand under care of the same groups. The "marginal" group presents the highest discharge rate of 44, with rates of 46 and 41 for the males and females, respectively. The "dependent" group is next with a discharge rate of 43, 44 for the males and 43 for the females. The group of "comfortable" economic status shows the low discharge rate of 35, 43 for the males and 25 for the females. The imbecile and moron groups show higher discharge rates in the "marginal" than in either the "dependent" or "comfortable" classifications. The idiot group with small numbers show the high discharge rate in the "dependent".

Length of School Stay of Discharges to the Community, 1928–1937, by Mental Status

Table 117 outlines the length of time that discharges remained in residence in State schools for each year of the period 1928–1937, by mental status. The total column shows little variation in length of residence over the past ten years. With the exception of the years 1929 and 1930, the averages have remained rather consistently around 6 years. In seven of the ten years the females show a longer school residence previous to discharge.

Table 116. — *Economic Status of Discharges from State Schools, 1937, by Mental Status and Sex: Discharge Rates per 1,000 of Same Economic Status Groups Under Care*

Economic Status	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Care	967	1,374	2,341	103	87	190	365	414	779	455	811	1,266	44	62	106
Discharges	43	60	103	1	3	4	3	10	13	29	40	69	10	7	17
Rate per 1,000	44.4	43.6	43.9	9.7	34.4	21.0	8.2	24.7	16.6	63.7	49.3	54.5	227.2	112.9	160.3
Marginal:															
Under Care	1,888	1,680	3,568	319	266	585	822	702	1,524	702	670	1,372	45	42	87
Discharges	88	69	157	4	2	6	27	19	46	47	37	84	10	11	21
Rate per 1,000	46.6	41.0	44.0	12.5	7.5	10.2	32.8	27.0	30.1	66.9	55.2	61.2	222.2	261.9	241.3
Comfortable:															
Under Care	92	78	170	26	16	42	44	39	83	20	22	42	2	1	3
Discharges	4	2	6	–	–	–	2	–	2	1	1	2	1	1	2
Rate per 1,000	43.4	25.6	35.2	–	–	–	45.4	–	24.0	50.0	45.4	47.6	500.0	1,000.0	666.6
Unknown:															
Under Care	3	2	5	1	–	1	2	1	3	–	1	1	–	–	–
Discharges	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rate per 1,000	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total:															
Under Care	2,950	3,134	6,084	449	369	818	1,233	1,156	2,389	1,177	1,504	2,681	91	105	196
Discharges	135	131	266	5	5	10	32	29	61	77	78	155	21	19	40
Rate per 1,000	45.7	41.7	43.7	11.1	13.5	12.2	25.9	25.0	25.5	65.4	51.8	57.8	230.7	180.9	204.0

TABLE 117. — *Average Length of School Stay during This Admission of All Discharges, 1928–1937, by Mental Status and Sex*

YEARS	AVERAGES IN YEARS														
	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928 . . .	5.9	7.0	6.3	3.5	7.8	5.6	6.5	7.1	6.8	5.7	7.8	6.4	5.4	7.5	6.2
1929 . . .	4.1	6.1	4.9	7.3	2.1	6.4	3.6	7.7	5.5	4.2	5.8	4.9	2.5	4.3	3.3
1930 . . .	3.9	5.9	4.7	5.0	4.4	4.7	4.7	6.3	5.4	3.7	5.6	4.4	1.1	8.4	5.0
1931 . . .	6.3	6.0	6.2	9.9	3.3	7.2	6.5	8.7	7.3	5.5	5.5	5.5	4.0	4.9	4.6
1932 . . .	6.3	5.6	6.0	8.6	4.8	6.7	7.3	4.5	5.8	6.0	6.6	6.2	2.2	5.2	3.5
1933 . . .	4.9	5.8	5.3	7.8	5.3	7.0	5.7	9.3	7.0	3.5	5.1	4.8	3.6	5.3	4.5
1934 . . .	6.2	6.7	6.5	3.2	10.8	6.2	7.9	5.9	7.0	6.5	5.4	6.0	5.4	9.0	7.5
1935 . . .	6.2	5.9	6.1	5.4	.3*	3.2	7.1	6.6	6.9	7.0	5.8	6.5	4.5	7.1	5.7
1936 . . .	5.8	5.9	5.8	4.7	5.4	5.1	5.6	5.4	5.5	6.0	6.0	6.0	4.8	6.7	5.8
1937 . . .	6.2	6.6	6.4	.7	5.7	3.2	5.3	4.4	4.9	6.4	6.4	6.4	7.9	10.7	9.2

*Only six cases, four discharged under three months.

The idiot group showed the longest length of hospital stay in 1931, with 7.2 years, and their shortest residence in 1935 and 1937 with 3.2 years. The males remained longer than the females in six out of the ten years. The imbecile group showed the longest period of residence in 1931 with an average of 7.3 years, and the shortest hospital stay in 1937 with 4.9 years. Again we observe considerable irregularity in length of stay with shorter residences over the last three years. In five of the ten years the females showed a longer average school residence. The morons presented the high average stay of 6.5 years in 1935 and the low average in 1930 with 4.4 years. This mental status group showed longer average residences for the females in five of the ten years with the sexes showing the same averages in three other years. The averages for the morons have been consistently above 6 years for the last four years, 1934–1937.

LENGTH OF TIME ON THE BOOKS DURING THE PRESENT ADMISSION OF DISCHARGES TO THE COMMUNITY, 1937, BY MENTAL STATUS

Table 118 demonstrates the time spent within institutions and the time spent out on visit, parole, etc. during the present admission of cases discharged during 1937, by mental status. All discharges remained in schools an average net time of 6.4 years, 6.2 years for the males and 6.6 years for the females. Time in the community averaged 1.60 years giving a total time on the books of 8.0 years, 7.4 years for males and 8.5 years for females.

Apparently, length of school stay is not correlated with intellectual status. The idiots remained within schools an average of 3.2 years; the imbeciles 4.9 years; the morons 6.4 years; and the group not mentally defective a total of 9.2 years. The group of the lowest intellectual level is presenting the shortest average stay. It should be recalled that certain of the higher grade cases (morons) are those showing the gravest behavior problems. In the imbecile group the males remained longer than the females. However, in the idiot, moron and not mentally defective groups the females remained longer than the males.

TABLE 118. — *Average Time on Books, Time Spent Out and Net Time Within Institutions during This Admission of Discharges, 1937, by Mental Status and Sex*

MENTAL STATUS	AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT			AVERAGE NET TIME WITHIN INSTITUTIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	1.02	6.35	3.68	.32	.60	.46	.70	5.75	3.22
Imbecile . . .	6.69	5.86	6.29	1.30	1.46	1.37	5.39	4.40	4.92
Moron . . .	7.65	8.46	8.06	1.20	2.00	1.60	6.45	6.46	6.46
Not Mentally Defective . . .	9.38	13.20	11.20	1.48	2.42	1.93	7.90	10.78	9.27
Total . .	7.44	8.50	8.01	1.23	1.89	1.60	6.21	6.61	6.41

(See Table 268 for detail)

In reference to the time spent out of the schools previous to discharge, we notice a negative correlation with mental status. Here the idiots remained out .46 years; the imbeciles 1.3 years; the morons 1.6 years; and the not mentally defective group 1.9 years. The longer period that patients of the higher mental grades are held under supervision is accounted for by the fact that they constitute the best material for placement at work in the community. Many of the patients in the lower mental age groupings are discharged directly to their families.

LENGTH OF SCHOOL STAY OF DISCHARGES TO THE COMMUNITY, 1937, BY AGE AT ADMISSION

Table 119 shows the net time in residence of all cases discharged, by age at admission. Discarding the age groups over 25 years because of small numbers, we note that the longest school residence occurs in those admitted in the 20–24 year age group, 7.0 years, with the admission ages of 5–9 and 10–14 second with 6.8 years each. Patients admitted under 5 years showed the shortest residence of 1.7 years. In the admission age group 5–9 years the males tended to remain longer than the females. In all other age groups the females remained longer within the school.

TABLE 119. — *Net Time in Residence During This Admission of Cases Discharged during 1937, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			NET TIME IN RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	4	3	7	.90	2.83	1.73
5– 9 years	29	12	41	7.38	5.65	6.88
10–14 years	72	25	97	6.79	7.16	6.88
15–19 years	23	54	77	5.33	6.56	6.19
20–24 years	4	24	28	1.96	7.89	7.04
25–29 years	2	9	11	.81	4.84	4.11
30–34 years	–	4	4	–	5.75	5.75
35–39 years	–	–	–	–	–	–
40 years and over	1	–	1	.12	–	.12
Total	135	131	266	6.21	6.61	6.41

TIMES OUT ON VISIT DURING THIS ADMISSION, DISCHARGES TO THE COMMUNITY, 1937, BY SCHOOL

Table 120 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1937, by school. The highest average number of times placed out on visit occurred at Wrentham, an average of 3.6 times. The Fernald State School is next with an average of 3.5 visits before discharge and Belchertown is low with an average of 2.8. For all schools we note an average of 3.3 visits during this particular admission. The females show an average of 3.1 and the males 3.5 times out. In each of the schools it will be noted that the males were placed on visit more often than the females.

TABLE 120. — *Times Out on Visit during This Admission, Discharges from State Schools, 1937, by School: Numbers and Averages*

STATE SCHOOLS	NUMBER			AVERAGE TIMES OUT		
	M.	F.	T.	M.	F.	T.
Belchertown	31	47	78	3.22	2.55	2.82
Walter E. Fernald	68	36	104	3.58	3.41	3.52
Wrentham	36	48	84	3.75	3.58	3.65
Total	135	131	266	3.54	3.16	3.36

(See Table 267 for detail)

TABLE 121. — *Capability on Discharge of Discharges, 1937, by Clinical Diagnoses and Sex: Percentages*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	100.0	100.0	100.0	46.8	39.2	42.8	38.3	39.2	38.8	14.9	21.6	18.4
Mongolism	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With developmental cranial anomalies	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With congenital cerebral spastic infantile paralyses	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
Post-infectional	100.0	100.0	100.0	14.3	20.0	16.6	42.8	40.0	41.7	42.8	40.0	41.7
Post-traumatic — natal	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With epilepsy — symptomatic	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
With epilepsy — idiopathic	100.0	100.0	100.0	–	50.0	16.7	–	–	–	100.0	50.0	83.3
With endocrine disorders	100.0	100.0	100.0	–	–	–	–	–	–	100.0	100.0	100.0
Undifferentiated	100.0	100.0	100.0	36.0	32.0	34.0	34.0	30.0	32.0	30.0	38.0	34.0
Other forms	100.0	100.0	100.0	–	–	–	46.2	28.6	37.0	53.8	71.4	63.0
Total	100.0	100.0	100.0	30.4	29.0	29.7	32.6	31.3	32.0	37.0	39.7	38.3

(See Table 266 for detail)

TABLE 122. — *Average Intelligence Quotient of Discharges from State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE I.Q.		
	M.	F.	T.	M.	F.	T.
With developmental cranial anomalies	2	1	3	.20	.45	.28
With epilepsy — symptomatic	1	1	2	.55	.05	.30
Mongolism	5	1	6	.25	.55	.30
With epilepsy — idiopathic	4	2	6	.35	.30	.33
With endocrine disorders	–	5	5	–	.33	.33
Post-traumatic — natal	2	–	2	.40	–	.40
With congenital cerebral spastic infantile paralyses	4	1	5	.50	.55	.50
Post-infectional	7	5	12	.59	.50	.55
Undifferentiated	50	50	100	.61	.59	.60
Familial	47	51	98	.64	.63	.64
Other forms	13	14	27	.51	.61	.56
Total	135	131	266	.58	.58	.58

(See Table 265 for detail)

Capability on Discharge of Patients Returned to the Community, 1937, by Clinical Diagnoses

Table 121 demonstrates the capability on discharge of cases leaving State schools during 1937, by clinical groupings. The total shows that 29% of these discharges were capable of self-support, 32% were capable of partial self-support, and 38% were incapable of productive work. Sixty-one per cent, or three out of every five cases discharged are able to support themselves either wholly or partially. The percentages for the sexes are rather remarkably alike.

The familial group shows the highest percentage capable of self-support, 42%. The group undifferentiated shows 34% of cases falling within this classification. The post-infectional and with epilepsy — idiopathic are third with 16% each. These four groups are the only ones discharging patients classified as capable of self-support. It is interesting to see the cases of hereditary mental defect (the familial group) making such a good showing in this connection. In the cases capable of partial self-support we find 41% of the post-infectional; 38% of the familial; 37% of other forms; and 32% of the undifferentiated. Among those incapable of productive work, the groups mongolism, with developmental cranial anomalies, congenital paralyses, post-traumatic — natal, with epilepsy — symptomatic and with endocrine disorders show 100% of cases.

Intelligence Quotient of Discharges to the Community, 1937, by Clinical Diagnoses

Table 122 describes the average intelligence quotient of discharges in the various clinical groups. Owing to the small number of cases involved in certain of the clinical groupings, no sweeping conclusions can be drawn. All clinical groups together show an average intelligence quotient at discharge of .58 for both sexes. In this connection we recall that the male first admissions presented an I.Q. of .45 and the females an I.Q. of .50 (Table 106). In the clinical diagnosis groups the familial show the high average I.Q. of .64. The undifferentiated group is second with an average I.Q. of .60 and the group other forms is third with .56. Again referring to Table 106 we note that the group with hereditary mental defect (familial), shows the highest admission I.Q. The lowest average intelligence quotients at discharge are seen in the groups mongolism, .30; with epilepsy — symptomatic, .30; and with developmental cranial anomalies, .28. In five of the clinical groups the females present higher average intelligence quotients at discharge, and in six groups the males present the higher averages.

Table 123. — *Average Age of Discharges from State Schools, 1937, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Number			Average Age at Discharge		
	M.	F.	T.	M.	F.	.T
Mongolism	5	1	6	8.70	7.50	8.50
With developmental cranial anomalies	2	1	3	10.00	17.50	12.50
With congenital cerebral spastic infantile paralyses	4	1	5	13.75	7.50	12.50
With epilepsy — idiopathic	4	2	6	10.25	17.50	12.66
Post-traumatic — natal	2	–	2	15.00	–	15.00
With epilepsy — symptomatic	1	1	2	12.50	17.50	15.00
Post-infectional	7	5	12	17.50	25.50	20.83
With endocrine disorders	–	5	5	–	21.50	21.50
Undifferentiated	50	50	100	20.70	24.00	22.35
Familial	47	51	98	22.39	28.51	25.57
Other forms	13	14	27	20.19	24.64	22.50
Total	135	131	266	19.81	25.33	22.53

(See Table 264 for detail)

Ages of Discharges to the Community, 1937, by Clinical Diagnoses

Table 123 outlines the average age at discharge of cases in the various clinical groups. Again the small numbers in certain groups render inadvisable any sweeping generalizations. The highest average age at discharge is seen in the familial group with 25.5 years. The groups undifferentiated and other forms are next with average ages of 22.3 and 22.5 years, respectively. The lowest discharge ages are seen in the groups with developmental cranial anomalies, and congenital paralyses, 12.5 years each, and mongolism, 8.5 years. In the groups mongolism, congenital paralyses and post-traumatic — natal, the males present the higher discharge ages. In all other groups the females show the higher average discharge ages.

LENGTH OF SCHOOL STAY DURING THIS ADMISSION, DISCHARGES TO THE COMMUNITY, 1937, BY CLINICAL DIAGNOSES

Table 124 shows the length of residence of discharges during 1937 in the various clinical groups. All cases discharged reveal an average net length of residence of 6.4 years, 6.2 years for the males and 6.6 years for the females. The group familial remained for the longest period with an average of 7.8 years. The group post-traumatic — natal is second with an average of 6.4 years, and the group undifferentiated is third with an average of 6.3 years. The shorter averages are observed in epilepsy — symptomatic, 1.8 years; developmental cranial anomalies, 1.7 years; and mongolism, .95 years. In seven of the eleven groups the males reveal the longer school stay before discharge.

TABLE 124. — *Length of School Residence during This Admission of Cases Discharged, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Mongolism	5	1	6	1.02	.62	.95
With developmental cranial anomalies	2	1	3	.93	3.50	1.79
With epilepsy — symptomatic	1	1	2	3.50	.12	1.81
With epilepsy — idiopathic	4	2	6	2.31	1.81	2.14
With endocrine disorders	–	5	5	–	2.62	2.62
With congenital cerebral spastic infantile paralyses	4	1	5	4.40	1.50	3.82
Post-infectional	7	5	12	4.50	7.30	5.66
Undifferentiated	50	50	100	6.63	6.07	6.35
Post-traumatic — natal	2	–	2	6.43	–	6.43
Familial	47	51	98	7.31	8.27	7.81
Other forms	13	14	27	6.30	5.81	6.05
Total	135	131	266	6.21	6.61	6.41

(See Table 269 for detail)

Section J. Deaths in State Schools for Mental Defectives, 1937

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1937.

DEATHS IN STATE SCHOOLS, 1917–1937: RATES PER 1,000 UNDER TREATMENT

Table 125 gives the numbers and rates per 1,000 under treatment of all deaths in State schools for each year of the period 1917–1937. In the totals the high rate of 50.3 deaths per 1,000 under treatment occurs in 1919, and the low rate of 8.0 in 1931. In the sexes the males show higher death rates in fourteen of the twenty-one years. The females show higher rates in five years, and the rates are the same for both sexes in two years. It is interesting to note these higher death rates in males in view of the fact that the resident population of State schools shows a younger age distribution for males than females. The few years in which females show higher death rates than males occurred during the past five or six years, namely 1930 to 1936. In general, there is a slight downward trend in the death rates of State schools over the twenty-one year period observed.

DEATHS IN STATE SCHOOLS, 1937, BY SCHOOL: RATES PER 1,000 CASES UNDER TREATMENT

A total of 69 cases died in all State schools during the last statistical year; 38 males and 31 females (Table 126). Wrentham State School showed 34 deaths, Fernald 24 deaths, and Belchertown 11 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 12; 13 deaths per 1,000 males and 10 deaths per 1,000 females under treatment. Wrentham presents the highest death rate of 16. Fernald is lower with a death rate of 11 and Belchertown shows the low of 7. Sex differences in death rates are observed at the schools. At Wrentham the death rate for the males is nearly twice as high as that of the females. At the W. E. Fernald State School, the death rate of the females is higher than that of the males. In Belchertown the rate for the males is again the higher.

TABLE 125. — *Deaths in State Schools, 1917–1937, by Sex: Rates per 1,000 Cases Under Treatment*

YEARS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,614	1,350	2,964	23	16	39	14.2	11.8	13.1
1918	1,591	1,398	2,989	40	29	69	25.1	20.7	23.0
1919	1,609	1,412	3,021	99	53	152	61.5	37.5	50.3
1920	1,721	1,513	3,234	22	16	38	12.7	10.5	11.7
1921	1,589	1,554	3,143	20	23	43	12.5	14.8	13.6
1922	1,596	1,595	3,191	15	15	30	9.3	9.3	9.4
1923	1,742	1,714	3,456	30	27	57	17.2	15.7	16.4
1924	1,866	1,846	3,712	30	20	50	16.0	10.8	13.4
1925	1,964	1,965	3,929	33	16	49	16.8	8.1	12.4
1926	1,961	2,044	4,005	26	26	52	13.2	12.7	12.9
1927	2,079	2,060	4,139	31	26	57	14.9	12.6	13.7
1928	2,130	2,062	4,192	38	27	65	17.8	13.0	15.5
1929	2,126	2,061	4,187	36	24	60	16.9	11.6	14.3
1930	2,186	2,216	4,402	22	27	49	10.0	12.1	11.1
1931	2,250	2,365	4,615	18	19	37	8.0	8.0	8.0
1932	2,329	2,467	4,796	26	37	63	11.1	14.9	13.1
1933	2,438	2,566	5,004	33	32	65	13.5	12.4	12.9
1934	2,507	2,688	5,195	40	44	84	15.9	16.3	16.1
1935	2,601	2,768	5,369	28	32	60	10.8	11.6	11.2
1936	2,640	2,795	5,435	39	26	65	14.7	9.3	11.9
1937	2,743	2,836	5,579	38	31	69	13.8	10.9	12.3

TABLE 126. — *Deaths in State Schools, 1937, by School: Numbers and Rates per 1,000 Cases Under Treatment*[1]

STATE SCHOOLS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown. . . .	585	805	1,390	6	5	11	10.	6.	7.
Walter E. Fernald . .	1,243	847	2,090	12	12	24	9.	14.	11.
Wrentham	915	1,184	2,099	20	14	34	21.	11.	16.
Total	2,743	2,836	5,579	38	31	69	13.	10.	12.

[1] Cases under treatment are obtained by adding the resident population on September 30, 1937, and discharges and deaths during the year 1937.

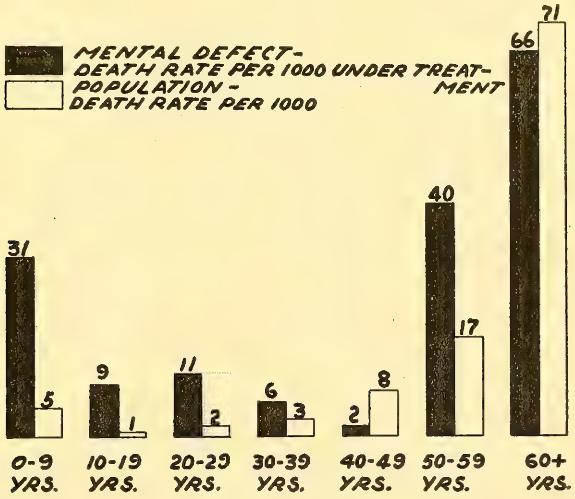
MENTAL STATUS OF DEATHS IN STATE SCHOOLS, 1937, BY AGE: DEATH RATES PER 1,000 CASES UNDER TREATMENT OF SAME GROUPS

Table 127 shows the age at death of all cases dying during 1937, and the death rates per 1,000 cases under treatment of the same age and mental status groups. The age group 60 years and over shows the high death rate of 66 and the 50–59 group follows with a rate of 40. Lower rates are noted for the middle and younger ages until the 0–9 age group is reached. Here we have a death rate of 31. Deaths in State schools show high rates in both the younger and older ages. The males show higher death rates in five of the seven groups. In the general population the death rates of the males are uniformly higher than those of the females. This population tendency is greatly exaggerated in certain age groups. Graph 13 presents the death rates per 1,000 under treatment for each age group compared with the death rate in the general population during 1937.

TABLE 127. — *Deaths at State Schools, 1937, by Mental Status and Age at Death: Rates per 1,000 Cases Under Treatment of Same Mental Status and Age Groups*

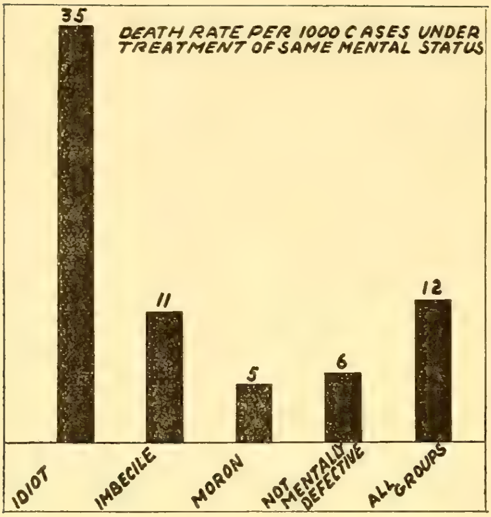
MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0–9 Years	10–19 Years	20–29 Years	30–39 Years	40–49 Years	50–59 Years	60 Years and Over
Idiot	M.	38.3	60.6	34.4	33.6	55.5	–	–	–
	F.	32.6	90.9	20.4	10.0	–	–	222.2	200.0
	T.	35.8	75.7	29.4	22.8	26.0	–	95.2	200.0
Imbecile	M.	12.6	15.5	12.5	13.2	–	8.9	20.4	117.6
	F.	10.7	21.0	9.5	10.5	–	–	49.1	43.4
	T.	11.7	17.8	11.2	11.9	–	4.0	36.3	75.0
Moron	M.	4.8	–	1.6	12.9	–	–	76.9	–
	F.	5.4	32.7	4.9	2.2	8.8	–	–	–
	T.	5.1	14.0	3.0	5.9	6.4	–	26.3	–
Not Mentally Defective	M.	12.6	–	–	71.4	–	–	–	–
	F.	–	–	–	–	–	–	–	–
	T.	6.4	–	–	28.5	–	–	–	–
Total	M.	13.8	21.0	9.9	17.9	9.2	6.2	26.6	86.9
	F.	10.9	45.0	8.2	5.9	3.9	–	51.5	54.0
	T.	12.3	31.5	9.2	11.2	6.0	2.2	40.6	66.6

(See Table 285 for detail)



GRAPH 13. — DEATH RATES IN MENTAL DEFICIENCY (STATE SCHOOLS) COMPARED WITH DEATH RATES IN MASSACHUSETTS GENERAL POPULATION, 1937, BY AGES

In considering the death rates in the separate mental status groups (Graph 14) the idiots show the highest death rate of 35 per 1,000 under treatment during the year. The imbeciles are next with a death rate of 11, the not mentally defective next with 6.4, and the morons show a rate of 5. The death rate for the imbeciles was over twice that of the morons. The rate for the idiots was seven times that of the morons. The males show higher death rates in the idiots, in the imbeciles, and in the not mentally defective. In the morons, however, the females show the higher death rates.



Graph 14. — Patients Dying in State Schools, 1937. Rates per 1,000 Cases under Treatment of Same Mental Status

Clinical Diagnoses of Deaths in State Schools, 1937, by Age: Rates per 1,000 under Treatment

In Table 128 we observe the death rates in the various clinical diagnoses by age at death. In the clinical groups the high death rate of 90 occurs in the group with familial amaurosis. Second in order is the group with other organic nervous disease with a death rate of 52, while the group with congenital paralyses is third with 42. The low death rates are observed in the groups other forms with 17; undifferentiated with 7; and the familial cases with a rate of 3. The low death rate in the hereditary group (familial) is extremely interesting from the viewpoint of the possible survival of this type of patient. It will be recalled that this group showed a high discharge rate also. All of the clinical groups tend to show high death rates under 10 years of age. The years 10–49 are low, followed by high rates from 50 onwards.

Table 128. — *Deaths at State Schools, 1937, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment*[1] *of Same Clinical Group and Age*

Clinical Diagnoses	Total	0–9 Years	10–19 Years	20–29 Years	30–39 Years	40–49 Years	50–59 Years	60 Years and Over
Familial	3.6	–	4.9	3.6	–	–	–	125.0
Mongolism	35.7	43.0	14.5	34.4	153.8	166.6	–	–
With developmental cranial anomalies	41.6	95.2	35.7	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	42.6	107.1	–	86.2	–	–	100.0	–
Post-infectional	18.3	45.4	9.1	14.9	–	–	111.1	250.0
Post-traumatic — natal	25.6	47.6	21.2	35.7	–	–	–	–
With epilepsy — idiopathic	26.7	100.0	48.7	–	–	–	–	–
With endocrine disorders	26.6	–	–	142.8	–	–	–	–
With familial amaurosis	90.9	–	–	333.3	–	–	–	–
With other organic nervous disease	52.6	–	–	–	–	–	–	1,000.0
Undifferentiated	7.1	10.9	8.4	3.4	2.8	–	37.5	34.4
Other forms	17.1	–	10.3	10.4	37.7	–	66.6	–
Total	12.3	31.5	9.2	11.2	6.0	2.2	40.6	66.6

[1] Cases under treatment include the resident population on September 30, 1937, plus discharges and deaths during the year 1937.

TABLE 129. — *Economic Status of Deaths in State Schools, 1937, by Mental Status and Sex: Death Rates per 1,000 of Same Economic Status Groups Under Treatment*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Treatment	882	1,221	2,103	102	87	189	353	400	753	386	690	1,076	41	44	85
Deaths	8	7	15	3	2	5	2	3	5	2	2	4	1	–	1
Rate per 1,000	9.0	5.7	7.1	29.4	22.9	26.4	5.6	7.5	6.6	5.1	2.8	3.7	24.3	–	11.7
Marginal:															
Under Treatment	1,769	1,540	3,309	314	264	578	789	677	1,466	630	569	1,199	36	30	66
Deaths	28	24	52	12	10	22	13	9	22	3	5	8	–	–	–
Rate per 1,000	15.8	15.5	15.7	38.2	37.8	38.0	16.4	13.2	15.0	4.7	8.7	6.6	–	–	–
Comfortable:															
Under Treatment	89	73	162	26	16	42	43	39	82	18	17	35	2	1	3
Deaths	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
Rate per 1,000	22.4	–	12.3	76.9	–	47.6	–	–	–	–	–	–	–	–	–
Unknown:															
Under Treatment	3	2	5	1	–	1	2	1	3	–	1	1	–	–	–
Deaths	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rate per 1,000	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total:															
Under Treatment	2,743	2,836	5,579	443	367	810	1,187	1,117	2,304	1,034	1,277	2,311	79	75	154
Deaths	38	31	69	17	12	29	15	12	27	5	7	12	1	–	1
Rate per 1,000	13.8	10.9	12.3	38.3	32.6	35.8	12.6	10.7	11.7	4.8	5.4	5.1	12.6	–	6.4

TABLE 130. — *Average Age of Deaths in State Schools, 1937, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	12	29	17.15	22.04	19.17
Imbecile	15	12	27	28.30	30.13	29.11
Moron	5	7	12	26.50	20.36	22.92
Not Mentally Defective	1	–	1	22.50	–	22.50
Total	38	31	69	22.92	24.79	23.76

(See Table 270 for detail)

ECONOMIC STATUS OF DEATHS IN STATE SCHOOLS, 1937, BY MENTAL STATUS: DEATH RATES PER 1,000 UNDER TREATMENT OF SAME GROUPS

Table 129 outlines the economic status of cases dying in State schools during 1937 and the death rates per thousand cases under treatment, by mental status. In the totals the "dependent" cases show the low death rate of 7, a rate of 9 for the males and 5 for the females. The "comfortable" group is next in order with a rate of 12, 22 for the males and no deaths for the females. The "marginal" group is third with the high death rate of 15 in both sexes. The males show higher death rates in each group. It is to be noted that the cases of "dependent" economic status show the lowest death rate. This contrasts sharply with the situation in mental diseases (Table 59) which shows that patients of dependent status have the highest death rate. The lower death rates for the dependent are observed in the three mental status groups of idiot, imbecile and moron. In the idiot group patients of comfortable economic status present the high death rate.

MENTAL STATUS OF DEATHS IN STATE SCHOOLS, 1937, BY AGE

Table 130 outlines the average age at death of patients dying in State schools during 1937 by mental status. The totals show an average of 23.7 years at death for all cases dying, 22.9 years for the males and 24.7 years for the females. The males are evidently dying at younger ages, which checks with the higher death rates for the males. The idiot group showed the lowest average age at death of 19.1 years. The not mentally defective are next with 22.5 years, but only one death occurred in this group. The morons are next with an average of 22.9 years and the imbeciles next with 29.1 years. The morons are the only group in which a higher age at death is seen among the males, 26.5 years as compared with 20.3 years for the females. In the other mental status groups the female idiots averaged five years older than the males and in the imbeciles they averaged two years older than the males. In general, this result reflects the finding observed in the general population, namely, younger ages at death for males as compared with females. However, the sex differences are much more pronounced among these cases than in the population.

TABLE 131. — *Age at Death of Patients Who Died in State Schools, 1937, by School and Sex*

AGE AT DEATH	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	5	5	10	–	–	–	–	–	–	5	5	10
5– 9 years	1	5	6	–	–	–	–	2	2	1	3	4
10–14 years	6	2	8	1	–	1	–	2	2	5	–	5
15–19 years	6	5	11	1	–	1	1	–	1	4	5	9
20–24 years	8	2	10	2	1	3	3	1	4	3	–	3
25–29 years	4	3	7	–	1	1	3	2	5	1	–	1
30–34 years	3	1	4	1	1	2	1	–	1	1	–	1
35–39 years	–	1	1	–	–	–	–	–	–	–	1	1
40–44 years	–	–	–	–	–	–	–	–	–	–	–	–
45–49 years	1	–	1	–	–	–	1	–	1	–	–	–
50–54 years	2	2	4	–	2	2	2	–	2	–	–	–
55–59 years	–	3	3	–	–	–	–	3	3	–	–	–
60 years and over	2	2	4	1	–	1	1	2	3	–	–	–
Total	38	31	69	6	5	11	12	12	24	20	14	34
Average Age	22.9	24.7	23.7	28.4	37.5	32.5	34.6	34.6	34.6	14.2	11.7	13.2

AGE OF DEATHS IN STATE SCHOOLS, 1937, BY SCHOOL

Table 131 presents the age at death of all patients dying during 1937, by school. Of the 69 deaths 35 or 51% were under 20 years of age; 17 or 24% were between 20–29 years of age and 17 or 24% were 30 years of age or over. The Wrentham State School is presenting the larger number of deaths in the younger age groups due to the fact that this school makes it a general practice to accept younger children. The Fernald State School, on the other hand, shows a larger number of deaths in the older age groups. This institution, of course, is much older than either Wrentham or Belchertown. Wrentham presents the youngest average age at death of 13 years, 14 years for the males and 11 years for the females. Belchertown is higher with an average of 32 years, 28 years for the males and 37 years for the females. Fernald shows the highest average age at death of 34 years, 34 years for the males and 34 years for the females. The Fernald and Wrentham State Schools show higher average ages at death in the males. Belchertown shows the higher average age at death in the females.

LENGTH OF SCHOOL STAY OF DEATHS IN STATE SCHOOLS, 1937, BY MENTAL STATUS

Table 132 gives the length of school stay during *this* admission of cases dying in State schools during 1937, by mental status. The totals reveal that patients dying had remained within the institution an average of 9.5 years previous to death, 10.3 years for the males and 8.4 years for the females. The shortest average length of stay occurs in the moron group with 6.8 years. The idiot group shows an average residence before death of 9.0 years, and the imbecile group, 10.8 years. In the imbecile and moron groups the males present a longer residence than the females. However, in the idiot group the length of residence for the females is longer than that for the males.

TABLE 132. — *Length of School Residence during This Admission, Deaths in State Schools, 1937, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	12	29	8.7	9.5	9.0
Imbecile	15	12	27	12.4	8.9	10.8
Moron	5	7	12	8.3	5.8	6.8
Not Mentally Defective	1	–	1	17.5	–	17.5
Total	38	31	69	10.3	8.4	9.5

Table 133 gives the length of school residence during *all* admissions of patients dying in State schools during 1937. The 69 patients dying had remained in residence a total of 10.8 years previous to death. The average for the males was 11.2 years and for the females 10.4 years. The imbeciles show the longest school residence previous to death, 12.2 years, 13.5 years for the males and 10.5 years for the females. The idiots show an average of 11.0 years, 9.7 years for the males and 12.8 years for the females. The morons show a residence of 6.8 years, 8.3 years for the males and 5.8 years for the females.

TABLE 133. — *Length of School Residence during ALL Admissions, Deaths in State Schools, 1937, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	12	29	9.7	12.8	11.0
Imbecile	15	12	27	13.5	10.5	12.2
Moron	5	7	12	8.3	5.8	6.8
Not Mentally Defective	1	–	1	17.5	–	17.5
Total	38	31	69	11.2	10.4	10.8

(See Table 273 for detail)

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1937, BY CLINICAL DIAGNOSES

Table 134 presents the causes of death in patients dying in State schools during 1937 in accordance with the main groupings of the International List, by clinical groupings. The totals show that diseases of the respiratory system accounted for 30% of deaths. Infectious and parasitic diseases are second, accounting for 27% of deaths, and diseases of the nervous system are third with 14% of deaths. Over 72% of deaths of mental defectives for 1937 fell in these three groups.

TABLE 134. — *Causes of Death of Patients Dying in State Schools, 1937, by Clinical Diagnoses: Number and Percentage Distribution*

CAUSES OF DEATH	Total		Familial		Mongolism		With developmental cranial anomalies		With congenital cerebral spastic infantile paralyses		Post-infectional	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases	19	27.6	–	–	5	45.5	2	33.3	–	–	3	60.0
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases	1	1.4	–	–	–	–	–	–	–	–	–	–
IV. Diseases of the Blood and Blood-Making Organs	1	1.4	1	16.6	–	–	–	–	–	–	–	–
VI. Diseases of the Nervous System and of the Organs of Special Sense	10	14.6	–	–	–	–	1	16.7	3	33.3	–	–
VII. Diseases of the Circulatory System	7	10.1	1	16.6	1	9.1	–	–	1	11.1	–	–
VIII. Diseases of the Respiratory System	21	30.5	3	50.0	4	36.3	2	33.3	3	33.3	1	20.0
IX. Diseases of the Digestive System	7	10.2	–	–	1	9.1	–	–	2	22.2	1	20.0
XIII. Diseases of the Bones and Organs of Locomotion	1	1.4	1	16.6	–	–	–	–	–	–	–	–
XIV. Congenital Malformations	1	1.4	–	–	–	–	1	16.7	–	–	–	–
XVIII. Ill-Defined Causes of Death	1	1.4	–	–	–	–	–	–	–	–	–	–
Total	69	100.0	6	100.0	11	100.0	6	100.0	9	100.0	5	100.0

CAUSES OF DEATH	Post traumatic — natal		With epilepsy — idiopathic		With endocrine disorders		With familial amaurosis		With other organic nervous disease		Undifferentiated		Other forms	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases	–	–	–	–	1	50.0	1	100.0	–	–	4	25.0	3	50.0
III. Rhuematic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases	–	–	–	–	–	–	–	–	–	–	1	6.2	–	–
IV. Diseases of the Blood and Blood-Making Organs	–	–	–	–	–	–	–	–	–	–	–	–	–	–
VI. Diseases of the Nervous System and of the Organs of Special Sense	1	33.3	1	33.3	–	–	–	–	–	–	4	25.0	–	–
VII. Diseases of the Circulatory System	–	–	–	–	–	–	–	–	1	100.0	2	12.5	1	16.7
VIII. Diseases of the Respiratory System	1	33.3	1	33.3	–	–	–	–	–	–	4	25.0	2	33.3
IX. Diseases of the Digestive System	–	–	1	33.3	1	50.0	–	–	–	–	1	6.2	–	–
XIII. Diseases of the Bones and Organs of Locomotion	–	–	–	–	–	–	–	–	–	–	–	–	–	–
XIV. Congenital Malformations	–	–	–	–	–	–	–	–	–	–	–	–	–	–
XVIII. Ill-Defined Causes of Death	1	33.3	–	–	–	–	–	–	–	–	–	–	–	–
Total	3	100.0	3	100.0	2	100.0	1	100.0	1	100.0	16	100.0	6	100.0

We will not discuss the clinical groups having less than five deaths. Cases of hereditary mental defect (familial) show their highest percentage of deaths among diseases of the respiratory system. The mongol group is high in infectious diseases and diseases of the respiratory system. Cases with developmental cranial anomalies also show high proportions in the same two clinical groups. Cases with congenital cerebral spastic infantile paralyses are high in diseases of the nervous system and of the respiratory system. The post-infectional group is high in infectious diseases.

Table 135. — *Percentage Distribution of Causes of Death and Mental Status of Patients Who Died in State Schools during 1937 Compared with Causes of Death in General Population, 1937*

Causes of Death	Percentage					
	Total	Idiot	Imbecile	Moron	Not Mentally Defective	General Population
I. Infectious and Parasitic Diseases:						
Whooping Cough	1.4	3.4	–	–	–	.1
Erysipelas	1.4	3.4	–	–	–	.06
Epidemic cerebrospinal meningitis	1.4	–	–	8.3	–	.1
Tuberculosis of the respiratory system	20.4	10.3	37.0	8.3	–	3.4
Tuberculosis of other organs	1.4	3.4	–	–	–	.2
Purulent infection, septicemia (non-puerperal)	1.4	–	3.7	–	–	.04
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:						
Diabetes mellitus	1.4	–	–	8.3	–	2.8
IV. Diseases of the Blood and Blood Making Organs:						
Other anemias	1.4	–	3.7	–	–	.04
VI. Diseases of the Nervous System and of the Organs of Special Sense:						
Other diseases of the spinal cord	3.0	3.4	3.7	–	–	.1
Cerebral hemorrhage	1.4	–	–	8.3	–	8.3
Epilepsy	3.0	–	3.7	8.3	–	.1
Other diseases of the nervous system	4.3	3.4	3.7	8.3	–	.3
Diseases of the ear and of the mastoid process	3.0	–	3.7	8.3	–	.2
VII. Diseases of the Circulatory System:						
Endocarditis	7.3	3.4	3.7	16.7	100.0	3.4
Myocarditis	1.4	3.4	–	–	–	8.3
Other diseases of the heart	1.4	–	–	8.3	–	9.3
VIII. Diseases of the Respiratory System:						
Diseases of the larynx	1.4	3.4	–	–	–	.03
Bronchopneumonia	18.9	31.0	11.1	8.3	–	4.4
Lobar pneumonia	7.3	10.3	3.7	8.3	–	3.5
Other diseases of the respiratory system (tuberculosis excepted)	3.0	6.9	–	–	–	.08
IX. Diseases of the Digestive System:						
Diseases of the pharynx and tonsils	1.4	3.4	–	–	–	.2
Ulcer of the stomach and duodenum	1.4	–	3.7	–	–	.6
Diarrhea and enteritis	4.4	3.4	7.4	–	–	.4
Appendicitis	1.4	–	3.7	–	–	1.0
Other diseases of the liver	1.4	–	3.7	–	–	.1
XIII. Diseases of the Bones and Organs of Locomotion:						
Diseases of other organs of locomotion	1.4	–	3.7	–	–	.01
XIV. Congenital Malformations:						
Congenital malformations (still-births not included)	1.4	3.4	–	–	–	.7
XVIII. Ill-defined Causes of Death:	1.4	3.4	–	–	–	.04
All other causes	–	–	–	–	–	51.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 274 for detail)

The undifferentiated show the high percentage of deaths in three groups, infectious diseases, diseases of the nervous system and respiratory diseases. The group other forms shows a higher percentage of deaths in infectious diseases. The small number of deaths for a single year renders unreliable comparative statistics between the clinical groups. However, the accumulation of these figures over a period of years will provide more reliable data.

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1937, BY MENTAL STATUS

Table 135 gives the percentage distribution of the causes of death in the various mental status groups for 1937. In the totals, the four prominent causes of death are tuberculosis of the respiratory system, 20.4%, bronchopneumonia, 18.9%, endocarditis, 7.3% and lobar pneumonia, 7.3%. Adding all causes we find that failure of the heart or respiratory system is linked with death in mental defectives in a total of 61% of cases.

In the idiot group we observe that bronchopneumonia is first with 31.0%, tuberculosis of the respiratory system and lobar pneumonia are second with 10.3% each. In the imbecile group, tuberculosis of the respiratory system is first with 37.0%, bronchopneumonia second with 11.1%; and diarrhea and enteritis third with 7.4%. In the moron group, endocarditis was the chief cause of death with 16.7%. Tuberculosis and bronchopneumonia are prominent in every mental status group.

Owing to age differences between the resident population of State schools and the general population, exact comparisons are impossible. However, we note certain diseases are very high in mental deficiency. The infectious diseases account for 27% of State school deaths and 3% of deaths in the population. Other significant differences are endocarditis — State schools 7%, population 3%; bronchopneumonia — State schools 18%, population 4%; lobar pneumonia — State schools 7%, population 3%; diarrhea and enteritis — State schools 4.4%, population .4%.

CLINICAL DIAGNOSES OF DEATHS IN STATE SCHOOLS, 1937, BY INTELLIGENCE QUOTIENT

Table 136 outlines the average intelligence quotient of patients dying during 1937 divided into the various clinical groups. The average intelligence quotient of all patients dying was .27, .26 for the males and .29 for the females. We recall that the average intelligence quotient of discharges was .58 for both males and females (Table 122). This shows that patients of higher intelligence are discharged while those of lower intelligence contribute more materially to the deaths. Considering only the groups with five or more cases we note that the higher average I.Q.'s at death occur in other forms, with .40; undifferentiated with .37; and familial, .30. The lower average I.Q.'s at death are observed in the groups developmental cranial anomalies, .13; with congenital paralyses, .18; and mongolism, .26. It will be noted that the females present higher average I.Q.'s in nearly all of the clinical groups.

TABLE 136. — *Average Intelligence Quotient of Deaths in State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
With familial amaurosis	1	–	1	.05	–	.05
With other organic nervous diseases	–	1	1	–	.05	.05
With endocrine disorders	2	–	2	.10	–	.10
With developmental cranial anomalies	3	3	6	.22	.05	.13
With congenital cerebral spastic infantile paralyses	4	5	9	.15	.21	.18
Mongolism	4	7	11	.23	.28	.26
Post-traumatic — natal	3	–	3	.28	–	.28
With epilepsy — idiopathic	3	–	3	.28	–	.28
Post-infectional	3	2	5	.28	.30	.29
Familial	4	2	6	.30	.30	.30
Undifferentiated	7	9	16	.36	.37	.37
Other forms	4	2	6	.30	.60	.40
Total	38	31	69	.26	.29	.27

(See Table 272 for detail)

Clinical Diagnoses of Deaths in State Schools, 1937, by Age

Table 137 presents the average age of patients dying in State schools by clinical groupings. The average age at death was 23.7 years, 22.9 years for the males and 24.7 years for the females. The clinical groups showing the highest average ages at death are with other organic nervous diseases, 63.0 years; other forms, 35.0 years; and post-infectional, 32.6 years. At the other extreme we have the youngest ages at death shown in the groups with epilepsy — idiopathic, 7.0 years; developmental cranial anomalies, 8.1 years; and post-traumatic — natal, 12.8 years.

Table 137. — *Average Age of Deaths in State Schools, 1937, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Number			Average Age at Death in Years		
	M.	F.	T.	M.	F.	T.
With epilepsy — idiopathic	3	–	3	7.00	–	7.00
With developmental cranial anomalies	3	3	6	8.17	8.17	8.17
Post-traumatic — natal	3	–	3	12.83	–	12.83
Mongolism	4	7	11	30.00	13.50	19.50
With endocrine disorders	2	–	2	22.50	–	22.50
With familial amaurosis	1	–	1	22.50	–	22.50
With congenital cerebral spastic infantile paralyses	4	5	9	26.25	20.50	23.06
Familial	4	2	6	16.25	42.75	25.08
Undifferentiated	7	9	16	21.29	32.06	27.34
Post-infectional	3	2	5	32.67	32.50	32.60
With other organic nervous disease	–	1	1	–	63.00	63.00
Other forms	4	2	6	41.25	22.50	35.00
Total	38	31	69	22.92	24.79	23.76

(See Table 271 for detail)

Length of School Stay of Deaths in State Schools, 1937, by Clinical Diagnoses

Table 138 gives the average length of school stay of deaths during 1937 by clinical groupings. Cases dying in State schools during 1937 had remained an average of 9.5 years previous to death, 10.3 years for the males and 8.4 years for the females. The longest time in residence occurs in the groups with other organic nervous disease, 43.0 years (1 case only); other forms, 18.5 years; endocrine disorders, 15.0 years; post-infectional, 11.0 years; and congenital paralyses, 10.9 years. The shorter average lengths of residence are seen in the groups with developmental cranial anomalies, 2.8 years; with epilepsy — idiopathic, 3.7 years; post-traumatic — natal, 5.0 years; and mongolism, 7.1 years. In the groups mongolism, with developmental cranial anomalies, congenital paralyses, post-traumatic — natal, epilepsy — idiopathic, endocrine disorders, familial amaurosis, undifferentiated and other forms, we note that the males show longer periods in residence than do the females. In the groups familial and post-infectional, the females demonstrate the longer periods in residence.

Table 138. — *Average Length of Residence During THIS Admission of Patients Dying in State Schools, 1937, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Number			Average Length of Residence in Years		
	M.	F.	T.	M.	F.	T.
Familial	4	2	6	7.75	15.00	10.17
Mongolism	4	7	11	11.69	4.59	7.17
With developmental cranial anomalies	3	3	6	4.25	1.46	2.85
With congenital cerebral spastic infantile paralyses	4	5	9	17.50	5.75	10.97
Post-infectional	3	2	5	4.79	20.50	11.08
Post-traumatic — natal	3	–	3	5.04	–	5.04
With epilepsy — idiopathic	3	–	3	3.71	–	3.71
With endocrine disorders	2	–	2	15.00	–	15.00
With familial amaurosis	1	–	1	7.50	–	7.50
With other organic nervous disease	–	1	1	–	43.00	43.00
Undifferentiated	7	9	16	8.73	7.39	7.98
Other forms	4	2	6	23.75	8.00	18.50
Total	38	31	69	10.39	8.44	9.51

Section K. Patients in Residence in State Schools on September 30, 1937

The following section is devoted to a discussion of various factors in the resident population and patients carried on the books, of State schools on Setpember 30, 1937.

PATIENTS RESIDENT IN PUBLIC AND PRIVATE SCHOOLS, 1904–1937

Table 139 outlines the patients in residence in public and private schools on September 30 of each year from 1904 to 1937, inclusive. The rates per hundred thousand population are given on the totals for all schools and for the State schools. The total numbers in all institutions for mental defectives increased from 927 in 1904 to 5,917 in 1937. The rates increased from 30 per hundred thousand of the population in 1904 to 134 in 1937. This is an increase in rates of 346%. The total rates for the males increased from 38 in 1904 to 143 in 1937, a rate increase of 276%. The females increased from a rate of 23 in 1904 to 126 in 1937, an increase of 447%. It will be observed that the residence rates for the males are higher than those of the females in all years of the period. However, the greater increases in the females are bringing about a balance between the sexes. In 1904 the residence rate for males was 65% higher than that of the females. In 1937 the residence rate was but 13% higher.

In considering the figures for State schools we note that the numbers increased from 847 in 1904 to 5,244 in 1937. The residence rates have shown increases from 27 in 1904 to 119 in 1937. The males increased from a rate of 34 in 1904 to 120 in 1937, an increase of 252%. The females increased from 21 in 1904 to 118 in 1937, an increase of 461%. The males have shown higher residence rates in all years from 1904 to 1921. The sexes show the same rates in the years 1922, 1923, 1926 and 1927. In 1925 and from 1931 to 1936, inclusive, the females have shown higher residence rates. In 1937 the male rate was higher. In the State schools marked increases have been made in bed provision for females who were mentally defective.

It is interesting to recall that the resident rates for mental hospitals rose from 278 in 1904 to 490 in 1937, an increase of 76%. Over the same period the resident rates for State schools rose from 27 in 1904 to 119 in 1937, an increase of 340%. Residence rates for mental diseases, ten times as high as the residence rates for mental defectives in 1904, are only four times as high in 1937. Mental defect is gaining on mental diseases as a major public health problem.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1937, BY SCHOOL

Table 140 presents the mental status of cases resident in the three State schools on September 30, 1937, giving the percentage distributions. Considering the totals, the idiot group made up 14.7% of the resident population of all schools, 16.4% of the males and 13.1% of the females. The imbecile group constituted 42.3% of the resident population, 44.3% of males and 40.2% of females. The morons comprised 40.9%, 37.0% of males and 44.6% of females. The borderline group made up 1.7%; with .4% for the dull normals and .05% for the normals. The males exceed the females in the idiot, imbecile and dull normal classifications. The females offer higher percentages in the moron and borderline cases. Considering the schools separately, Wrentham has the largest percentage of the idiot group, 16.6% and also the imbecile group with 44.1%. Belchertown has the largest proportion of morons with 47.8%. Wrentham has larger proportions of the very low and the very high grade cases; Fernald has larger percentages in the imbecile group while Belchertown shows higher percentages in the morons.

LENGTH OF SCHOOL STAY OF PATIENTS IN RESIDENCE, 1937, BY AGE AT ADMISSION

Table 141 presents material on the age at admission and average length of school stay of all patients in residence in State schools on September 30, 1937, by sex. For all patients in residence, the average admission age was 13.9 years, 12.1 years for the males and 15.6 years for the females. The average length of time in residence for all patients within schools was 10.3 years, 10.2 years for the males and 10.5 years for the females. A total of 1,547 patients were admitted between the ages of 10 and 14 years; 1,548 between the ages of 5 and 9 years; and 973 between 15 and 19 years. Sixty-five per cent of the resident population were admitted under 15 years of age; 91.3% under the age of 25 years and 97.1% under 35 years.

Table 139. — *Patients in Residence in Public and Private Schools for the Mentally Defective 1904–1937: Rates per 100,000 Population*[1]

Years	Total — All Schools						State Schools						Defective Delinquents (Bridgewater)			Hospital Cottages			Private Schools		
	Number			Rate			Number			Rate											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	569	358	927	38.	23.	30.	513	334	847	34.	21.	27.	–	–	–	8	9	17	48	15	63
1905	672	433	1,105	44.	27.	35.	617	411	1,028	40.	26.	33.	–	–	–	7	8	15	48	14	62
1906	722	474	1,196	46.	29.	38.	668	452	1,120	43.	28.	35.	–	–	–	8	9	17	46	13	59
1907	768	537	1,305	48.	32.	40.	713	515	1,228	45.	31.	38.	–	–	–	8	9	17	47	13	60
1908	843	563	1,406	52.	33.	43.	793	539	1,332	49.	32.	40.	–	–	–	7	9	16	43	15	58
1909	906	610	1,516	55.	36.	45.	856	587	1,443	52.	34.	43.	–	–	–	5	10	15	45	13	58
1910	967	680	1,647	58.	39.	48.	915	652	1,567	55.	38.	46.	–	–	–	6	11	17	46	17	63
1911	1,026	710	1,736	61.	40.	50.	968	674	1,642	57.	38.	48.	–	–	–	12	18	30	46	18	64
1912	1,106	836	1,942	64.	47.	56.	1,049	796	1,845	61.	45.	53.	–	–	–	9	21	30	48	19	67
1913	1,147	862	2,009	66.	48.	57.	1,091	829	1,920	63.	46.	54.	–	–	–	6	16	22	50	17	67
1914	1,308	1,006	2,314	74.	55.	64.	1,227	967	2,194	70.	53.	61.	–	–	–	34	20	54	47	19	66
1915	1,370	1,054	2,424	77.	57.	67.	1,292	1,016	2,308	72.	55.	63.	–	–	–	35	20	55	43	18	61
1916	1,457	1,246	2,703	81.	66.	73.	1,376	1,206	2,582	76.	64.	70.	–	–	–	39	23	62	42	17	59
1917	1,497	1,293	2,790	82.	68.	75.	1,419	1,254	2,673	77.	66.	72.	–	–	–	38	23	61	40	16	56
1918	1,521	1,403	2,924	82.	73.	77.	1,431	1,332	2,763	77.	69.	73.	–	–	–	45	29	74	45	42	87
1919	1,519	1,376	2,895	81.	71.	76.	1,432	1,307	2,739	76.	67.	71.	–	–	–	48	27	75	39	42	81
1920	1,538	1,437	2,975	81.	73.	77.	1,452	1,368	2,820	76.	69.	73.	–	–	–	54	31	85	32	38	70
1921	1,553	1,522	3,075	81.	76.	79.	1,466	1,475	2,941	76.	74.	75.	–	–	–	54	26	80	33	21	54
1922	1,500	1,512	3,012	77.	75.	76.	1,389	1,460	2,849	72.	72.	72.	33	–	33	48	26	74	30	26	56
1923	1,768	1,711	3,479	90.	84.	87.	1,592	1,647	3,239	81.	81.	81.	98	–	98	44	32	76	34	32	66
1924	1,919	1,818	3,737	97.	88.	93.	1,699	1,761	3,460	86.	85.	86.	131	–	131	50	29	79	39	28	67
1925	1,979	1,908	3,887	99.	92.	95.	1,746	1,847	3,593	88.	89.	88.	150	–	150	45	28	73	38	33	71
1926	2,048	1,962	4,010	102.	93.	98.	1,796	1,864	3,660	89.	89.	89.	165	32	197	46	27	73	41	39	80
1927	2,147	2,060	4,207	106.	97.	101.	1,852	1,935	3,787	91.	91.	91.	196	61	257	60	26	86	39	38	77
1928	2,298	2,111	4,409	112.	98.	105.	1,956	1,956	3,912	95.	91.	93.	239	90	329	55	25	80	48	40	88
1929	2,354	2,153	4,507	114.	99.	107.	1,980	1,961	3,941	96.	90.	93.	272	97	369	52	36	88	50	59	109
1930	2,425	2,284	4,709	117.	104.	110.	2,050	2,109	4,159	98.	96.	97.	283	98	381	53	24	77	39	53	92
1931	2,519	2,442	4,961	120.	111.	115.	2,135	2,277	4,412	103.	104.	103.	289	86	375	51	29	80	44	50	94
1932	2,614	2,522	5,136	124.	113.	118.	2,205	2,361	4,566	106.	108.	107.	310	81	391	53	34	87	46	46	92
1933	2,763	2,620	5,383	129.	116.	123.	2,316	2,455	4,771	108.	109.	109.	350	88	438	54	38	92	43	39	82
1934	2,801	2,721	5,522	130.	120.	125.	2,375	2,558	4,933	110.	112.	111.	331	81	412	53	42	95	42	40	82
1935	2,840	2,785	5,625	134.	124.	129.	2,399	2,610	5,009	113.	116.	115.	353	96	449	48	37	85	40	42	82
1936	2,920	2,847	5,767	137.	126.	131.	2,461	2,672	5,133	116.	118.	117.	364	101	465	52	32	84	43	42	85
1937	3,060	2,857	5,917	143.	126.	134.	2,570	2,674	5,244	120.	118.	119.	400	100	500	50	34	84	40	49	89

---

[1] Estimated for intercensal years.

TABLE 140. — *Mental Status of Cases in Residence in State Schools on September 30, 1937, by School and Sex: Numbers and Percentages*

Number

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	421	350	771	96	75	171	159	113	272	166	162	328
Imbecile	1,140	1,076	2,216	238	242	480	513	349	862	389	485	874
Moron	952	1,192	2,144	201	421	622	476	322	798	275	449	724
Borderline	40	47	87	11	12	23	12	12	24	17	23	40
Dull Normal	15	8	23	1	3	4	2	2	4	12	3	15
Normal	2	1	3	1	–	1	1	1	2	–	–	–
Total	2,570	2,674	5,244	548	753	1,301	1,163	799	1,962	859	1,122	1,981

Percent

MENTAL STATUS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	16.4	13.1	14.7	17.5	10.0	13.1	13.7	14.1	13.9	19.3	14.4	16.6
Imbecile	44.3	40.2	42.3	43.4	32.1	36.9	44.1	43.7	43.9	45.3	43.3	44.1
Moron	37.0	44.6	40.9	36.7	55.9	47.8	40.9	40.3	40.7	32.0	40.0	36.5
Borderline	1.6	1.8	1.7	2.0	1.6	1.8	1.0	1.5	1.2	2.0	2.0	2.0
Dull Normal	.6	.3	.4	.2	.4	.3	.2	.3	.2	1.4	.3	.8
Normal	.1	.03	.05	.2	–	.1	.1	.1	.1	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

In comparing the sexes we note that the males are higher in the admission age groups under 5 years, 5–9 years, 10–14 years and 55 years and over, a total of 1,969 of the resident males being admitted during these ages as compared with 1,465 for the females. However, in the admission ages between 15 and 55 years we find the females predominating, or 1,209 of the resident females admitted in these age groups as compared with 601 for the males. Males tend to be admitted under the age of 14 years (76%). Among the females only 54% fall in the same ages. In the females the distribution of admission ages show a more uniform spread throughout all ages.

TABLE 141. — *Average Length of School Residence During This Admission, Patients Resident in State Schools on September 30, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	184	150	334	8.00	7.32	7.69
5– 9 years	951	597	1,548	9.98	10.33	10.12
10–14 years	831	716	1,547	10.39	10.62	10.49
15–19 years	371	602	973	11.16	9.97	10.43
20–24 years	112	276	388	11.39	12.91	12.44
25–29 years	55	140	195	11.47	10.91	11.07
30–34 years	20	87	107	12.81	12.85	12.84
35–39 years	24	55	79	11.92	10.56	10.98
40–44 years	9	29	38	11.38	8.19	8.95
45–49 years	6	11	17	10.66	9.44	9.87
50–54 years	4	9	13	8.50	9.40	9.12
55 years and over	3	2	5	3.79	12.50	7.27
Total	2,570	2,674	5,244			
Average Admission Age and Average Length of Residence	12.17	15.62	13.93	10.27	10.51	10.39

In the second section of this table we note that children admitted under five years of age have shown a low school stay of 7.6 years. The length of stay increases gradually through the various age groups up to a school residence of 12.4 years in the age group 20–24 years. The 30–34 year group shows the longest stay of 12.8 years. The males show the longer period of residence in State schools in six of the twelve age periods.

LENGTH OF SCHOOL STAY OF PATIENTS IN RESIDENCE, 1937, BY PRESENT AGE

Table 142 presents the present age and average length of school stay of patients in residence on September 30, 1937. The average present age of all resident cases was 24.0 years, 22.2 years for the males and 25.7 years for the females. The average length of residence is 10.3 years, 10.2 years for the males and 10.5 years for the females. In present age, the 15–19 years group leads with 1,015 cases. The 10–14 year group is second with 927 cases; the 20–24 year group third with 783 cases; and the 25–29 year age group fourth with 591 cases. It is interesting to note that we have a total of 221 cases, or 4.2% in residence who are, at present, over 50 years of age. Fifty-six are over 60 years and 5 are over 70 years of age. Only 75 of the resident cases are under 5 years of age. A total of 63.2% of resident patients are between the ages of 10 and 30 years. Under 5 years of age and from the age of 20 years onward, the females offer the larger numbers. In the age groups from 5 to 19 years and in the 55–59 year group, the males present the larger numbers.

Viewing the average length of time in residence in the second section of Table 142 we note a positive correlation between age and length of residence. Patients under 5 years of age at the present time have remained in schools an average of 1.2 years. Gradual increases occur until a school stay of 29.7 years is seen in those 70 years of age. Significant sex differences occur. In ten of the fifteen age groups the males have remained within schools for longer periods than the females.

TABLE 142. — *Average Length of School Residence During This Admission, Patients Resident in State Schools on September 30, 1937, by Present Age and Sex*

PRESENT AGE	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	37	38	75	1.01	1.56	1.29
5–9 years	233	165	398	2.21	2.51	2.34
10–14 years	574	353	927	4.12	4.24	4.17
15–19 years	557	458	1,015	6.34	5.49	5.96
20–24 years	316	467	783	10.41	8.37	9.19
25–29 years	283	308	591	14.10	11.92	12.97
30–34 years	178	280	458	12.03	14.74	15.87
35–39 years	139	202	341	19.54	16.47	17.72
40–44 years	89	167	256	23.68	18.66	20.41
45–49 years	70	109	179	27.80	20.96	23.63
50–54 years	41	63	104	28.67	22.12	24.70
55–59 years	32	29	61	29.87	29.34	29.62
60–64 years	17	23	40	27.64	25.43	26.37
65–69 years	4	7	11	35.37	26.92	30.00
70 years and over	–	5	5	–	29.70	29.70
Total	2,570	2,674	5,244			
Average Present Age and Average Length of Residence	22.23	25.79	24.05	10.27	10.51	10.39

If we calculate the maintenance costs, capital investment, interest, depreciation, etc., we come to an approximate figure of $400 per year for the State school care of each mental defective. The 5,244 cases in residence in our State schools, with an average stay of 10.3 years, have already cost the Commonwealth the sum of $21,605,280.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1929–1937: RATES PER 100,000 OF POPULATION AGED 0–44 YEARS

Table 143 gives the mental status of cases in residence in State schools on September 30 of each year from 1929 to 1937. In comparison with the State population aged 0–44 years (1930 census), the rate for the resident population of State schools had increased from 126 per hundred thousand in 1929 to 168 in 1937, a rate increase of 33% in eight years, or 4.1% per year. Among the idiots, the rate of 23 in 1929 is approximated by the 24 of 1937. The imbecile group increases from a low of 46 in 1929 to a high of 71 in 1937. The morons show a less precipitate increase from 52 in 1929 to 68 in 1937. The group not mentally defective shows a uniformly small rate of about 4 throughout the years studied, although 1937 shows a drop to 3. Over the period 1929 to 1937, both the imbeciles and morons show marked increases, while the idiot and not mentally defective groups show little change. The accumulation of these various mental status groups within institutions measures, to a certain degree, the extent of community demand for provision, and the possibility of return to the community, of the different types of patients. The idiot group presents uniform residence rates throughout the nine-year period.

TABLE 143. — *Mental Status of Cases Resident in State Schools on September 30, 1929–1937: Numbers and Rates per 100,000 Population of State 0–44 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929	3,941	126.	721	23.	1,450	46.	1,622	52.	148	4.
1930	4,159	133.	778	24.	1,517	48.	1,737	55.	127	4.
1931	4,412	141.	821	26.	1,623	52.	1,816	58.	152	4.
1932	4,566	146.	836	26.	1,649	52.	1,920	61.	161	5.
1933	4,771	153.	908	29.	1,723	55.	1,961	62.	179	5.
1934	4,933	158.	699	22.	1,978	63.	2,103	67.	153	4.
1935	5,009	160.	726	23.	2,052	65.	2,089	67.	142	4.
1936	5,133	164.	729	23.	2,137	68.	2,141	68.	126	4.
1937	5,244	168.	771	24.	2,216	71.	2,144	68.	113	3.

TABLE 144. — *Admission Ages of Patients Resident in State Schools on September 30, 1937, by Nativity, Parentage and Sex*

ADMISSION AGE	AGGREGATE			NATIVE BORN								
				TOTAL			PARENTAGE					
							Both Parents Foreign Born			One Parent Native One Parent Foreign		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	184	150	334	184	150	334	34	33	67	33	27	60
5– 9 years	951	597	1,548	928	586	1,514	269	191	460	173	105	278
10–14 years	831	716	1,547	804	690	1,494	266	221	487	132	116	248
15–19 years	371	602	973	352	583	935	122	176	298	63	108	171
20–24 years	112	276	388	109	254	363	43	79	122	11	43	54
25–29 years	55	140	195	51	131	182	16	41	57	9	22	31
30–34 years	20	87	107	18	75	93	4	24	28	3	15	18
35–39 years	24	55	79	21	45	66	7	10	17	2	8	10
40–44 years	9	29	38	8	22	30	–	4	4	3	4	7
45–49 years	6	11	17	6	10	16	3	1	4	2	3	5
50–54 years	4	9	13	3	8	11	1	2	3	–	2	2
55 years and over	3	2	5	3	2	5	1	1	2	–	–	–
Total	2,570	2,674	5,244	2,487	2,556	5,043	766	783	1,549	431	453	884
Average Age	12.17	15.62	13.93	12.06	15.31	13.70	12.59	15.10	13.86	11.72	15.45	13.63

ADMISSION AGE	NATIVE BORN — *Con.*						FOREIGN BORN			NATIVITY UNKNOWN		
	PARENTAGE — *Con.*											
	Both Parents Native Born			Unknown								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	101	78	179	16	12	28	–	–	–	–	–	–
5– 9 years	383	234	617	103	56	159	17	7	24	6	4	10
10–14 years	333	263	596	73	90	163	21	24	45	6	2	8
15–19 years	132	224	356	35	75	110	13	19	32	6	–	6
20–24 years	43	92	135	12	40	52	3	21	24	–	1	1
25–29 years	17	49	66	9	19	28	4	7	11	–	2	2
30–34 years	10	30	40	1	6	7	2	11	13	–	1	1
35–39 years	12	15	27	–	12	12	3	9	12	–	1	1
40–44 years	5	11	16	–	3	3	1	7	8	–	–	–
45–49 years	–	5	5	1	1	2	–	1	1	–	–	–
50–54 years	2	3	5	–	1	1	1	1	2	–	–	–
55 years and over	2	1	3	–	–	–	–	–	–	–	–	–
Total	1,040	1,005	2,045	250	315	565	65	107	172	18	11	29
Average Age	11.86	15.03	13.42	11.80	16.49	14.59	16.42	22.82	20.40	12.50	18.40	14.74

The imbecile and moron groups both show conspicuous increases, the trend being more marked in the imbeciles. The high death rate in the idiot group undoubtedly is a contributing factor in keeping their residence rates on a fairly even level. The moron group is showing a low death rate, the high discharge rates and a moderate degree of accumulation. There is less opportunity of placing the imbeciles in the community as parolees and this group is showing a pronounced accumulation.

NATIVITY OF PATIENTS RESIDENT IN STATE SCHOOLS, 1937, BY ADMISSION AGE

The average admission age of the resident population was 13.9 years; 12.1 years for males and 15.6 years for females (Table 144). The native born of the resident population were admitted 6.7 years younger than the foreign born, 13.7 years for the native born and 20.4 years for the foreign born. The native born with both parents foreign born were admitted at an average age of 13.8 years; 12.5 years for males and 15.1 years for females. The native born with one parent foreign born and the other parent native born show an average admission age of 13.6 years, 11.7 years for males and 15.4 years for females. The native born of native parentage were admitted at an average of 13.4 years; 11.8 years for males and 15.0 years for females. The native born were admitted at younger ages than the foreign born. Within the native born classification itself, however, the three parentage groups show admission ages which are within a half year of each other.

ADMISSION AGE, PRESENT AGE AND LENGTH OF SCHOOL STAY OF RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1937

Table 145 gives us the average age at admission, the average present age and the average length of school stay of patients in residence and patients out on visit on September 30, 1937 for the three schools. The Fernald State School shows the highest average present age of resident patients of 26.0 years. Belchertown is second with an average of 24.7 years. Wrentham shows the youngest resident age of 21.6 years. All show older present ages in females than males. Turning to the third section of this table we note that the Fernald State School shows the longest average residence of 12.6 years, 12.6 years for the males and 12.8 years for the females. Wrentham is next in order with 9.2 years for the resident cases, 8.0 years for the males and 10.1 years for the females. Belchertown presents an average of 7.6 years, 7.8 years for the males and 7.4 years for the females.

TABLE 145. — *Average Admission Age, Average Present Age and Average School Residence of Patients Resident in State Schools, and Out on Visit, etc., on September 30, 1937, by School and Sex*

Cases in Residence

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE			AVERAGE LENGTH OF SCHOOL STAY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown .	14.95	18.69	17.11	22.81	26.10	24.71	7.8	7.4	7.6
W. E. Fernald	12.07	15.25	13.37	24.68	28.05	26.05	12.6	12.8	12.6
Wrentham .	10.54	13.84	12.41	18.54	23.97	21.62	8.0	10.1	9.2
Total .	12.17	15.62	13.93	22.23	25.79	24.05	10.2	10.5	10.3
Cases Out of Institution									
Belchertown .	16.30	20.95	19.32	26.11	31.30	29.48	9.8	10.3	10.1
W. E. Fernald	12.14	18.83	16.00	22.77	34.98	29.82	10.6	16.1	13.8
Wrentham .	12.77	15.40	14.23	23.02	27.83	25.70	10.2	12.4	11.4
Total .	13.52	18.13	16.24	23.76	30.80	27.91	10.2	12.6	11.6

(See Tables 275 and 276 for detail)

The cases out of institutions represent those who are on visit or parole at the end of the year. The present age of these cases is 27.9 years, 23.7 years for the males and 30.8 years for the females. The males out of institutions are one year older and the females five years older than those resident within institutions. The present ages of patients out in the community are 29.4 years for Belchertown, 29.8

Table 146. — *Clinical Diagnoses of Resident Population of State Schools on September 30, 1937, by School and Sex: Numbers and Percentages*

Clinical Diagnoses	Total				Belchertown				Walter E. Fernald				Wrentham			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Familial	608	950	1,558	29.7	218	425	643	49.5	158	163	321	16.4	232	362	594	29.9
Mongolism	158	133	291	5.5	37	24	61	4.7	56	44	100	5.1	65	65	130	6.6
With developmental cranial anomalies	78	57	135	2.6	18	6	24	1.8	38	23	61	3.1	22	28	50	2.5
With congenital cerebral spastic infantile paralyses	103	94	197	3.7	19	14	33	2.5	55	60	115	5.9	29	20	49	2.5
Post-infectional	132	123	255	4.9	37	43	80	6.1	76	50	126	6.4	19	30	49	2.5
Post-traumatic — natal	63	49	112	2.1	9	4	13	1.0	39	26	65	3.3	15	19	34	1.7
Post-traumatic — post-natal	13	17	30	.6	3	–	3	.2	3	8	11	.6	7	9	16	.8
With epilepsy — symptomatic	4	16	20	.4	–	4	4	.3	2	2	4	.2	2	10	12	.6
With epilepsy — idiopathic	46	57	103	2.0	16	13	29	2.2	21	30	51	2.6	9	14	23	1.2
With endocrine disorders	30	38	68	1.3	2	1	3	.2	19	27	46	2.3	9	10	19	1.0
With familial amaurosis	7	3	10	.2	–	2	2	.2	6	–	6	.3	1	1	2	.1
With tuberous sclerosis	3	–	3	.1	1	–	1	.1	–	–	–	–	2	–	2	.1
With other organic nervous disease	12	6	18	.3	–	–	–	–	2	3	5	.2	10	3	13	.7
Undifferentiated	1,146	982	2,128	40.6	183	204	387	29.8	545	240	785	40.0	418	538	956	48.2
Other forms	167	149	316	6.0	5	13	18	1.4	143	123	266	13.6	19	13	32	1.6
Total	2,570	2,674	5,244	100.0	548	753	1,301	100.0	1,163	799	1,962	100.0	859	1,122	1,981	100.0

years for Fernald and 25.7 years for Wrentham. These cases placed out of institutions have been under the care of the three schools for 11.6 years, 10.2 years for the males and 12.6 years for the females. The cases placed out have remained on the books 13.8 years for the Fernald State School, 11.4 years for Wrentham and 10.1 years for Belchertown.

CLINICAL DIAGNOSES OF RESIDENT POPULATION, 1937, BY SCHOOL

Table 146 outlines the clinical classification of cases in residence at the three State schools on September 30, 1937. Taking the groups in numerical order we find that the undifferentiated demonstrate 48% at Wrentham, 40% at Fernald and 29% at Belchertown. The familial group is high at Belchertown with 49%; intermediate at Wrentham with 29%; and low at Fernald with 16%. In other forms we find that Fernald has the largest percentage in residence, 13% and Wrentham and Belchertown show 1% each. In the cases of mongolism we find the largest percentage resident at Wrentham, 6.6%, with 5.1% at Fernald and 4.7% at Belchertown.

CLINICAL DIAGNOSES IN ADMISSIONS, DISCHARGES, DEATHS TO STATE SCHOOLS, 1937, AND IN THE RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1937

Table 147 presents the clinical diagnoses of admissions, discharges, deaths, resident population and patients out for the year 1937. It gives us an excellent opportunity to compare the trends in the various clinical groupings for the five different classes of patients mentioned. By inspection, we may determine the tendency of certain clinical groups to predominate in admissions, discharges, deaths or in the resident population. We note that cases of mongolism made up 8% of admissions, 2% of discharges, 15% of deaths and but 5% of the resident population. These findings show at a glance that few mongolians are discharged, many of them die, and few accumulate in the resident population. A similar situation is seen in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, post-infectional, post-traumatic — natal, with epilepsy — idiopathic, and with endocrine disorders. In each of these groups high percentages among the deaths are observed. Certain groups are high in discharges. The familial group made up 18% of admissions, they showed an even higher proportion, 36%, of discharges. This clinical group, the group other forms, and to a lesser degree the group undifferentiated show this tendency to high proportions among the discharges.

TABLE 147. — *Clinical Diagnoses in Admissions, Discharges and Deaths at State Schools, 1937, and in the Resident Population and Patients Out on Parole, etc., September 30, 1937: Percentages*

CLINICAL DIAGNOSES	PERCENTAGE DISTRIBUTION				
	Admissions	Discharges	Deaths	Cases in Residence	Cases Out (Visit, Parole, etc.)
Familial	18.7	36.8	8.8	29.7	40.9
Mongolism	8.5	2.3	15.9	5.5	.6
With developmental cranial anomalies	3.9	1.1	8.8	2.6	1.2
With congenital cerebral spastic infantile paralyses	4.3	1.9	13.0	3.7	1.4
Post-infectional	3.1	4.5	7.2	4.9	3.7
Post-traumatic — natal	1.6	.7	4.3	2.1	1.6
Post-traumatic — post-natal	.2	–	–	.6	.2
With epilepsy — symptomatic	.2	.7	–	.4	.4
With epilepsy — idiopathic	.4	2.3	4.3	2.0	.6
With endocrine disorders	1.8	1.9	2.9	1.3	.8
With familial amaurosis	–	–	1.4	.2	.2
With tuberous sclerosis	–	–	–	.1	–
With other organic nervous disease	1.0	–	1.4	.3	–
Undifferentiated	49.9	37.6	23.2	40.6	45.0
Other forms	6.4	10.2	8.8	6.0	3.4
Total	100.0	100.0	100.0	100.0	100.0

(See Table 284 for detail)

Certain of the clinical diagnoses show a tendency toward retention within State schools. The familial, although showing a high proportion of discharges, 36%, have such a low death rate that they also show a high proportion of cases in residence, 29%. In addition, they make up 40% of cases out of the institution on visit, parole, etc. The undifferentiated, making up 49% of admissions and 37% of discharges, have a low death rate and also present a high proportion in the resident population, 40%, and an even higher percentage in the cases out on visit, parole, etc., 45%. The three clinical groups, familial, undifferentiated and other forms, make up 84% of the discharges and 89% of the cases out of State schools. Of outstanding interest here is the showing made by the familial group. Superficially, we would not expect the familial group, with its many supposed handicaps, to constitute such a large proportion of the discharges or cases returned to the community.

INTELLIGENCE QUOTIENT OF PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1937, BY ADMISSION AGE

Table 148 shows that patients making up the resident population of State schools on September 30, 1937 had an average intelligence quotient of .43, .41 for the males and .45 for the females. Patients admitted between 15–19 years of age show the high average I.Q. of .49. Those admitted between the ages 20–24 years are second with an average intelligence quotient of .48. Those admitted in the age groups 25–29 and 40–44 years show an average intelligence quotient of .45 each. The low average intelligence quotients are seen in cases coming in at the extremes of our age distribution. Cases admitted at 50–54 years show an average I.Q. of .32. Those admitted under the age of 5 years show the lowest average intelligence quotient of all, that of .31.

TABLE 148. — *Average Intelligence Quotient of Patients Resident in State Schools on September 30, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	184	150	334	.31	.30	.31
5– 9 years	951	597	1,548	.39	.36	.38
10–14 years	831	716	1,547	.44	.45	.44
15–19 years	371	602	973	.45	.52	.49
20–24 years	112	276	388	.42	.51	.48
25–29 years	55	140	195	.38	.47	.45
30–34 years	20	87	107	.40	.46	.44
35–39 years	24	55	79	.36	.46	.43
40–44 years	9	29	38	.40	.46	.45
45–49 years	6	11	17	.35	.39	.37
50–54 years	4	9	13	.35	.31	.32
55 years and over	3	2	5	.31	.45	.37
Total	2,570	2,674	5,244	.41	.45	.43

PRESENT AGE OF PATIENTS IN RESIDENCE, 1937, BY SCHOOL

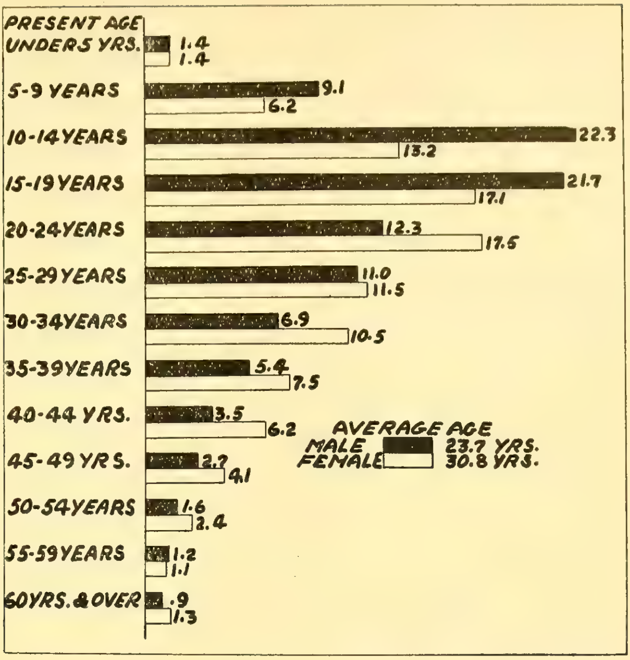
Table 149 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1937, by sex. The age group presenting the highest percentage of resident cases is that of 15–19 years, with 19.3%. Next in order are the age group 10–14 years, with 17.7% and the 20–24 year group with 14.9%. We observe that 51% of patients in residence are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. Patients in residence 50 years of age or older comprise 4.3%.

The males predominate in the younger age groups 5–9 years, 10–14 years and 15–19 years and these groups contain 53.1% of the males in residence. However, in the succeeding age groups over 20 years, the females are decidedly in the majority, with the exception of the group 55–59 years. The males have 54.5% under the age of 20 years and 45.5% 20 years or older. The females have 37.9% under 20 years of age and 62.1% 20 years or older . These sex differences are revealed in the average present ages. The females (25.7 years) average 3.5 years higher than the males (22.2 years).

Table 149. — *Present Age of Resident Population in State Schools on September 30, 1937, by School: Percentages and Averages*

Present Age	All Schools			Belchertown			Walter E. Fernald			Wrentham		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.4	1.4	1.4	.7	.7	.7	.1	–	.1	3.7	2.9	3.3
5– 9 years	9.1	6.2	7.6	8.9	4.8	6.5	6.4	5.1	5.9	12.7	7.8	9.9
10–14 years	22.3	13.2	17.7	16.2	8.2	11.6	20.8	13.4	17.8	28.3	16.4	21.6
15–19 years	21.7	17.1	19.3	25.0	19.8	22.0	21.2	17.6	19.7	20.3	15.0	17.3
20–24 years	12.3	17.5	14.9	14.8	23.6	19.9	11.8	14.6	12.9	11.4	15.3	13.6
25–29 years	11.0	11.5	11.3	11.3	12.2	11.8	11.4	11.4	11.4	10.2	11.1	10.8
30–34 years	6.9	10.5	8.7	7.1	9.3	8.4	7.1	8.9	7.8	6.5	12.5	9.8
35–39 years	5.4	7.5	6.5	7.1	8.0	7.6	5.7	6.5	6.0	4.0	8.0	6.3
40–44 years	3.5	6.2	4.9	4.0	5.6	4.9	4.9	7.0	5.8	1.2	6.1	3.9
45–49 years	2.7	4.1	3.4	1.3	3.6	2.6	4.7	6.6	5.5	.9	2.6	1.9
50–54 years	1.6	2.4	2.0	1.3	2.1	1.8	2.7	3.9	3.2	.3	1.4	.9
55–59 years	1.2	1.1	1.2	1.3	.5	.8	1.8	2.4	2.0	.5	.5	.5
60–64 years	.7	.8	.8	.9	.9	.9	1.0	1.6	1.3	–	.3	.2
65–69 years	.2	.3	.2	–	.4	.2	.3	.5	.4	–	–	–
70 years and over	–	.2	.1	–	.3	.2	–	.4	.2	–	–	–
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Present Age	22.23	25.79	24.05	22.81	26.10	24.71	24.68	28.05	26.05	18.54	23.97	21.62

(See Table 275 for detail)



GRAPH 15. — PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1937, BY SEX: PERCENTAGES

The Belchertown State School shows the low percentage of 40 in the resident population who are under 20 years of age. Fernald has 43% under 20, while Wrentham has 52%. While all three schools show larger proportions of males in the younger ages, this tendency is most marked at Wrentham.

LENGTH OF SCHOOL STAY IN STATE SCHOOLS OF PATIENTS IN RESIDENCE, 1937, BY INTELLIGENCE QUOTIENT

Table 150 presents the length of school stay of patients in residence by intelligence quotient. In the totals the I.Q. group .50–.59 presents the largest number of cases in residence, namely, 1,026. The I.Q. group .40–.49 is second with 991 patients; the group .60–.69 third with 777 patients; the .30–.39 group fourth with 698; and the .20–.29 group fifth with 629. Seven hundred and ninety-two cases showed intelligence quotients between 0 and .19. These numbers, of course, do not represent the occurrence of these various intelligence quotient groupings in the community. We have a larger proportion of the existing cases of lower mental grade admitted to State schools than those of the higher mental ratings. In addition, the patients of the lower mental ratings tend to be retained within institutions. In the sexes the males show the larger numbers of cases with I.Q.'s between 0 and .49. The females present larger numbers in the I.Q. groups from .50 on. These differences are reflected in the total average I.Q., that of the females (.45) which is four points higher than that of the males (.41).

In reference to the length of school residence we observe that the I.Q. group .40–.49 has remained longest in residence with 12.3 years. (The group .90 and over is excluded because of small numbers.) Next we find the I.Q. group 0–.09 with a residence of 12.1 years. All I.Q. groups from .10 to .39 have been in residence an average of approximately 11 years. In the .50–.59 I.Q. group there is a decided decrease in length of residence to 9.2 years, a still further decrease in the .60–.69 I.Q. group to 7.4 years, while the shortest length of residence is observed in the I.Q. group .70–.79 with 6.5 years. The two remaining I.Q. groups contain very small numbers of cases of a highly specialized type. In the I.Q. groups 0–.09 and .10–.19 the females show a longer average school stay than the males. In the I.Q. groups .20–.29 and .30–.39 the males show the longer school residence. The females show the longer residence in the remaining I.Q. groups. The longer stay of females in these latter groups is much more marked than in the lower I.Q. groupings.

TABLE 150. — *Average Length of School Stay During This Admission of Patients Resident in State Schools on September 30, 1937, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
0–.09	140	125	265	11.44	12.83	12.10
.10–.19	294	233	527	10.96	11.04	11.00
.20–.29	334	295	629	12.49	11.36	11.96
.30–.39	375	323	698	11.81	11.63	11.72
.40–.49	501	490	991	11.75	12.86	12.30
.50–.59	458	568	1,026	8.99	9.53	9.29
.60–.69	335	442	777	6.49	8.14	7.43
.70–.79	123	175	298	5.57	7.30	6.58
.80–.89	8	19	27	6.92	8.38	7.95
.90 and over	2	4	6	20.00	20.00	20.00
Total	2,570	2,674	5,244	10.27	10.51	10.39
Average I. Q.	.41	.45	.43			

(See Table 280 for detail)

POPULATION OF PLACE OF RESIDENCE, PATIENTS WITHIN STATE SCHOOLS, 1937, BY MENTAL STATUS

Table 151 presents the population of place of residence of all cases within State schools on September 30, 1937 and the rates of admission per 100,000 of the same population groups, by mental status.

In the total rates we note that the villages, 0–2,499 population, show the highest rate of 180. The rates then gradually decrease from this high point to the low rate of 96 in the population group 50,000–99,999. The rates then rise to a second high point of 142 in the largest population units of 250,000 and over. Mental defectives going to make up the resident population of State schools show their highest incidence in the small and the large communities with a lower occurrence in the intermediate cities.

The idiot group presents its high rate of 22 in the largest cities and the next highest rate of 19 in the villages (0–2,499). The imbeciles present the high rate in patients from the villages, with 68 and the largest cities are next with a rate of 66. The morons present their high rate of 86 in the villages but show their next highest rate of 58 in the next population group, the smaller towns. Their lowest rate of 36 occurs in the intermediate cities, 50,000–99,999 population. Viewing this table as a whole, the moron and not mentally defective groups tend to show higher rates in the villages and smaller communities. The imbeciles are fairly well balanced, showing about the same rates for the villages as the larger cities. However, the idiots reverse this and tend to show higher proportions from the larger communities.

CLINICAL DIAGNOSES OF PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1937, BY INTELLIGENCE QUOTIENT

Table 152 shows the average intelligence quotient of patients resident in State schools, by clinical groupings. The undifferentiated group shows the largest proportion with 2,128 cases, 1,146 males and 982 females. The familial group is second with 1,558 cases, 608 males and 950 females; other forms third with 316 cases, 167 males and 149 females; and mongolism fourth with 291 cases, 158 males and 133 females.

The average intelligence quotient of all resident cases was .43, .41 for the males and .45 for the females. This is intermediate between the average intelligence quotient of .58 for the discharges and .27 for cases dying during the year. The familial group shows the highest average I.Q. of .50. With other organic disease is second with an average I.Q. of .46. The groups undifferentiated and post-

Table 151. — *Population of Place of Residence at Time of Admission, Patients Resident in State Schools on September 30, 1937, by Mental Status: Numbers and Rates per 100,000 of Same Population Units, 1930 Census.*

Population Units	Population in Each Unit, 1930 Census	Resident Population in State Schools									
		Total		Idiot		Imbecile		Moron		Not Mentally Defective	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
0– 2,499	199,957	360	180.0	39	19.5	137	68.5	172	86.0	12	6.0
2,500– 9,999	544,976	734	134.6	88	16.1	302	55.4	318	58.3	26	4.7
10,000– 24,999	693,428	844	121.7	108	15.5	339	48.8	378	54.5	19	2.7
25,000– 49,999	576,467	575	99.7	92	15.9	258	44.7	218	37.8	7	1.2
50,000– 99,999	460,411	442	96.0	76	16.5	192	41.7	167	36.2	7	1.5
100,000–249,999	993,187	1,154	116.1	186	18.7	459	46.2	487	49.0	22	2.2
250,000 plus	781,188	1,117	142.9	179	22.9	523	66.9	397	50.8	18	2.3
Unknown	–	18	–	3	–	6	–	7	–	2	–
Total	4,249,614	5,244	123.3	771	18.1	2,216	52.1	2,144	50.4	113	2.6

(See Table 278 for detail)

infectional are next with an average I.Q. of .44 and .43, respectively. The lower average intelligence quotients are noted in the groups with tuberous sclerosis, .08 with epilepsy — idiopathic, .25; and mongolism, .26. In ten of the clinical groups the males present higher average intelligence than the females.

Table 152. — *Average Intelligence Quotient of Patients Resident in State Schools, September 30, 1937, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Number			Average Intelligence Quotient		
	M.	F.	T.	M.	F.	T.
With tuberous sclerosis	3	–	3	.08	–	.08
With epilepsy — idiopathic	46	57	103	.27	.22	.25
Mongolism	158	133	291	.25	.27	.26
With developmental cranial anomalies	78	57	135	.33	.26	.30
Post-traumatic — natal	63	49	112	.34	.31	.32
With epilepsy — symptomatic	4	16	20	.18	.35	.32
With congenital cerebral spastic infantile paralyses	103	94	197	.34	.31	.33
With endocrine disorders	30	38	68	.42	.35	.38
Post-traumatic — post-natal	13	17	30	.41	.40	.40
With familial amaurosis	7	3	10	.46	.32	.42
Post-infectional	132	123	255	.43	.43	.43
Undifferentiated	1,146	982	2,128	.42	.46	.44
With other organic nervous disease	12	6	18	.46	.45	.46
Familial	608	950	1,558	.48	.52	.50
Other forms	167	149	316	.42	.41	.41
Total	2,570	2,674	5,244	.41	.45	.43

(See Table 277 for detail)

ADMISSION AGES AND PRESENT AGES OF PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1937, BY CLINICAL DIAGNOSES

Table 153 gives the average admission age and the average present age of patients in residence in State schools by clinical diagnoses. The resident population presents an average present age of 24.0 years, 22.2 years for the males and 25.7 years for the females. These same cases at the time of admission averaged 13.9 years, with an average of 12.1 years for the males and 15.6 years for the females. The highest average present age is seen in the group epilepsy — symptomatic, 32.1 years. These cases were 16.1 years of age at the time of admission. Other forms have a present age of 30.8 years but averaged 15.9 years at the time of adission. The group familial amaurosis has a present age of 27.1 years. The admission age of this group was 12.1 years. The lowest average present age is seen

Table 153. — *Average Admission Age and Average Present Age of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

Clinical Diagnoses	Average Admission Age			Average Present Age		
	M.	F.	T.	M.	F.	T.
Familial	11.8	16.4	14.6	20.5	26.3	24.0
Mongolism	9.6	10.6	10.0	15.7	16.2	15.9
With developmental cranial anomalies	10.7	9.2	10.0	19.8	17.3	18.8
With congenital cerebral spastic infantile paralyses	11.7	13.5	12.6	23.9	25.6	24.8
Post-infectional	12.0	14.2	13.1	22.8	25.4	24.0
Post-traumatic — natal	10.3	13.1	11.5	19.0	22.5	20.6
Post-traumatic — post-natal	12.2	13.5	12.9	16.2	34.7	26.7
With epilepsy — symptomatic	10.2	17.5	16.1	37.5	30.8	32.1
With epilepsy — idiopathic	11.2	13.8	12.6	22.0	28.3	25.5
With endocrine disorders	12.2	12.9	12.6	22.7	23.0	22.8
With familial amaurosis	12.5	11.1	12.1	30.7	18.8	27.1
With tuberous sclerosis	9.1	–	9.1	18.3	–	18.3
With other organic nervous disease	10.3	17.5	12.7	13.7	27.1	18.1
Undifferentiated	12.6	16.4	14.3	23.3	26.5	24.8
Other forms	14.5	17.5	15.9	29.1	32.7	30.8
Total	12.1	15.6	13.9	22.2	25.7	24.0

in mongolism, 15.9 years. These cases averaged 10.0 years of age at the time of admission. In the majority of the clinical groups the averages for the females present a higher present age. However, in the groups developmental cranial anomalies, epilepsy — symptomatic, familial amaurosis, and tuberous sclerosis, the males show higher average present ages.

LENGTH OF SCHOOL STAY DURING THIS ADMISSION, PATIENTS RESIDENT IN STATE SCHOOLS, 1937, BY CLINICAL DIAGNOSES

Table 154 presents the average length of stay during this admission of all patients in residence in State schools by clinical diagnoses. The groups familial amaurosis, 17.2 years; epilepsy — symptomatic, 16.5 years; and other forms, 14.8 years, show the longest periods of school residence. The shorter periods of school residence are viewed in the groups organic nervous diseases, 5.4 years; mongolism, 6.1 years; and tuberous sclerosis, 7.8 years. It will be noted that the males show a longer net residence than the females in but six of the fifteen clinical groupings.

TABLE 154. — *Average Net Residence During This Admission of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	608	950	1,558	8.64	10.05	9.50
Mongolism	158	133	291	6.03	6.28	6.15
With developmental cranial anomalies	78	57	135	9.19	8.22	8.78
With congenital cerebral spastic infantile paralyses	103	94	197	12.12	12.31	12.21
Post-infectional	132	123	255	10.22	11.51	10.85
Post-traumatic — natal	63	49	112	9.22	10.47	9.77
Post-traumatic — post-natal	13	17	30	5.64	20.65	14.15
With epilepsy — symptomatic	4	16	20	27.63	13.81	16.58
With epilepsy — idiopathic	46	57	103	11.26	14.44	13.02
With endocrine disorders	30	38	68	10.70	9.32	9.92
With familial amaurosis	7	3	10	21.21	7.83	17.20
With tuberous sclerosis	3	–	3	7.83	–	7.83
With other organic nervous disease	12	6	18	2.95	10.50	5.47
Undifferentiated	1,146	982	2,128	11.02	10.28	10.68
Other forms	167	149	316	14.62	15.14	14.87
Total	2,570	2,674	5,244	10.27	10.51	10.39

(See Table 279 for detail)

COUNTY OF RESIDENCE AT TIME OF ADMISSION OF PATIENTS WITHIN STATE SCHOOLS ON SEPTEMBER 30, 1937, AND OF ADMISSIONS, 1937: RATES PER 100,000 OF STATE POPULATION

Table 155 and Graph 16 give the county of residence for all admissions during 1937 and also for all cases in residence on September 30, 1937. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1937, and also presents the rates per 100,000 of the population of these counties as of the 1937 estimated population for each county. The counties having the highest proportionate representation in our State schools were as follows: Franklin, with 211 persons in residence in State schools per 100,000 of the population of that county; Hampshire, 180; Barnstable, 153; Hampden, 134; and Suffolk, 131. Counties presenting the lowest rates for patients in residence in State schools are: Nantucket, 29; Dukes, 66; Norfolk, 94; and Plymouth, 97. The rate for the entire State was 119 persons in residence in State schools per 100,000 of the estimated population of the State for 1937. Here we observe the tendency for patients from certain counties to be retained in the resident population.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1937 per 100,000 population of the same county of residence. Franklin, Barnstable and Worcester Counties show the highest rates with 19, 15 and 15 persons, respectively, admitted to State schools during 1937 per 100,000 of the population of these counties. Next in order are

Hampden, 13; Plymouth, 13; and Hampshire, 12. The rate of admission for all counties combined is 11. This rate cannot be taken as typical of the incidence of mental deficiency or the rate at which mental defectives are coming to the attention of the authorities. This indicates simply the number of cases of the greatest urgency that could be admitted to the institutions during the last statistical year.

TABLE 155. — *County of Residence of Admissions, 1937, and Resident Population of State Schools, September 30, 1937: Rates per 100,000 of Corresponding Counties, State Population, 1937.*

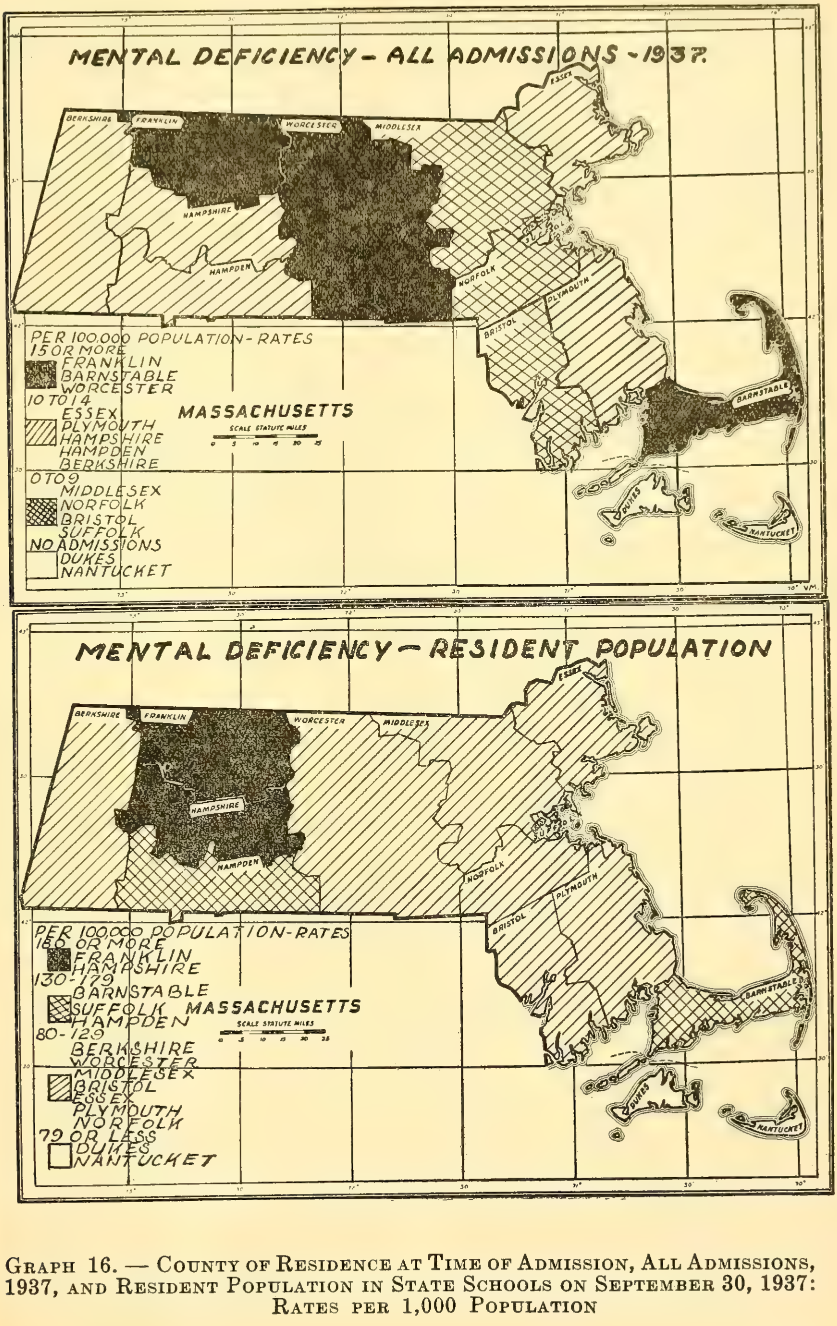
COUNTIES	CASES IN RESIDENCE SEPTEMBER 30, 1937			RATE PER 100,000 POPULATION OF SAME COUNTY[1]	CASES ADMITTED DURING YEAR[2]			RATE PER 100,000 POPULATION OF SAME COUNTY[1]
	M.	F.	T.		M.	F.	T.	
Franklin	51	58	109	211.	3	7	10	19.
Hampshire	45	90	135	180.	4	5	9	12.
Barnstable	23	36	59	153.	4	2	6	15.
Hampden	230	218	448	134.	23	22	45	13.
Suffolk	613	605	1,218	131.	63	28	91	9.
Berkshire	62	90	152	125.	7	7	14	11.
Worcester	304	314	618	124.	41	37	78	15.
Middlesex	566	553	1,119	115.	54	35	89	9.
Bristol	193	194	387	105.	18	15	33	8.
Essex	261	242	503	99.	47	10	57	11.
Plymouth	63	100	163	97.	9	13	22	13.
Norfolk	149	161	310	94.	19	11	30	9.
Dukes	1	3	4	66.	–	–	–	–
Nantucket	–	1	1	29.	–	–	–	–
Non-residents	9	9	18	–	1	2	3	–
Total	2,570	2,674	5,244	119.	293	194	487	11.

(See Table 286 for detail)

[1] Population of each county estimated for 1937.

[2] Does not include transfers.

Graph 16 presents the patients admitted during 1937 and those resident in State schools on September 30, 1937, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations admitted to, and resident within, our State schools.



Graph 16. — County of Residence at Time of Admission, All Admissions, 1937, and Resident Population in State Schools on September 30, 1937: Rates per 1,000 Population

EPILEPSY — NON-PSYCHOTIC

Section L. General Discussion of Epileptic Patients (Non-Psychotic), Under Care at the Monson State Hospital, 1937

This year marks the initiation of a new section devoted to statistics on non-psychotic epileptics at the Monson State Hospital. For many years the statistics of the Monson State Hospital have been unsatisfactory owing to the obvious mixture of epileptics with psychoses and other patients who have epilepsy without the presence of a mental disorder. Some time ago the section on convulsive disorders of the American Psychiatric Association prepared a separate clinical classification for epileptics without mental disorder. Other states have used this clinical classification and it has been deemed advisable that Massachusetts should conform to this procedure so that comparable statistics may be available. As a consequence, this year the statistics of the Monson State Hospital are divided into two sections. The first section is based on the psychiatric classification and presents data on the epileptic psychoses using the regular standard tables of the American Psychiatric Association. These data are included in the regular statistics of mental hospitals as reported in a preceding section of this report, the Statistical Review of Mental Disorders. A second section is based upon the clinical classification of convulsive disorders, non-psychotic. These tables are being presented this year for the first time in this new section, devoted to a statistical review of the epilepsies "without mental disorder."

PATIENTS UNDER CARE, SEPTEMBER 30, 1937

Table 156 shows that at the end of the statistical year there were 1,031 patients on the books of the Monson State Hospital falling in the category of non-psychotic epileptics; 514 were males and 517 were females. Within the institution we have a total of 957 patients, 472 males and 485 females.

TABLE 156. — *Epileptics (Non-Psychotic) Under Care at the Monson State Hospital on September 30, 1937, by Sex*

	NUMBER		
	M.	F.	T.
In institution	472	485	957
On Visit, etc.	42	32	74
Total	514	517	1,031

Section M. Admission of Non-Psychotic Epileptic Patients, 1937

CLINICAL CLASSIFICATION OF EPILEPSIES IN FIRST ADMISSIONS, 1937

Table 157 demonstrates that the largest percentage of first admissions fell in the group symptomatic — due to brain disease, a total of 46%. The idiopathic group is second with 37%, followed by the symptomatic, toxaemic-endogenous with 14%. The males predominate in the idiopathic group and in the symptomatic — due to brain disease. The females present larger proportions in the symptomatic-exogenous and symptomatic-endogenous groups.

TABLE 157. — *Clinical Classification of First Admissions of Epileptics (Non-Psychotic), 1937, by Sex*

	NUMBER			PER CENT		
	M.	F.	T.	M.	F.	T.
Symptomatic:						
Toxaemic:						
Exogenous	1	1	2	1.6	2.3	1.9
Endogenous	7	8	15	11.4	18.6	14.4
Due to brain disease	29	19	48	47.5	44.1	46.1
Idiopathic	24	15	39	39.3	34.8	37.5
Total	61	43	104	100.0	100.0	100.0

NATIVITY OF FIRST ADMISSIONS OF PATIENTS WITH EPILEPSY NON-PSYCHOTIC, 1937

Table 158 shows that of the 104 first admissions, 99 were native born and 5 foreign born. Comparing them with population 0–24 years we find the foreign born with a rate of 4.7 per 100,000 and the native born with a rate of 5.7 per 100,000. Dividing the native born in accordance with the nativity of the parents, we find that the native born with one parent foreign born and the other parent native born, show the high admission of 7.9 per 100,000. The native born with both parents born in the United States, are lower with a rate of 5.7. The native born with both parents foreign born show the low admission rate of 4.2.

TABLE 158. — *Nativity and Parentage of First Admissions, of Epileptics (Non-Psychotic), 1937: Rates per 100,000 of Same Nativity Groups under 24 Years of Age (1930 Census)*

	NUMBER	RATE
Foreign Born	5	4.7
Native Born:	99	5.7
Foreign Parentage	29	4.2
Mixed Parentage	24	7.9
Native Parentage	41	5.7
Unknown Parentage	5	–
Total	104	5.7

AGE OF FIRST ADMISSIONS OF PATIENTS WITH EPILEPSY NON-PSYCHOTIC, 1937

Table 159 compares the ages of first admissions with epilepsy with corresponding age groups in the general population. The males with a rate of 2.9 per 100,000 show a higher admission rate than that of the females — 1.9. Within the individual age groups the group under 5 years is sending the largest proportion of cases to Monson, a rate of 7.7 per 100,000. The ages between 5 and 20 years are all showing a rate of over 5 per 100,000. Once 20 years is reached, there is a sharp drop to 1.7 per 100,000 and this rate drops even lower in the older age groups. For the ages under 5 years the rate for the females (8.7) is higher than that of the males (6.7). For all ages over 5, however, we see the males showing higher admission rates. In the 5–9 year age group, the male rate (8.0) is four times that of the female rate (2.0).

TABLE 159. — *Age of First Admissions of Epileptics (Non-Psychotic), 1937, by Sex: Rate per 100,000 of Corresponding Population, (1930 Census)*

	NUMBER			RATE		
	M.	F.	T.	M.	F.	T
Under 5 years	12	15	27	6.7	8.7	7.7
5– 9 years	16	4	20	8.0	2.0	5.1
10–14 years	17	5	22	8.7	2.5	5.6
15–19 years	11	8	19	6.0	4.3	5.1
20–24 years	4	2	6	2.4	1.0	1.7
25–29 years	–	4	4	–	2.3	1.2
30–34 years	–	1	1	–	.5	.3
35–39 years	–	2	2	–	1.1	.5
40–44 years	–	1	1	–	.6	.3
45–49 years	–	–	–	–	–	–
50 years and over	1	1	2	.2	.2	.2
Total	61	43	104	2.9	1.9	2.4

(See Table 165 for detail)

Section N. Discharges to the Community of Patients with Epilepsy (Non-Psychotic), 1937

CONDITION ON DISCHARGE OF PATIENTS RETURNED TO THE COMMUNITY, 1937, BY DIAGNOSIS

Table 160 shows that of the 41 patients returned to the community during 1937, none was recorded as recovered, 1 was improved, and 40 were unimproved. A division by diagnosis places 2 patients in the toxaemic-exogenous group, 7 patients in the toxaemic-endogenous group, 11 in the classification — due to brain disease, and 21 in the idiopathic group.

TABLE 160. — *Condition on Discharge of Epileptic (Non-Psychotic) Returned to the Community, 1937, by Diagnoses and Sex*

CONDITION ON DISCHARGE	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered:															
Number	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Percent	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Improved:															
Number	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Percent	100.0	–	100.0	100.0	–	100.0	–	–	–	–	–	–	–	–	–
Unimproved:															
Number	26	14	40	1	–	1	4	3	7	6	5	11	15	6	21
Percent	100.0	100.0	100.0	3.8	–	2.5	15.3	21.4	17.5	23.0	35.7	27.5	57.6	42.8	52.5
Total:															
Number	27	14	41	2	–	2	4	3	7	6	5	11	15	6	21
Percent	100.0	100.0	100.0	7.4	–	4.8	14.8	21.4	17.0	22.2	35.7	26.8	55.5	42.8	51.2

TABLE 161. — *Total Duration of Institutional Life of Epileptics (Non-Psychotic) Dying in 1936 and 1937*

DURATION OF INSTITUTIONAL LIFE	1937		1936	
	Number	Percent	Number	Percent
Less than 1 month	6	11.3	5	10.2
1– 3 months	6	11.3	2	4.0
4– 7 months	6	11.3	5	10.2
8–11 months	2	3.7	1	2.0
1– 2 years	4	7.5	7	14.2
3– 4 years	4	7.5	2	4.0
5– 6 years	4	7.5	3	6.1
7– 8 years	2	3.7	2	4.0
9–10 years	2	3.7	5	10.2
11–12 years	2	3.7	1	2.0
13–14 years	3	5.6	–	–
15–19 years	3	5.6	6	12.2
20 years and over	9	16.9	10	20.4
Total	53	100.0	49	100.0
Average Length of Residence	7.84		9.32	

(See Table 172 for detail)

Section O. Deaths of Patients with Epilepsy (Non-Psychotic), 1937

During 1937 there was a total of 53 deaths among the non-psychotic epileptic patients at the Monson State Hospital, 34 males and 19 females.

DURATION OF HOSPITAL LIFE OF EPILEPTICS NON-PSYCHOTIC DYING, 1936 AND 1937

Table 161 shows that the total duration of institutional life of patients dying during 1937 was 7.8 years. This was somewhat shorter than the same average of 9.3 for the year 1936. In 1937 a total of 20 deaths, or 37.6% of the total, occurred within one year. In 1936 only 26% of the total died with a hospital stay of under one year. In general these patients dying show an unusually even distribution into the various lengths of hospital residence. In 1937, 9 patients, and in 1936, 10 patients had spent 20 years or more of their lives within institutions.

CAUSES OF DEATH IN EPILEPTICS NON-PSYCHOTIC, 1936 AND 1937

In Table 162 epilepsy is given as a cause of death in 50% of patients dying during 1937. Bronchopneumonia and other respiratory diseases are very high, being the cause in 28% of deaths. Tuberculosis and congenital malformations account for 3.7% of deaths each. In the preceding year, 1936, epilepsy was responsible for 44% of deaths, bronchopneumonia and other respiratory diseases 26%, and tuberculosis 6%. Excluding epilepsy as a cause of death, diseases of the respiratory system, of one type or another, are prominent in the causes of death among the epileptics.

TABLE 162. — *Causes of Death in Epileptics (Non-Psychotic) Dying in 1936 and 1937*

CAUSES OF DEATH	1937		1936	
	Number	Percent	Number	Percent
Erysipelas	1	1.8	–	–
Tuberculosis of the respiratory system	2	3.7	3	6.1
Purulent infection, septicaemia	–	–	1	2.0
Other infectious diseases	1	1.8	–	–
Cancer and other malignant tumors	–	–	1	2.0
Diabetes	–	–	1	2.0
Epilepsy	27	50.9	22	44.8
Diseases of the organs of special sense (eye, ear and mastoid)	1	1.8	–	–
Chronic endocarditis (valvular disease)	1	1.8	–	–
Diseases of the myocardium	–	–	1	2.0
Other diseases of the heart	1	1.8	–	–
Bronchopneumonia and other respiratory diseases	15	28.3	13	26.5
Ulcer of the stomach and duodenum	–	–	1	2.0
Other diseases of the stomach	1	1.8	–	–
Diarrhea and enteritis	–	–	1	2.0
Hernia, intestinal obstruction	–	–	1	2.0
Nephritis (acute, chronic and unspecified)	–	–	1	2.0
Congenital malformations	2	3.7	1	2.0
Other external causes	1	1.8	2	4.0
Total	53	100.0	49	100.0

(See Table 170 for detail)

Section P. Non-Psychotic Epileptics in Residence in the Monson State Hospital on September 30, 1937

On September 30, 1937, there were 643 first admissions classified as non-psychotic epileptics resident at the Monson State Hospital, 321 males and 322 females. Readmissions in residence totaled 314 patients, 151 males and 163 females.

LENGTH OF HOSPITAL STAY DURING THE PRESENT ADMISSION OF ALL EPILEPTICS NON-PSYCHOTIC IN RESIDENCE, SEPTEMBER 30, 1937, BY DIAGNOSIS

Table 163 shows us that of the 643 first admissions in residence, 2 were diagnosed as toxaemic-exogenous, 164 as toxaemic-endogenous, 195 as symptomatic — due to brain disease, and 282 as idiopathic. The males predominate in the cases due to brain disease, while the females present a higher number in the idiopathic group. In the readmissions in residence, 2 were diagnosed as toxaemic-exogenous, 92 as toxaemic-endogenous, and 70 as due to brain disease. One hundred and fifty placed in the idiopathic group.

TABLE 163. — *Average Length of Hospital Residence during the Present Admission of All Non-Psychotic Epileptic First Admissions and Readmissions in Residence on September 30, 1937, by Sex*

First Admissions

EPILEPTIC GROUPS	NUMBER			AVERAGE NET HOSPITAL RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Symptomatic:						
Toxaemic:						
Exogenous	1	1	2	7.50	.44	3.97
Endogenous	82	82	164	9.52	9.41	9.46
Due to brain disease	103	92	195	4.94	6.24	5.55
Idiopathic	135	147	282	7.91	11.31	9.68
Total	321	322	643	7.37	9.34	8.36

Readmissions

EPILEPTIC GROUPS	M.	F.	T.	M.	F.	T.
Symptomatic:						
Toxaemic:						
Exogenous	2	–	2	8.97	–	8.97
Endogenous	49	43	92	12.02	11.24	11.66
Due to brain disease	38	32	70	8.52	5.87	7.31
Idiopathic	62	88	150	11.16	12.68	12.05
Total	151	163	314	10.74	10.96	10.86

The first admissions in residence had remained in hospital a total of 8.3 years at the end of 1937, an average of 7.3 years for the males and 9.3 years for the females. The idiopathic group had remained the longest with an average of 9.6 years, and the toxaemic-exogenous the shortest time with 3.9 years.

The readmissions in residence had remained an average of 10.8 years, 10.7 years for the males and 10.9 years for the females. In readmissions, also, the idiopathic group had remained longest, an average of 12.0 years. The symptomatic — due to brain disease had remained the shortest time, 7.3 years.

TABLE 164. — *Movement of Patient Population, of Epileptics (Non-Psychotic), for the Year Ended September 30, 1937, by Sex*

	TOTAL			REGULAR COURT COMMITMENT			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of institution Sept. 30, 1936	519	496	1,015	192	191	383	3	305	632
Admissions during year:									
First admissions	61	43	104	8	8	16	53	35	88
Readmissions	9	8	17	5	2	7	4	6	10
Total Admissions	70	51	121	13	10	23	57	41	98
Transfers from other mental hospitals	–	2	2	–	2	2	–	–	–
Total received during year	70	53	123	13	12	25	57	41	98
Total on books during year	589	549	1,138	205	203	408	384	346	730
Discharged from books during year:									
As recovered	–	–	–	–	–	–	–	–	–
As improved	1	–	1	1	–	1	–	–	–
As unimproved	26	14	40	3	1	4	23	13	36
As without psychosis	–	–	–	–	–	–	–	–	–
Total discharged to community	27	14	41	4	1	5	23	13	36
Transferred to other mental hospitals	14	–	14	14	–	14	–	–	–
Died during year	34	19	53	9	7	16	25	12	37
Total discharged, transferred and died during year	75	33	108	27	8	35	48	25	73
Patients remaining on books of hospital at end of year:									
In hospital	472	485	957	165	189	354	307	296	603
On parole or otherwise absent	42	32	74	15	8	23	27	24	51
Total	514	517	1,031	180	197	377	334	320	654

NOTE: — During the year two males and one female had a Change of Legal Status from Section 87 Sane Voluntary to Section 69 Court Commitment. In addition one female patient was changed from the Psychiatric classification to the Epileptic classification. For these reasons this table does not balance.

TABLE 165. — *Age of First Admissions, of Epileptics (Non-Psychotic), 1937, by Diagnosis and Sex*

AGE GROUPS	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	12	15	27	–	–	–	2	3	5	10	12	22	–	–	–
5– 9 years	16	4	20	–	–	–	–	2	2	11	2	13	5	–	5
10–14 years	17	5	22	–	–	–	5	–	5	5	3	8	7	2	9
15–19 years	11	8	19	–	–	–	–	1	1	1	–	1	10	7	17
20–24 years	4	2	6	–	–	–	–	1	1	2	–	2	2	1	3
25–29 years	–	4	4	–	–	–	–	1	1	–	–	–	–	3	3
30–34 years	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
35–39 years	–	2	2	–	1	1	–	–	–	–	1	1	–	–	–
40–44 years	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
45–49 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
50–54 years	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1
Total	61	43	104	1	1	2	7	8	15	29	19	48	24	15	39

TABLE 166. — *Degree of Education of First Admissions, of Epileptics (Non-Psychotic), 1937, by Sex*

DEGREE OF EDUCATION	PATIENTS 16 YEARS AND UNDER			DEGREE OF EDUCATION	PATIENTS 17 YEAR AND OVER		
	M.	F.	T.		M.	F.	T.
Less than first grade	30	22	52	Illiterate	–	3	3
First grade	5	2	7	Reads only	–	–	–
Second grade	4	1	5	Reads and writes	1	1	2
Third grade	5	1	6	Common school	7	10	17
Fourth grade	3	1	4	High school	1	1	2
Fifth grade	2	–	2	College	–	–	–
Sixth or higher	2	–	2	Unknown	1	1	2
Total	51	27	78	Total	10	16	26

TABLE 167. — *Population of Place of Residence of First Admissions of Epileptics (Non-Psychotic), 1937, by Sex*

POPULATION	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0– 2,499	2	–	2	–	–	–	–	–	–	–	–	–	2	–	2
2,500– 9,999	9	8	17	–	–	–	2	1	3	4	4	8	3	3	6
10,000– 24,999	8	10	18	–	–	–	2	2	4	3	5	8	3	3	6
25,000– 49,999	12	8	20	–	1	1	2	1	3	5	4	9	5	2	7
50,000– 99,999	7	5	12	–	–	–	–	2	2	6	1	7	1	2	3
100,000–249,999	15	6	21	1	–	1	1	1	2	5	3	8	8	2	10
250,000–499,999	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
500,000 plus	8	6	14	–	–	–	–	1	1	6	2	8	2	3	5
Total	61	43	104	1	1	2	7	8	15	29	19	48	24	15	39

TABLE 168. — *Economic Condition of First Admissions, of Epileptics (Non-Psychotic) 1937, by Sex*

ECONOMIC CONDITION	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	14	15	29	1	1	2	2	2	4	6	5	11	5	7	12
Marginal	45	25	70	–	–	–	5	6	11	21	13	34	19	6	25
Comfortable	2	2	4	–	–	–	–	–	–	2	1	3	–	1	1
Unknown	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Total	61	43	104	1	1	2	7	8	15	29	19	48	24	15	39

TABLE 169. — *Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out on September 30, 1937, of Epileptics (Non-Psychotic), by Status of Admission and Sex*

EPILEPTIC GROUPS	ADMISSIONS						DISCHARGES						DEATHS						RESIDENT POPULATION						PATIENTS OUT ON VISIT ETC.					
	First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to Ageneses and Birth Injuries:																														
Due to Ageneses	21	12	33	3	1	4	2	2	4	–	–	–	8	5	13	–	2	2	48	47	95	12	12	24	4	1	5	1	–	1
Due to Injury at Birth	6	5	11	–	1	1	1	1	2	1	1	2	–	2	2	–	–	–	26	21	47	8	8	16	6	2	8	–	–	–
Due to Hydrocephalus (congenital)	1	–	1	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	6	3	9	2	1	3	–	–	–	–	–	–
Due to Infection:																														
Due to typhoid fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to congenital syphilis	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	5	6	11	2	2	4	–	–	–	–	2	2
Due to acquired syphilis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Due to epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Due to influenza	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	1	1	2	–	1	1	1	–	1	–	–	–
Due to measles	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	5	5	10	4	–	4	–	–	–	–	–	–
Due to scarlet fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7	–	1	1	–	–	–	–	–	–
Due to other infections	6	7	13	1	–	1	3	2	5	–	–	–	1	3	4	–	–	–	39	37	76	24	16	40	–	1	1	1	2	3
Due to Intoxication:																														
Due to alcohol	1	1	2	1	–	1	2	–	2	–	–	–	1	–	1	–	–	–	1	1	2	2	–	2	1	–	1	–	–	–
Due to Trauma (after birth):																														
Due to trauma (after birth)	–	1	1	–	–	–	1	–	1	–	–	–	1	–	1	1	–	1	8	6	14	11	–	11	–	–	–	–	–	–
Due to Disturbance of Circulation or Blood Supply (Cardiovascular):																														
Due to arteriosclerosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to hemorrhage	–	1	1	–	1	1	–	1	1	–	–	–	1	2	3	–	–	–	8	11	19	5	8	13	–	1	1	–	–	–
Due to Psychic Disturbance:																														
Due to psychic disturbance	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
Due to Hydrocephalus (acquired):																														
Due to hydrocephalus (acquired)	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–
Due to Disturbance of Endocrines, Nutrition or Metabolism:																														
Due to gastro-intestinal disorder	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	13	18	31	9	13	22	–	–	–	–	–	–
Due to endocrinopathic convulsive disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1	–	–	–
Due to rickets	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	15	11	26	10	8	18	–	–	–	1	–	1
Due to Neoplasm:																														
Due to tuberous sclerosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7	–	2	2	1	–	1	–	–	–
Idiopathic:																														
Idiopathic	20	13	33	3	4	7	9	3	12	3	–	3	4	2	6	3	–	3	57	55	112	23	28	51	11	10	21	6	3	9
Others — Unclassified:																														
Others — unclassified	4	2	6	1	1	2	3	1	4	–	2	2	5	–	5	1	2	3	78	92	170	39	59	98	6	3	9	2	5	7
Total	61	43	104	9	8	17	23	10	33	4	4	8	25	15	40	9	4	13	321	322	643	151	163	314	31	19	50	11	13	24

NOTE: — Admissions and Discharges do not include transfers.

TABLE 170. — *Causes of Death of Epileptics (Non-Psychotic) Dying, 1937, by Diagnosis and Sex*

CAUSES OF DEATH	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases															
Erysipelas	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Tuberculosis of the Respiratory System	–	2	2	–	–	–	–	1	1	–	1	1	–	–	–
Other infectious diseases	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Diseases of the Nervous System and of the Organs of Special Sense:															
Epilepsy	22	5	27	1	–	1	5	1	6	6	2	8	10	2	12
Diseases of the organs of special sense (eye, ear and mastoid)	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Diseases of the Circulatory System:															
Chronic Endocarditis (valvular disease)	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Other diseases of the heart	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Diseases of the Respiratory System:															
Bronchitis	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Bronchopneumonia (including capillary bronchitis)	7	5	12	–	–	–	2	1	3	4	4	8	1	–	1
Lobar pneumonia	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Other diseases (Tuberculosis excepted)	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Diseases of the Digestive System:															
Other diseases (cancer excepted)	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Congenital Malformations	2	–	2	–	–	–	–	–	–	2	–	2	–	–	–
Violent and Accidental Deaths:															
Other external causes	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Total	34	19	53	1	–	1	8	4	12	12	11	23	13	4	17

TABLE 171. —*Age of Epileptics (Non-Psychotic) at Time of Death, 1937, by Diagnosis and Sex*

AGE GROUPS	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	6	5	11	–	–	–	–	–	–	6	5	11	–	–	–
5– 9 years	2	3	5	–	–	–	–	–	–	1	3	4	1	–	1
10–14 years	2	1	3	–	–	–	1	1	2	1	–	1	–	–	–
15–19 years	6	1	7	–	–	–	1	1	2	2	–	2	3	–	3
20–24 years	3	2	5	–	–	–	1	1	2	–	1	1	2	–	2
25–29 years	2	1	3	–	–	–	1	1	2	–	–	–	1	–	1
30–34 years	4	2	6	–	–	–	1	–	1	1	1	2	2	1	3
35–39 years	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
40–44 years	2	2	4	–	–	–	–	–	–	–	1	1	2	1	3
45–49 years	2	–	2	1	–	1	–	–	–	–	–	–	1	–	1
50–54 years	2	1	3	–	–	–	1	–	1	–	–	–	1	1	2
55–59 years	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
60–64 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
65–69 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
70 years and over	2	–	2	–	–	–	1	–	1	1	–	1	–	–	–
Total	34	19	53	1	–	1	8	4	12	12	11	23	13	4	17

TABLE 172. — *Total Net Duration of Hospital Life During All Admissions of Epileptics (Non-Psychotic) Dying, 1937, by Diagnosis and Sex*

DURATION OF HOSPITAL LIFE	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Less than 1 month	2	4	6	–	–	–	–	–	–	1	3	4	1	1	2
1– 3 months	5	1	6	–	–	–	–	–	–	3	1	4	2	–	2
4– 7 months	4	2	6	–	–	–	–	1	1	2	1	3	2	–	2
8–12 months	1	1	2	–	–	–	–	–	–	–	1	1	1	–	1
1– 2 years	2	2	4	–	–	–	–	–	–	2	2	4	–	–	–
3– 4 years	2	2	4	–	–	–	1	1	2	1	–	1	–	1	1
5– 6 years	1	3	4	–	–	–	1	1	2	–	2	2	–	–	–
7– 8 years	1	1	2	–	–	–	–	–	–	–	1	1	1	–	1
9–10 years	2	–	2	1	–	1	–	–	–	1	–	1	–	–	–
11–12 years	1	1	2	–	–	–	–	1	1	–	–	–	1	–	1
13–14 years	3	–	3	–	–	–	2	–	2	–	–	–	1	–	1
15–19 years	3	–	3	–	–	–	1	–	1	–	–	–	2	–	2
20 years and over	7	2	9	–	–	–	3	–	3	2	–	2	2	2	4
Total	34	19	53	1	–	1	8	4	12	12	11	23	13	4	17

APPENDIX

Detailed Tables

A. Mental Disorders (Tables 173–251)
B. Mental Deficiency (Tables 252–286)

TABLE 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1936	13,752	13,225	26,977	1,120	1,581	2,701	77	51	128	1,249	1,372	2,621
Cases Admitted during Year												
Regular Commitment Cases:												
First admissions	1,593	1,530	3,123	239	224	463	54	46	100	219	253	472
Readmissions	743	601	1,344	75	82	157	10	9	19	95	106	201
Total	2,336	2,131	4,467	314	306	620	64	55	119	314	359	673
Temporary Care Cases:												
First admissions	968	680	1,648	61	44	105	728	530	1,258	83	40	123
Readmissions	316	214	530	20	17	37	238	182	420	22	7	29
Total	1,284	894	2,178	81	61	142	966	712	1,678	105	47	152
Observation Cases:												
First admissions	427	200	627	43	13	56	143	55	198	41	35	76
Readmissions	114	53	167	17	4	21	43	17	60	16	7	23
Total	541	253	794	60	17	77	186	72	258	57	42	99
Voluntary Cases:												
First admissions	170	100	270	–	–	–	28	14	42	1	3	4
Readmissions	63	48	111	–	–	–	8	9	17	1	–	1
Total	233	148	381	–	–	–	36	23	59	2	3	5
Total cases admitted by transfer	360	379	739	17	26	43	1	6	7	17	17	34
Total cases admitted	4,754	3,805	8,559	472	410	882	1,253	868	2,121	495	468	963
Total cases under treatment	18,506	17,030	35,536	1,592	1,991	3,583	1,330	919	2,249	1,744	1,840	3,584
Cases Discharged during Year												
Regular Commitment Cases:												
As recovered	268	212	480	50	45	95	2	1	3	11	1	12
As improved	698	688	1,386	66	96	162	35	23	58	137	118	255
As unimproved	134	101	235	16	21	37	2	3	5	5	6	11
As not insane	26	17	43	3	2	5	–	–	–	5	–	5
Died	940	898	1,838	140	158	298	6	4	10	123	122	245
Total	2,066	1,916	3,982	275	322	597	45	31	76	281	247	528
Temporary Care Cases:												
As recovered	71	18	89	7	3	10	1	–	1	30	4	34
As improved	306	298	604	8	5	13	280	267	547	8	10	18
As unimproved	567	424	991	27	34	61	509	365	874	7	7	14
As not insane	280	127	407	22	15	37	163	71	234	46	21	67
Died	57	24	81	17	3	20	10	8	18	14	4	18
Total	1,281	891	2,172	81	60	141	963	711	1,674	105	46	151
Observation Cases:												
As recovered	101	36	137	5	1	6	–	–	–	15	10	25
As improved	51	65	116	4	6	10	21	30	51	12	11	23
As unimproved	99	24	123	11	1	12	82	15	97	–	1	1

As not insane	252	92	344	34	10	44	77	23	100	22	10	32
Died	36	32	68	5	2	7	3	1	4	6	8	14
Total	539	249	788	59	20	79	183	69	252	55	40	95
Voluntary Care Cases:												
As recovered	11	11	22	–	–	–	–	–	–	–	–	–
As improved	57	41	98	–	–	–	21	13	34	–	–	–
As unimproved	54	32	86	–	–	–	7	4	11	–	–	–
As not insane	54	25	79	–	–	–	6	7	13	3	3	6
Died	37	16	53	–	–	–	1	–	1	–	–	–
Total	213	125	338	–	–	–	35	24	59	3	3	6
Total cases discharged by transfer	345	354	699	26	68	94	37	43	80	77	62	139
Total cases discharged during year	4,444	3,535	7,979	441	470	911	1,263	878	2,141	521	398	919
Patients on books September 30, 1937:												
Regular commitment cases	13,432	12,901	26,333	1,146	1,519	2,665	35	23	58	1,209	1,434	2,643
Temporary care cases	27	15	42	1	1	2	20	13	33	3	1	4
Observation cases	54	19	73	4	1	5	8	4	12	10	6	16
Voluntary cases	549	560	1,109	–	–	–	4	1	5	1	1	2
Total on books	14,062	13,495	27,557	1,151	1,521	2,672	67	41	108	1,223	1,442	2,665
Total number of patients actually in hospitals September 30, 1937	12,749	11,956	24,705	1,030	1,338	2,368	43	28	71	1,078	1,236	2,314
Averages												
Daily average population (including patients on escape, on visit and in family care)	13,833.30	13,338.41	27,171.71	1,129.98	1,519.00	2,648.98	79.45	51.14	130.59	1,205.	1,397.	2,602.
Daily average population (excluding patients on escape, on visit and in family care)	12,527.92	11,813.26	24,341.18	994.76	1,352.04	2,346.80	42.91	31.02	73.93	1,050.	1,203.	2,253.
Rated capacity of the hospitals	11,751	10,370	22,121	1,005	1,111	2,116	60	49	109	877	991	1,868
Patients on visit September 30, 1937	1,192	1,255	2,447	118	176	294	24	13	37	138	195	333
Daily average number of patients on visit during year	1,175.22	1,236.47	2,411.69	133.14	154.98	288.12	36.54	20.12	56.66	146.	183.	329.
Patients on escape September 30, 1937	58	11	69	3	1	4	–	–	–	7	2	9
Daily average number of patients on escape during year	63.44	6.82	70.26	2.08	.27	2.35	–	–	–	8.57	.71	9.28
Patients boarded out September 30, 1937	63	273	336	–	6	6	–	–	–	–	9	9
Daily average number of patients boarded out during year	60.96	281.51	342.47	–	11.71	11.71	–	–	–	–	10.01	10.01
Ex-service men on books September 30, 1937	2,206	9	2,215	39	–	39	15	–	15	78	2	80
Daily average number on books during year	2,161.52	11.14	2,172.66	55.81	–	55.81	19.24	.16	19.40	84.41	2.	86.41
Daily average number actually in hospital during year	2,001.17	6.45	2,007.62	42.15	–	42.15	8.53	.16	8.69	68.	.16	68.16
Support of patient population (exclusive of patients on escape and on visit):												
Supported by State	10,412	10,411	20,823	955	1,164	2,119	43	27	70	971	1,010	1,981
Reimbursing	747	1,539	2,286	74	173	247	–	1	1	106	226	332
Ex-service patients for whom pay is received from the Federal Government	1,590	6	1,596	1	1	2	–	–	–	1	–	1
Non-insane patients actually in hospitals September 30, 1937:												
Mentally defective	54	31	85	–	–	–	1	2	3	–	1	1
Epileptic	473	486	959	–	–	–	–	–	–	–	–	–
Others	66	22	88	3	1	4	8	4	12	6	4	10
Total	593	539	1,132	3	1	4	9	6	15	6	5	11

TABLE 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1936	634	761	1,395	862	748	1,610	736	719	1,455	802	1,130	1,932	753	873	1,626
Cases Admitted during Year															
Regular Commitment Cases:															
First admissions	78	90	168	26	33	59	31	18	49	86	82	168	–	–	–
Readmissions	42	28	70	13	18	31	14	17	31	44	48	92	–	–	–
Total	120	118	238	39	51	90	45	35	80	130	130	260	–	–	–
Temporary Care Cases:															
First admissions	3	5	8	14	5	19	–	–	–	5	2	7	–	–	–
Readmissions	3	1	4	2	2	4	–	–	–	3	–	3	–	–	–
Total	6	6	12	16	7	23	–	–	–	8	2	10	–	–	–
Observation Cases:															
First admissions	13	10	23	8	6	14	–	3	3	5	2	7	–	–	–
Readmissions	5	1	6	1	2	3	–	2	2	2	1	3	–	–	–
Total	18	11	29	9	8	17	–	5	5	7	3	10	–	–	–
Voluntary Cases:															
First admissions	1	1	2	6	1	7	–	–	–	–	–	–	–	–	–
Readmissions	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Total	1	2	3	6	2	8	–	–	–	–	–	–	–	–	–
Total cases admitted by transfer	12	25	37	4	5	9	37	36	73	26	35	61	107	161	268
Total cases admitted	157	162	319	74	73	147	82	76	158	171	170	341	107	161	268
Total cases under treatment	791	923	1,714	936	821	1,757	818	795	1,613	973	1,300	2,273	860	1,034	1,894
Cases Discharged during Year															
Regular Commitment Cases:															
As recovered	12	10	22	1	–	1	1	3	4	–	2	2	1	1	2
As improved	27	29	56	22	27	49	19	5	24	36	38	74	11	13	24
As unimproved	5	9	14	–	–	–	3	1	4	6	3	9	1	–	1
As not insane	1	1	2	3	3	6	–	–	–	–	–	–	–	–	–
Died	46	40	86	32	30	62	31	36	67	48	49	97	17	33	50
Total	91	89	180	58	60	118	54	45	99	90	92	182	30	47	77
Temporary Care Cases:															
As recovered	4	1	5	4	–	4	–	–	–	2	–	2	–	–	–
As improved	–	–	–	2	1	3	–	–	–	2	–	2	–	–	–
As unimproved	–	2	2	4	2	6	–	–	–	–	1	1	–	–	–
As not insane	1	3	4	5	3	8	–	–	–	5	1	6	–	–	–

Died	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Total	6	6	12	15	7	22	–	–	–	9	2	11	–	–	–
Observation Cases:															
As recovered	7	2	9	6	1	7	–	–	–	–	–	–	–	–	–
As improved	2	2	4	–	4	4	–	–	–	–	1	1	–	–	–
As unimproved	1	–	1	–	–	–	–	1	1	–	1	1	–	–	–
As not insane	6	4	10	2	3	5	–	4	4	6	1	7	–	–	–
Died	3	–	3	–	1	1	–	–	–	1	–	1	–	–	–
Total	19	8	27	8	9	17	–	5	5	7	3	10	–	–	–
Voluntary Care Cases:															
As recovered	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
As improved	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–
As unimproved	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
As not insane	1	–	1	3	1	4	–	–	–	–	–	–	–	–	–
Died	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total	1	2	3	5	3	8	–	–	–	–	–	–	–	–	–
Total cases discharged by transfer	11	15	26	2	3	5	17	8	25	5	17	22	7	6	13
Total cases discharged during year	128	120	248	88	82	170	71	58	129	111	114	225	37	53	90
Patients on books September 30, 1937:															
Regular commitment cases	663	800	1,463	844	739	1,583	747	737	1,484	861	1,186	2,047	823	981	1,804
Temporary care cases	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Observation cases	–	3	3	1	–	1	–	–	–	1	–	1	–	–	–
Voluntary cases	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–
Total on books	663	803	1,466	848	739	1,587	747	737	1,484	862	1,186	2,048	823	981	1,804
Total number of patients actually in hospitals September 30, 1937	606	736	1,342	804	592	1,396	735	707	1,442	799	1,113	1,912	801	944	1,745
Averages															
Daily average population (including patients on escape, on visit and in family care)	645.96	783.17	1,429.13	859.84	738.24	1,598.08	749.97	741.81	1,491.78	827.08	1,158.29	1,985.37	801.49	931.18	1,732.67
Daily average population (excluding patients on escape, on visit and in family care)	589.19	708.13	1,297.32	811.37	584.77	1,396.14	734.84	722.26	1,457.10	774.28	1,089.19	1,863.47	772.4	895.6	1,668.0
Rated capacity of the hospitals	534	597	1,131	719	476	1,195	646	612	1,258	645	943	1,588	813	774	1,587
Patients on visit September 30, 1937	53	62	115	27	43	70	10	7	17	54	61	115	17	34	51
Daily average number of patients on visit during year	50.57	70.42	120.99	33.94	43.79	77.73	12.07	4.14	16.21	46.41	58.17	104.58	25.0	31.3	56.3
Patients on escape September 30, 1937	4	–	4	3	–	3	–	–	–	9	3	12	4	–	4
Daily average number of patients on escape during year	5.34	.78	6.12	2.60	–	2.60	1.27	–	1.27	6.39	3.42	9.81	3.3	–	3.3

TABLE 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients boarded out September 30, 1937	–	5	5	14	104	118	2	23	25	–	9	9	1	3	4
Daily average number of patients boarded out during year	.84	3.82	4.66	11.92	109.67	121.59	1.79	15.41	17.20	–	7.51	7.51	.79	4.28	5.07
Ex-service men on books September 30, 1937	54	–	54	12	–	12	20	1	21	40	–	40	40	–	40
Daily average number on books during year	46.91	–	46.91	14.96	–	14.96	19.95	1.0	20.95	34.29	–	34.29	45.	1.	46.
Daily average number actually in hospital during year	43.66	–	43.66	12.63	–	12.63	19.68	1.0	20.68	30.95	–	30.95	44.5	–	44.5
Support of patient population (exclusive of patients on escape and on visit:)															
Supported by State	565	635	1,200	772	534	1,306	711	684	1,395	765	1,040	1,805	758	855	1,613
Reimbursing	40	101	141	32	58	90	24	22	46	33	73	106	43	89	132
Ex-service patients for whom pay is received from the Federal Government	1	–	1	–	–	–	–	1	1	1	–	1	–	–	–
Non-insane patients actually in hospitals Sept. 30, 1937															
Mentally defective	–	–	–	14	11	25	2	–	2	–	–	–	–	–	–
Epileptic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Others	–	2	2	3	–	3	–	1	1	1	1	2	–	–	–
Total	–	2	2	17	11	28	2	1	3	1	1	2	–	–	–

Table 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Continued

	Northampton			Taunton			Westborough			Worcester			Monson		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1936	1,028	1,201	2,229	898	917	1,815	785	1,036	1,821	1,362	1,425	2,787	809	832	1,641
Cases Admitted during Year															
Regular Commitment Cases:															
First admissions	217	201	418	159	179	338	116	158	274	237	185	422	17	13	30
Readmissions	60	76	136	63	61	124	60	58	118	109	79	188	10	3	13
Total	277	277	554	222	240	462	176	216	392	346	264	610	27	16	43
Temporary Care Cases:															
First admissions	19	11	30	30	22	52	4	3	7	7	10	17	–	–	–
Readmissions	4	2	6	11	1	12	3	–	3	3	1	4	–	–	–
Total	23	13	36	41	23	64	7	3	10	10	11	21	–	–	–
Observation Cases:															
First admissions	44	11	55	28	13	41	22	18	40	63	31	94	–	–	–
Readmissions	5	2	7	3	3	6	5	4	9	12	9	21	–	1	1
Total	49	13	62	31	16	47	27	22	49	75	40	115	–	1	1
Voluntary Cases:															
First admissions	2	2	4	3	2	5	2	–	2	6	1	7	74	52	126
Readmissions	3	2	5	2	2	4	2	3	5	3	1	4	15	8	23
Total	5	4	9	5	4	9	4	3	7	9	2	11	89	60	149
Total cases admitted by transfer	2	5	7	9	7	16	8	19	27	15	28	43	3	2	5
Total cases admitted	356	312	668	308	290	598	222	263	485	455	345	800	119	79	198
Total cases under treatment	1,384	1,513	2,897	1,206	1,207	2,413	1,007	1,299	2,306	1,817	1,770	3,587	928	911	1,839
Cases Discharged during Year															
Regular Commitment Cases:															
As recovered	31	3	34	28	44	72	40	53	93	72	39	111	–	–	–
As improved	82	131	213	59	45	104	31	50	81	65	90	155	1	–	1
As unimproved	33	13	46	4	6	10	11	14	25	18	10	28	9	6	15
As not insane	2	2	4	–	–	–	–	–	–	3	4	7	–	–	–
Died	87	98	185	89	95	184	57	90	147	159	105	264	20	17	37
Total	235	247	482	180	190	370	139	207	346	317	248	565	30	23	53

Table 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Continued

	Northampton			Taunton			Westborough			Worcester			Monson		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:															
As recovered	4	2	6	16	4	20	1	1	2	1	1	2	–	–	–
As improved	4	6	10	1	7	8	1	–	1	–	1	1	–	–	–
As unimproved	2	4	6	2	3	5	4	–	4	2	2	4	–	–	–
As not insane	9	1	10	15	5	20	1	2	3	4	4	8	–	–	–
Died	3	–	3	9	4	13	–	–	–	3	3	6	–	–	–
Total	22	13	35	43	23	66	7	3	10	10	11	21	–	–	–
Observation Cases:															
As recovered	18	2	20	15	7	22	13	8	21	16	5	21	–	–	–
As improved	5	4	9	1	3	4	–	1	1	6	2	8	–	–	–
As unimproved	–	–	–	1	–	1	–	2	2	2	2	4	–	1	1
As not insane	20	3	23	9	1	10	12	5	17	50	26	76	–	–	–
Died	2	5	7	4	3	7	4	6	10	8	6	14	–	–	–
Total	45	14	59	30	14	44	29	22	51	82	41	123	–	1	1
Voluntary Care Cases:															
As recovered	3	3	6	2	–	2	–	–	–	–	–	–	–	–	–
As improved	2	–	2	–	2	2	–	–	–	3	–	3	–	–	–
As unimproved	1	–	1	–	–	–	–	–	–	–	–	–	36	20	56
As not insane	1	–	1	2	2	4	2	3	5	8	2	10	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–	35	16	51
Total	7	3	10	4	4	8	2	3	5	11	2	13	71	36	107
Total cases discharged by transfer	8	10	18	27	22	49	63	61	124	25	17	42	28	–	28
Total cases discharged during year	317	287	604	284	253	537	240	296	536	445	319	764	129	60	189
Patients on books Sept. 30, 1937:															
Regular commitment cases	1,060	1,225	2,285	919	951	1,870	762	999	1,761	1,371	1,450	2,821	289	316	605
Temporary care cases	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Observation cases	5	–	5	2	3	5	1	1	2	1	1	2	–	–	–
Voluntary cases	1	1	2	1	–	1	4	3	7	–	–	–	510	535	1,045
Total on books	1,067	1,226	2,293	922	954	1,876	767	1,003	1,770	1,372	1,451	2,823	799	851	1,650
Total number of patients actually in hospitals September 30, 1937	900	1,047	1,947	825	845	1,670	629	853	1,482	1,142	1,192	2,334	724	797	1,521

Averages															
Daily average population (including patients on escape, on visit and in family care)	1,035.40	1,216.79	2,252.19	927.50	937.27	1,864.77	785.35	1,026.27	1,811.62	1,372.00	1,441.64	2,813.64	771.76	824.45	1,596.21
Daily average population (excluding patients on escape, on visit and in family care)	873.64	1,029.82	1,903.46	819.52	824.58	1,644.10	652.68	866.84	1,519.52	1,160.43	1,181.48	2,341.91	722.03	787.53	1,509.56
Rated capacity of the hospitals	658	1,035	1,693	620	662	1,282	542	745	1,287	1,262	1,111	2,373	538	626	1,164
Patients on visit Sept. 30, 1937	151	167	318	95	107	202	118	129	247	200	175	375	71	54	125
Daily average number of patients on visit during year	145.58	173.64	319.22	103.09	110.25	213.34	115.23	140.11	255.34	175.91	174.91	350.82	46.09	36.48	82.57
Patients on escape Sept. 30, 1937	9	–	9	1	–	1	8	3	11	4	2	6	4	–	4
Daily average number of patients on escape during year	12.48	–	12.48	3.88	–	3.88	5.63	.43	6.06	7.00	1.00	8.00	2.90	.21	3.11
Patients boarded out September 30, 1937	7	12	19	1	2	3	12	18	30	26	82	108	–	–	–
Daily average number of patients boarded out during year	3.44	13.32	16.76	1.00	2.44	3.44	11.80	18.88	30.68	28.66	84.25	112.91	.72	.21	.93
Ex-service men on books September 30, 1937	24	–	24	44	–	44	36	3	39	64	2	66	6	–	6
Daily average number on books during year	28.16	–	28.16	58.00	–	58.00	54.25	3.07	57.32	66.	2.	68.	5.68	–	5.68
Daily average number actually in hospitals during year	24.08	–	24.08	53.16	–	53.16	41.15	2.07	43.22	66.	2.	68.	5.35	–	5.35
Support of patient population (exclusive of patients on escape and on visit)															
Supported by State	817	858	1,675	782	731	1,513	540	655	1,195	1,072	1,072	2,144	695	756	1,451
Reimbursing	83	189	272	43	114	157	89	196	285	70	118	188	29	41	70
Ex-service patients for whom pay is received from the Fed. Government	–	–	–	–	–	–	–	2	2	–	2	2	–	–	–
Non-insane patients actually in hospitals Sept. 30, 1937:															
Mentally defective	7	3	10	–	–	–	1	1	2	–	4	4	2	1	3
Epileptic	–	–	–	–	–	–	–	–	–	–	–	–	472	485	957
Others	5	1	6	1	–	1	4	3	7	1	3	4	2	1	3
Total	12	4	16	1	–	1	5	4	9	1	7	8	476	487	963

TABLE 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Continued

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' NO. 107			U. S VETERANS' NO. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1936	103	158	261	881	–	881	92	421	513	886	–	886	675	–	675
Cases Admitted during Year															
Regular Commitment Cases:															
First admissions	42	48	90	25	–	25	–	–	–	28	–	28	19	–	19
Readmissions	15	16	31	25	–	25	–	–	–	78	–	78	30	–	30
Total	57	64	121	50	–	50	–	–	–	106	–	106	49	–	49
Temporary Care Cases:															
First admissions	14	8	22	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	7	1	8	–	–	–	–	–	–	–	–	–	–	–	–
Total	21	9	30	–	–	–	–	–	–	–	–	–	–	–	–
Observation Cases:															
First admissions	2	3	5	15	–	15	–	–	–	–	–	–	–	–	–
Readmissions	–	–	–	3	–	3	–	–	–	2	–	2	–	–	–
Total	2	3	5	18	–	18	–	–	–	2	–	2	–	–	–
Voluntary Cases:															
First admissions	36	24	60	–	–	–	–	–	–	5	–	5	6	–	6
Readmissions	14	21	35	–	–	–	–	–	–	7	–	7	8	–	8
Total	50	45	95	–	–	–	–	–	–	12	–	12	14	–	14
Total cases admitted by transfer	1	7	8	9	–	9	–	–	–	83	–	83	9	–	9
Total cases admitted	131	128	259	77	–	77	–	–	–	203	–	203	72	–	72
Total cases under treatment	234	286	520	958	–	958	92	421	513	1,089	–	1,089	747	–	747
Cases Discharged during Year															
Regular Commitment Cases:															
As recovered	2	10	12	12	–	12	–	–	–	4	–	4	1	–	1
As improved	24	23	47	1	–	1	–	–	–	39	–	39	43	–	43
As unimproved	6	9	15	2	–	2	–	–	–	9	–	9	4	–	4
As not insane	5	4	9	2	–	2	–	1	1	2	–	2	–	–	–
Died	8	3	11	33	–	33	6	8	14	17	–	17	21	–	21
Total	45	49	94	50	–	50	6	19	25	71	–	71	69	–	69
Temporary Care Cases:															
As recovered	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
As improved	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
As unimproved	10	4	14	–	–	–	–	–	–	–	–	–	–	–	–
As not insane	9	1	10	–	–	–	–	–	–	–	–	–	–	–	–

Died	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Total	20	9	29	–	–	–	–	–	–	–	–	–	–	–	–
Observation Cases:															
As recovered	1	–	1	5	–	5	–	–	–	–	–	–	–	–	–
As improved	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
As unimproved	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
As not insane	–	2	2	13	–	13	–	–	–	1	–	1	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2	3	5	18	–	18	–	–	–	2	–	2	–	–	–
Voluntary Care Cases:															
As recovered	3	8	11	–	–	–	–	–	–	2	–	2	–	–	–
As improved	17	22	39	–	–	–	–	–	–	2	–	2	12	–	12
As unimproved	7	8	15	–	–	–	–	–	–	2	–	2	1	–	1
As not insane	22	7	29	–	–	–	–	–	–	6	–	6	–	–	–
Died	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	49	45	94	–	–	–	–	–	–	12	–	12	13	–	13
Total cases discharged by transfer	7	21	28	2	–	2	–	1	1	2	–	2	1	–	1
Total cases discharged during year	123	127	250	70	–	70	6	20	26	87	–	87	83	–	83
Patients on books September 30, 1937:															
Regular commitment cases	99	140	239	868	–	868	86	401	487	994	–	994	656	–	656
Temporary care cases	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Observation cases	1	–	1	20	–	20	–	–	–	–	–	–	–	–	–
Voluntary cases	10	19	29	–	–	–	–	–	–	8	–	8	8	–	8
Total on books	111	159	270	888	–	888	86	401	487	1,002	–	1,002	664	–	664
Total number of patients actually in hospitals Sept. 30, 1937	76	129	205	887	–	887	85	399	484	950	–	950	635	–	635
Averages															
Daily average population (including patients on escape, on visit and in family care)	105.32	162.86	268.18	884.3	–	884.3	88.9	409.3	498.2	898.	–	898.	666.	–	666.
Daily average population (excluding patients on escape, on visit and in family care)	78.67	129.40	208.07	881.7	–	881.7	88.5	407.6	496.1	847.	–	847.	634.	–	634.
Rated capacity of the hospitals	90	142	232	908	–	908	107	496	603	1,116	–	1,116	611	–	611
Patients on visit September 30, 1937	35	30	65	1	–	1	–	2	2	51	–	51	29	–	29
Daily average number of patients on visit during year	26.65	33.46	60.11	1.	–	1.	–	1.7	1.7	48.	–	48.	30.	–	30.
Patients on escape September 30, 1937	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
Daily average number of patients on escape during year	–	–	–	–	–	–	.4	–	.4	1.	–	1.	.6	–	.6
Patients boarded out September 30, 1937	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Daily average number of patients boarded out during year	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ex-service men on books September 30, 1937	12	1	13	55	–	55	1	–	1	1,002	–	1,002	664	–	664
Daily average number on books during year	9.56	1.91	11.47	54.3	–	54.3	1.	–	1.	898.	–	898.	666.	–	666.

TABLE 173. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1937* — Concluded

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' NO. 107			U. S VETERANS' NO. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Daily average number actually in hospital during year	5.03	1.06	6.09	54.3	–	54.3	1.	–	1.	847.	–	847.	634.	–	634.
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State	–	–	–	881	–	881	85	390	475	–	–	–	–	–	–
Reimbursing	76	129	205	5	–	5	–	9	9	–	–	–	–	–	–
Ex-service patients for whom pay is received from the Federal Government	–	–	–	1	–	1	–	–	–	950	–	950	635	–	635
Non-insane patients actually in hospital September 30, 1937:															
Mentally defective	–	–	–	22	–	22	3	8	11	1	–	1	1	–	1
Epileptic	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Others	3	1	4	5	–	5	–	–	–	21	–	21	3	–	3
Total	3	2	5	28	–	28	3	8	11	22	–	22	4	–	4

TABLE 174. — *Deportation of Insane, Mentally Defective, and Epileptic from Public Institutions for the Year Ended November 30, 1937*[1]

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1936	18	33	51	9	21	30	9	12	21
Since reported	72	42	114	66	40	106	6	2	8
Total cases under consideration	90	75	165	75	61	136	15	14	29
Deported:	53	42	95	50	40	90	3	2	5
Viz: other states	47	38	85	47	37	85	–	–	–
other countries	6	4	10	3	2	5	3	2	5
special cases not landed under Immigration Laws and deported	–	–	–	–	–	–	–	–	–
Discharged	8	3	11	7	2	9	2	1	3
Viz: care of friends	7	3	10	6	2	8	2	1	3
escaped	1	–	1	1	–	1	–	–	–
Transferred to Veterans or private hospitals	–	–	–	–	–	–	–	–	–
Died	2	4	6	2	4	6	–	–	–
Dropped from further consideration	–	–	–	–	–	–	–	–	–
Viz: rejected by Commissioner of Immigration	–	–	–	–	–	–	–	–	–
rejected by the department	–	–	–	–	–	–	–	–	–
Total cases closed	64	49	113	59	46	105	5	3	8
Cases pending November 30, 1937	26	26	52	16	15	31	10	11	21
Viz: not in condition to deport	1	1	2	1	1	2	–	–	–
awaiting action	20	22	42	11	12	23	9	10	19
on visit	5	3	8	4	2	6	1	1	2

---

[1] Includes Mental Wards, Tewksbury and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

Tables 175-286 inclusive, are computed for the Statistical Year ended September 30, 1937

TABLE 175. — *Small Private Hospitals and Schools: Number under Care*[1] *for the Year Ended September 30, 1937*

PRIVATE HOSPITALS	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bosworth Hospital, George A. Gaunt, M.D.	5	5	10	4	5	9	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Bournewood, George H. Torney, M.D.	–	10	10	–	9	9	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Channing Sanitarium, Inc., Donald Gregg, M.D.	6	28	34	1	15	16	4	9	13	–	–	–	–	–	–	–	–	–	1	4	5
Glenside, Mabel D. Ordway, M.D.	8	76	84	5	64	69	–	2	2	–	–	–	–	–	–	1	1	2	2	9	11
Reeves' Sanitorium, Clarence M. Kelley, M.D.	1	5	6	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
Ring Sanatorium and Hospital, Inc., Hosea W. McAdoo, M.D.	13	25	38	5	17	22	1	3	4	3	–	3	–	–	–	–	2	2	4	3	7
Westwood Lodge, William J. Hammond, M.D.	8	13	21	2	7	9	–	–	–	1	–	1	–	–	–	–	–	–	5	6	11
Wiswall Sanatorium, Inc., Edward H. Wiswall, M.D.	5	17	22	4	17	21	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	3	4	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	1	1	2
Grove Hall Institute, Geo. Colton Moore, M.D.	3	–	3	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–
Dr. Taylor's Private Hospital, Frederick L. Taylor, M.D.	8	–	8	–	–	–	–	–	–	7	–	7	–	–	–	–	–	–	1	–	1
Washingtonian Home, Hugh Barr Gray, M.D.	6	–	6	–	–	–	–	–	–	6	–	6	–	–	–	–	–	–	–	–	–
Clarke School, Miss Edith G. Clarke	9	8	17	–	–	–	–	–	–	–	–	–	4	5	9	–	–	–	5	3	8
Elm Hill Private School, George A. Brown, M.D.	15	5	20	–	–	–	–	–	–	–	–	–	15	5	20	–	–	–	–	–	–
Perkins School, Franklin H. Perkins, M.D.	18	26	44	–	–	–	–	–	–	–	–	–	18	26	44	–	–	–	–	–	–
Standish Manor, Miss Alice M. Myers	–	6	6	–	–	–	–	–	–	–	–	–	–	6	6	–	–	–	–	–	–
The Freer School, Miss Cora E. Morse	3	7	10	–	–	–	–	–	–	–	–	–	3	7	10	–	–	–	–	–	–
The Lila Sanatorium, Richard C. Eley, M.D.	2	1	3	–	–	–	–	–	–	–	–	–	2	1	3	–	–	–	–	–	–
Total	111	235	346	22	137	159	5	17	22	20	–	20	42	50	92	2	3	5	20	28	48

[1] Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 176. — *Country of Origin and Parentage of First Admissions and Readmissions to Hospitals for Mental Diseases, 1937, by Sex*[1]

NATIVITY	FIRST ADMISSIONS									READMISSIONS								
	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS			PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	3	1	4	2	2	2	–	1	–	–	–	–	1	–	–	1	–	–
Australia	1	1	2	–	–	–	–	–	–	–	1	1	1	–	–	–	–	–
Austria	10	7	17	15	16	12	13	12	10	3	2	5	7	5	5	4	4	3
Belgium	–	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–
Canada[2]	207	205	412	398	401	310	306	322	243	53	55	108	135	125	97	92	100	75
Central America	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	–	–
China	5	–	5	6	7	6	–	–	–	6	–	6	4	5	4	–	–	–
Czecho-Slovakia	–	2	2	–	–	–	2	2	2	–	–	–	2	1	1	–	–	–
Denmark	1	1	2	5	2	2	3	3	1	–	–	–	–	–	–	1	1	–
England	45	60	105	110	92	64	115	103	78	14	12	26	38	45	20	31	26	20
Finland	11	8	19	20	20	20	16	15	15	2	3	5	3	3	3	6	7	6
France	5	3	8	9	7	5	9	9	5	1	1	2	2	4	1	3	2	1
Germany	17	13	30	48	37	30	41	36	31	3	2	5	9	10	8	16	9	7
Greece	16	–	16	22	22	22	6	6	6	4	1	5	5	4	4	2	2	2
Holland	–	1	1	1	–	–	3	1	1	1	–	1	2	3	1	1	–	–
Hungary	2	–	2	3	3	2	–	1	–	–	1	1	–	–	–	3	2	2
India	2	–	2	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	146	187	333	465	478	400	392	400	346	38	51	89	176	167	140	135	148	121
Italy	105	68	173	183	175	173	128	124	122	35	31	66	58	55	55	48	49	46
Japan	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Norway	5	6	11	7	8	6	10	8	6	–	3	3	–	–	–	5	6	4
Poland	53	47	100	84	81	78	76	75	72	12	10	22	24	24	23	21	21	19
Portugal	35	20	55	57	55	50	36	35	34	9	3	12	18	16	16	9	9	9
Rumania	2	1	3	3	3	3	2	2	2	1	–	1	1	1	1	2	2	2
Russia	47	38	85	93	88	82	68	65	62	20	24	44	45	40	38	47	46	45
Scotland	19	24	43	37	44	25	37	36	25	5	3	8	18	14	8	8	8	4
South America	3	2	5	2	–	–	2	2	2	1	2	3	–	1	–	1	1	–
Spain	–	–	–	–	–	–	1	1	1	–	–	–	1	1	–	–	–	–
Sweden	29	21	50	54	53	48	35	37	33	9	7	16	26	24	23	13	11	11
Switzerland	–	2	2	–	1	–	2	3	2	–	–	–	–	1	–	–	–	–
Turkey in Asia	8	2	10	7	7	7	1	1	1	–	–	–	–	1	–	–	–	–
Turkey in Europe	5	1	6	4	4	4	1	1	1	3	–	3	2	2	2	–	–	–
United States[3]	1,940	1,449	3,389	937	956	775	729	727	607	780	562	1,342	389	418	327	304	298	257
Wales	–	1	1	–	1	–	1	2	1	1	–	1	1	1	1	2	–	–
West Indies[4]	2	4	6	6	3	2	3	3	3	2	–	2	–	1	–	–	–	–
Other countries[5]	42	37	79	76	75	73	50	48	48	9	14	23	19	19	17	21	20	20
Unknown	4	3	7	116	127	91	125	134	108	–	–	–	24	20	15	13	17	10
Total	2,770	2,215	4,985	2,770	2,770	2,292	2,215	2,215	1,868	1,012	789	1,801	1,012	1,012	811	789	789	664

[1] Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95 (non residents of Massachusetts excluded). Epileptics with psychosis at Monson State Hospital included but epileptics without psychosis excluded. Cases going directly from Psychopathic to other hospitals are counted only in the second hospital admission. [2] Includes Newfoundland. [3] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here. [4] Except Cuba, Porto Rico and the Virgin Islands. [5] Includes Europe and Asia not specified; also, born at sea.

Table 177. — *Admission Ages of First Admissions to Hospitals for Mental Diseases, 1937, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN																		FOREIGN BORN			NATIVITY UNKNOWN		
				TOTAL			PARENTAGE																				
							Both Parents Foreign			One Parent Native, One Parent Foreign			Both Parents Native			Unknown											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				M.	F.	T.	M.	F.	T.
0–14 years	48	34	82	47	34	81	13	7	20	8	6	14	21	16	37	5	5	10				1	–	1	–	–	–
15–19 years	168	138	306	157	136	293	49	52	101	25	13	38	75	62	137	8	9	17				11	2	13	–	–	–
20–24 years	233	140	373	209	133	342	101	62	163	33	24	57	68	42	110	7	5	12				23	7	30	1	–	1
25–29 years	214	192	406	192	161	353	78	69	147	29	28	57	75	58	133	10	6	16				22	31	53	–	–	–
30–34 years	270	172	442	222	141	363	92	61	153	34	30	64	87	44	131	9	6	15				47	31	78	1	–	1
35–39 years	267	176	443	204	128	332	90	41	131	36	20	56	70	57	127	8	10	18				63	48	111	–	–	–
40–44 years	261	195	456	180	116	296	87	43	130	23	21	44	58	45	103	12	7	19				80	79	159	1	–	1
45–49 years	246	166	412	146	92	238	47	26	73	25	20	45	66	40	106	8	6	14				100	74	174	–	–	–
50–54 years	198	157	355	109	78	187	39	27	66	15	11	26	52	36	88	3	4	7				89	79	168	–	–	–
55–59 years	180	159	339	86	85	171	36	30	66	14	15	29	29	37	66	7	3	10				94	74	168	–	–	–
60–64 years	164	151	315	94	83	177	42	36	78	11	6	17	34	34	68	7	7	14				70	67	137	–	1	1
65–69 years	150	122	272	79	60	139	23	18	41	12	6	18	30	28	58	14	8	22				71	62	133	–	–	–
70–74 years	155	150	305	84	66	150	25	15	40	11	6	17	42	33	75	6	12	18				71	83	154	–	1	1
75–79 years	111	127	238	73	71	144	21	27	48	6	3	9	37	32	69	9	9	18				38	56	94	–	–	–
80–84 years	70	82	152	38	38	76	11	10	21	2	2	4	21	21	42	4	5	9				31	44	75	1	–	1
85–89 years	26	34	60	16	20	36	2	2	4	3	1	4	7	15	22	4	2	6				10	13	23	–	1	1
90 years plus	9	20	29	4	7	11	–	1	1	2	–	2	–	3	3	2	3	5				5	13	18	–	–	–
Total	2,770	2,215	4,985	1,940	1,449	3,389	756	527	1,283	289	212	501	772	603	1,375	123	107	230				826	763	1,589	4	3	7

TABLE 178. — *Admission Ages of Readmissions to Hospitals for Mental Diseases, 1937, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN		
				TOTAL			PARENTAGE														
							Both Parents Foreign			One Parent Native One Parent Foreign			Both Parents Native			Unknown					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–14 years	5	7	12	5	7	12	–	1	1	2	1	3	3	4	7	–	1	1	–	–	–
15–19 years	42	38	80	42	38	80	14	11	25	7	5	12	21	19	40	–	3	3	–	–	–
20–24 years	85	51	136	79	46	125	30	22	52	12	6	18	32	17	49	5	1	6	6	5	11
25–29 years	98	87	185	90	76	166	38	33	71	16	12	28	34	28	62	2	3	5	8	11	19
30–34 years	115	80	195	101	64	165	47	25	72	18	7	25	32	30	62	4	2	6	14	16	30
35–39 years	145	98	243	126	67	193	55	22	77	17	9	26	52	35	87	2	1	3	19	31	50
40–44 years	129	77	206	98	56	154	37	24	61	24	7	31	36	23	59	1	2	3	31	21	52
45–49 years	124	92	216	81	65	146	23	23	46	19	8	27	34	32	66	5	2	7	43	27	70
50–54 years	74	72	146	42	43	85	14	18	32	4	7	11	23	18	41	1	–	1	32	29	61
55–59 years	69	53	122	44	23	67	12	6	18	7	8	15	24	8	32	1	1	2	25	30	55
60–64 years	46	62	108	30	35	65	14	10	24	4	3	7	11	22	33	1	–	1	16	27	43
65–69 years	44	37	81	22	23	45	4	8	12	3	2	5	13	13	26	2	–	2	22	14	36
70–74 years	16	19	35	10	11	21	1	2	3	2	4	6	7	2	9	–	3	3	6	8	14
75–79 years	10	11	21	6	6	12	3	3	6	1	–	1	2	2	4	–	1	1	4	5	9
80–84 years	7	4	11	3	2	5	1	–	1	–	–	–	1	2	3	1	–	1	4	2	6
85–89 years	3	–	3	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	2	–	2
90 years plus	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total	1,012	789	1,801	780	562	1,342	293	208	501	136	79	215	326	255	581	25	20	45	232	227	459

TABLE 179. — *Country of Origin of Foreign Born, First Admissions, 1937, by Mental Disorders and Sex*

COUNTRY OF ORIGIN	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	9	7	16	8	6	14	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–
Canada[1]	194	187	381	175	172	347	19	15	34	15	2	17	1	1	2	1	–	1	2	1	3	19	5	24	–	2	2
England	48	62	110	41	60	101	7	2	9	1	1	2	–	–	–	–	–	–	–	–	–	6	2	8	–	–	–
Finland	11	9	20	10	9	19	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	3	1	4	–	–	–
France	4	6	10	4	5	9	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Germany	17	15	32	15	14	29	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Greece	16	1	17	13	1	14	3	–	3	8	–	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	154	199	353	142	181	323	12	18	30	2	1	3	–	–	–	–	–	–	–	–	–	32	8	40	1	–	1
Italy	107	68	175	90	60	150	17	8	25	9	–	9	2	–	2	–	–	–	–	–	–	11	2	13	1	–	1
Norway	5	6	11	4	6	10	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	–	1
Poland	53	46	99	44	42	86	9	4	13	1	1	2	1	1	2	–	–	–	–	1	1	19	1	20	–	–	–
Portugal	36	20	56	29	20	49	7	–	7	2	1	3	–	–	–	–	–	–	1	–	1	3	–	3	–	–	–
Russia	51	38	89	42	35	77	9	3	12	6	1	7	–	–	–	–	–	–	–	–	–	4	–	4	–	–	–
Scotland	19	26	45	15	23	38	4	3	7	1	1	2	1	–	1	–	–	–	–	–	–	5	–	5	–	1	1
Sweden	30	20	50	25	19	44	5	1	6	1	–	1	–	–	–	–	–	–	1	–	1	3	–	3	–	–	–
Turkey in Asia	7	2	9	6	1	7	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
West Indies[2]	3	4	7	3	4	7	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
All other countries[3]	63	47	110	55	44	99	8	3	11	6	–	6	1	–	1	–	–	–	–	–	–	13	3	16	–	–	–
Unknown	3	3	6	2	2	4	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	830	766	1,596	723	704	1,427	107	62	169	54	10	64	6	3	9	1	–	1	4	2	6	123	23	146	3	3	6

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and the Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 179. — *Country of Origin of Foreign Born, First Admissions, 1937, by Mental Disorders and Sex* — Continued

COUNTRY OF ORIGIN	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	1	1
Canada [1]	3	1	4	53	47	100	1	7	8	3	1	4	21	26	47	4	13	17	3	3	6	–	–	–	5	3	8
England	1	1	2	15	24	39	1	1	2	–	1	1	7	11	18	3	5	8	1	2	3	–	–	–	1	–	1
Finland	–	–	–	1	–	1	1	–	1	–	–	–	1	1	2	–	–	–	–	2	2	1	–	1	–	–	–
France	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Germany	–	–	–	8	4	12	–	–	–	–	–	–	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
Ireland	4	–	4	58	69	127	3	3	6	1	–	1	5	35	40	4	10	14	2	3	5	–	–	–	4	5	9
Italy	–	–	–	17	10	27	2	–	2	1	2	3	5	5	10	1	7	8	3	–	3	1	–	1	5	1	6
Norway	–	–	–	1	4	5	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Poland	–	–	–	8	4	12	1	1	2	1	1	2	–	4	4	1	7	8	–	1	1	–	–	–	1	1	2
Portugal	1	–	1	8	4	12	–	1	1	1	1	2	–	1	1	2	6	8	–	–	–	–	–	–	–	–	–
Russia	–	–	–	8	5	13	–	–	–	–	–	–	1	4	5	1	3	4	5	–	5	–	–	–	–	2	2
Scotland	–	–	–	3	10	13	–	–	–	–	1	1	1	5	6	–	–	–	–	–	–	–	–	–	–	–	–
Sweden	–	–	–	9	4	13	3	1	4	1	–	1	1	6	7	–	1	1	2	–	2	1	–	1	–	–	–
Turkey in Asia	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
West Indies [2]	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All other countries [3]	1	–	1	6	7	13	–	–	–	2	–	2	3	1	4	1	4	5	1	1	2	–	1	1	–	1	1
Unknown	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	10	2	12	199	197	396	12	14	26	10	7	17	47	107	154	18	56	74	18	12	30	3	1	4	17	14	31

---

[1] Includes Newfoundland.

[2] Except Cuba, Porto Rico and Virgin Islands.

[3] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 179. — *Country of Origin of Foreign Born, First Admissions, 1937, by Mental Disorders and Sex* — Concluded

COUNTRY OF ORIGIN	PSYCHONEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	1	1	1	–	1	–	2	2	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1	1	–	1
Canada [1]	5	14	19	11	12	23	18	24	42	2	5	7	1	1	2	4	2	6	3	2	5	14	15	29	5	–	5
England	–	2	2	2	4	6	1	4	5	1	1	2	–	1	1	–	–	–	1	–	1	7	2	9	–	–	–
Finland	–	–	–	1	1	2	1	3	4	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
France	1	2	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Germany	–	–	–	1	2	3	3	3	6	1	–	1	–	–	–	–	–	–	–	–	–	1	1	2	1	–	1
Greece	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	3	–	3	–	–	–
Ireland	5	3	8	7	14	21	5	15	20	3	9	12	1	1	2	2	–	2	3	5	8	11	17	28	1	1	2
Italy	8	4	12	9	14	23	10	9	19	3	3	6	–	–	–	–	–	–	2	3	5	9	7	16	8	1	9
Norway	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Poland	1	1	2	3	1	4	4	12	16	2	3	5	–	–	–	–	1	1	1	1	2	7	4	11	2	–	2
Portugal	1	–	1	1	3	4	6	3	9	1	–	1	–	–	–	1	–	1	1	–	1	6	–	6	1	–	1
Russia	4	3	7	6	10	16	3	3	6	1	2	3	1	–	1	1	1	2	1	1	2	7	1	8	2	2	4
Scotland	–	3	3	2	2	4	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7	–	–	–
Sweden	–	1	1	–	1	1	2	1	3	1	2	3	–	–	–	–	1	1	–	1	1	4	1	5	1	–	1
Turkey in Asia	–	–	–	1	–	1	–	1	1	2	–	2	1	–	1	–	–	–	–	–	–	1	1	2	–	–	–
West Indies [2]	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All other countries [3]	1	2	3	3	7	10	7	11	18	6	3	9	3	–	3	–	1	1	1	2	3	6	2	8	2	1	3
Unknown	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–
Total	28	36	64	48	71	119	66	92	158	25	30	55	8	3	11	8	6	14	15	15	30	83	56	139	24	6	30

[1] Includes Newfoundland.

[2] Except Cuba, Porto Rico and the Virgin Islands.

[3] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 180. — *Country of Origin of Foreign Born, First Admissions, 1937, by Age at Admission and Sex*

COUNTRY OF ORIGIN	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	9	7	16	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	1	–	1	1	1	2	1	1	2
Canada[1]	194	187	381	–	–	–	5	2	7	5	4	9	6	8	14	8	10	18	15	15	30	20	16	36	13	11	24
England	48	62	110	–	–	–	–	–	–	1	–	1	–	1	1	2	2	4	1	2	3	2	5	7	2	6	8
Finland	11	9	20	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	4	1	–	1	1	1	2
France	4	6	10	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	3	–	3
Germany	17	15	32	–	–	–	1	–	1	1	–	1	–	–	–	1	1	2	1	–	1	–	2	2	1	1	2
Greece	16	1	17	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	7	–	7	5	–	5
Ireland	154	199	353	–	–	–	1	–	1	4	1	5	2	4	6	12	3	15	8	5	13	5	16	21	10	13	23
Italy	107	68	175	–	–	–	–	–	–	3	–	3	5	8	13	5	6	11	9	8	17	11	8	19	20	11	31
Norway	5	6	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1
Poland	53	46	99	–	–	–	1	–	1	–	–	–	2	2	4	2	1	3	1	3	4	12	7	19	12	8	20
Portugal	36	20	56	–	–	–	–	–	–	1	–	1	2	2	4	4	–	4	2	3	5	3	4	7	8	2	10
Russia	51	38	89	1	–	1	–	–	–	4	–	4	1	2	3	4	3	7	6	1	7	5	4	9	5	9	14
Scotland	19	26	45	–	–	–	–	–	–	–	–	–	1	1	2	4	1	5	2	2	4	1	–	1	1	4	5
Sweden	30	20	50	–	–	–	–	–	–	1	1	2	–	–	–	1	–	1	1	2	3	2	1	3	2	1	3
Turkey in Asia	7	2	9	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	1	–	1
West Indies[2]	3	4	7	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	2	–	2
All other countries[3]	63	47	110	–	–	–	2	–	2	3	1	4	2	2	4	3	–	3	11	5	16	10	14	24	12	6	18
Unknown	3	3	6	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total	830	766	1,596	1	–	1	11	2	13	24	7	31	22	31	53	48	31	79	63	48	111	81	79	160	100	74	174

---

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and the Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea.

TABLE 180. — *Country of Origin of Foreign Born, First Admissions, 1937, by Age at Admission and Sex* — Concluded

COUNTRY OF ORIGIN	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	3	1	4	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	17	15	32	17	18	35	15	23	38	15	16	31	24	19	43	12	13	25	13	11	24	6	2	8	3	4	7
England	6	5	11	6	5	11	5	5	10	4	3	7	7	8	15	6	10	16	4	4	8	1	3	4	1	3	4
Finland	2	2	4	2	1	3	–	–	–	2	1	3	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
France	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
Germany	1	–	1	–	1	1	2	1	3	–	3	3	2	4	6	4	1	5	1	1	2	2	–	2	–	–	–
Greece	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–
Ireland	14	20	34	28	22	50	14	20	34	24	23	47	15	35	50	9	15	24	8	14	22	–	4	4	–	4	4
Italy	13	8	21	12	2	14	13	5	18	5	3	8	6	1	7	3	4	7	1	3	4	1	1	2	–	–	–
Norway	1	–	1	–	–	–	1	–	1	1	1	2	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–
Poland	8	12	20	10	5	15	2	3	5	1	2	3	1	2	3	1	1	2	–	–	–	–	–	–	–	–	–
Portugal	6	2	8	4	3	7	4	–	4	2	1	3	–	–	–	–	1	1	–	2	2	–	–	–	–	–	–
Russia	7	5	12	4	3	7	5	2	7	6	–	6	2	4	6	–	3	3	1	–	1	–	1	1	–	1	1
Scotland	3	1	4	1	3	4	–	1	1	3	2	5	2	3	5	–	2	2	–	6	6	–	–	–	1	–	1
Sweden	2	–	2	3	3	6	2	4	6	5	2	7	7	–	7	3	4	7	1	1	2	–	1	1	–	–	–
Turkey in Asia	1	–	1	–	–	–	2	–	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
West Indies[2]	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All other countries[3]	4	6	10	5	4	9	5	3	8	2	3	5	2	1	3	–	1	1	2	–	2	–	–	–	–	1	1
Unknown	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1	–	–	–
Total	89	79	168	94	74	168	70	68	138	71	62	133	71	84	155	38	56	94	32	44	76	10	14	24	5	13	18

---

[1] Includes Newfoundland.
[2] Except Cuba, Porto Rico and the Virgin Islands.
[3] Includes Europe and Asia not specified; also, born at sea.

TABLE 181. — *Country of Origin of Native Born, First Admissions, 1937, by Mental Disorders and Sex*

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	8	6	14	8	5	13	–	1	1	1	–	1	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–
Canada[1]	274	197	471	212	161	373	62	36	98	19	4	23	1	–	1	–	–	–	1	1	2	43	3	46	3	3	6
Denmark	4	3	7	3	3	6	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
England	75	62	137	62	57	119	13	5	18	2	–	2	–	–	–	–	–	–	–	–	–	14	1	15	–	–	–
Finland	9	7	16	9	7	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
France	5	4	9	5	3	8	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Germany	34	27	61	29	26	55	5	1	6	1	–	1	1	–	1	–	–	–	–	–	–	5	2	7	–	–	–
Greece	8	5	13	6	5	11	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	369	230	599	293	213	506	76	17	93	12	1	13	2	–	2	1	–	1	3	2	5	85	19	104	4	1	5
Italy	78	64	142	52	49	101	26	15	41	2	–	2	–	–	–	1	–	1	1	–	1	3	2	5	–	–	–
Norway	3	5	8	2	5	7	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poland	33	32	65	28	26	54	5	6	11	1	–	1	–	–	–	1	–	1	–	–	–	7	–	7	–	–	–
Portugal	22	16	38	19	13	32	3	3	6	3	–	3	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1
Russia	44	34	78	33	31	64	11	3	14	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Scotland	21	16	37	17	11	28	4	5	9	–	–	–	–	–	–	–	–	–	–	–	–	6	1	7	–	–	–
Sweden	27	16	43	21	14	35	6	2	8	–	–	–	–	–	–	–	1	1	–	–	–	4	–	4	–	–	–
All other countries[2]	46	23	69	36	19	55	10	4	14	3	–	3	1	–	1	–	–	–	–	–	–	4	1	5	–	–	–
Unknown	70	75	145	48	66	114	22	9	31	1	2	3	–	–	–	–	–	–	–	1	1	6	3	9	1	–	1
Total	1,130	822	1,952	883	714	1,597	247	108	355	47	8	55	5	1	6	3	1	4	5	5	10	181	33	214	9	4	13
(Native born of Native Parentage)	810	627	1,437	616	550	1,166	194	77	271	36	12	48	2	2	4	2	–	2	6	1	7	82	11	93	6	7	13

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries."

TABLE 181. — *Country of Origin of Native Born, First Admissions, 1937, by Mental Disorders and Sex* — Continued

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIOSCLEROSIS			WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	3	–	3	17	18	35	2	1	3	9	10	19	5	5	10	2	6	8	–	6	6	1	1	2	4	3	7
Denmark	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
England	–	–	–	16	10	26	–	–	–	3	1	4	3	5	8	–	5	5	–	2	2	–	–	–	3	–	3
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
France	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Germany	–	–	–	5	4	9	–	1	1	–	2	2	2	2	4	–	2	2	–	–	–	–	–	–	1	–	1
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	3	–	3	59	38	97	2	2	4	4	4	8	17	19	36	11	11	22	2	7	9	–	–	–	4	3	7
Italy	1	–	1	–	–	–	–	1	1	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
Norway	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Poland	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Portugal	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Russia	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2
Scotland	1	–	1	2	2	4	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	1	1
Sweden	–	–	–	2	–	2	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
All other countries[2]	1	–	1	1	2	3	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Unknown	1	–	1	21	24	45	2	–	2	–	1	1	6	6	12	–	2	2	–	2	2	1	–	1	2	2	4
Total	10	–	10	125	99	224	6	5	11	24	25	49	33	40	73	14	28	42	2	19	21	2	1	3	16	14	30
(Native Born of Native Parentage)	1	1	2	134	99	233	10	9	19	17	13	30	15	60	75	8	22	30	10	11	21	3	–	3	10	14	24

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 181. — *Country of Origin of Native Born, First Admissions, 1937, by Mental Disorders and Sex* — Concluded

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	PSYCHO-NEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHO-PATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAG-NOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	3	–	3	1	2	3	1	2	3	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1
Canada[1]	14	10	24	18	27	45	47	47	94	7	2	9	5	2	7	6	7	13	5	5	10	54	27	81	8	9	17
Denmark	–	–	–	1	3	4	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
England	3	5	8	2	10	12	12	11	23	3	1	4	–	–	–	1	3	4	–	3	3	11	4	15	2	1	3
Finland	–	–	–	2	2	4	4	1	5	–	–	–	–	1	1	–	2	2	1	–	1	–	–	–	–	–	–
France	1	–	1	–	–	–	2	1	3	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–
Germany	–	2	2	2	3	5	7	6	13	–	2	2	2	–	2	1	–	1	2	–	2	4	1	5	1	–	1
Greece	1	2	3	–	–	–	3	2	5	–	–	–	–	–	–	1	1	2	1	–	1	1	–	1	1	–	1
Ireland	10	12	22	20	39	59	42	37	79	3	7	10	2	1	3	3	4	7	4	6	10	66	16	82	10	1	11
Italy	5	4	9	9	13	22	19	18	37	1	–	1	1	–	1	6	4	10	2	1	3	15	12	27	11	3	14
Norway	–	–	–	–	1	1	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Poland	–	2	2	2	1	3	13	15	28	–	1	1	1	1	2	2	3	5	–	1	1	5	5	10	–	1	1
Portugal	–	1	1	–	3	3	9	5	14	–	–	–	–	–	–	2	2	4	–	–	–	3	1	4	–	2	2
Russia	8	–	8	7	10	17	11	13	24	1	1	2	2	–	2	–	1	1	1	2	3	11	2	13	–	1	1
Scotland	1	–	1	1	1	2	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–	4	5	9	–	–	–
Sweden	2	1	3	5	4	9	7	5	12	–	–	–	–	1	1	–	–	–	–	1	1	2	2	4	4	–	4
All other countries[2]	6	4	10	6	1	7	9	6	15	–	–	–	2	1	3	–	1	1	–	1	1	9	3	12	1	1	2
Unknown	–	2	2	2	6	8	5	13	18	–	1	1	–	–	–	–	1	1	–	–	–	19	5	24	3	4	7
Total	54	45	99	78	126	204	199	188	387	15	15	30	16	7	23	23	30	53	16	20	36	205	84	289	42	24	66
(Native Born of Native Parentage)	49	54	103	72	76	148	99	102	201	10	12	22	10	14	24	18	18	36	16	12	28	162	53	215	32	24	56

[1] Includes Newfoundland.

[2] Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 182. — *Country of Origin of Native Born, First Admissions, 1937, by Age atAdmission and Sex*

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	8	6	14	–	–	–	–	–	–	1	–	1	1	3	4	3	1	4	–	2	2	1	–	1	1	–	1
Canada [1]	274	197	471	5	5	10	14	12	26	36	20	56	27	21	48	37	30	67	36	21	57	38	25	63	21	14	35
Denmark	4	3	7	–	–	–	–	1	1	2	–	2	–	1	1	–	–	–	–	–	–	1	–	1	1	1	2
England	75	62	137	1	1	2	4	3	7	3	2	5	4	5	9	5	7	12	9	2	11	7	7	14	9	6	15
Finland	9	7	16	–	–	–	–	2	2	3	2	5	1	2	3	4	1	5	1	–	1	–	–	–	–	–	–
France	5	4	9	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	2	1	–	1	–	1	1
Germany	34	27	61	–	–	–	1	–	1	3	–	3	4	1	5	5	2	7	4	2	6	3	2	5	3	5	8
Greece	8	5	13	1	–	1	4	2	6	3	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	369	230	599	2	–	2	10	9	19	22	9	31	33	16	49	38	26	64	42	20	62	38	22	60	29	17	46
Italy	78	64	142	6	6	12	16	15	31	24	17	41	11	16	27	8	6	14	9	2	11	3	2	5	–	–	–
Norway	3	5	8	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	1	2	3	1	–	1	–	–	–
Poland	33	32	65	1	–	1	4	7	11	10	9	19	5	7	12	4	6	10	4	2	6	1	1	2	2	–	2
Portugal	22	16	38	1	–	1	4	7	11	5	3	8	–	4	4	2	–	2	2	1	3	5	–	5	–	–	–
Russia	44	34	78	2	–	2	8	2	10	12	15	27	7	11	18	4	3	7	5	1	6	4	2	6	2	–	2
Scotland	21	16	37	–	–	–	1	1	2	2	–	2	3	3	6	3	2	5	4	2	6	1	1	2	2	1	3
Sweden	27	16	43	–	1	1	2	–	2	1	4	5	1	4	5	5	1	6	7	3	10	5	1	6	2	1	3
All other countries [2]	46	23	69	2	1	3	7	5	12	9	4	13	11	3	14	8	4	12	2	2	4	3	2	5	1	–	1
Unknown	70	75	145	2	2	4	3	3	6	3	3	6	6	4	10	6	4	10	6	7	13	5	5	10	5	6	11
Total	1,130	822	1,952	23	16	39	78	69	147	139	91	230	114	101	215	133	96	229	133	70	203	117	70	187	78	52	130
(Native Born of Native Parentage)	810	627	1,437	24	18	42	79	67	146	70	42	112	78	60	138	89	45	134	71	58	129	63	46	109	68	40	108

---

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea.

Table 182. — *Country of Origin of Native Born, First Admissions, 1937, by Age at Admission and Sex* — Concluded

Country of Origin (Native Born of Foreign or Mixed Parentage)	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	12	12	24	13	13	26	11	9	20	5	4	9	12	5	17	3	3	6	1	2	3	1	1	2	2	–	2
Denmark	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
England	7	7	14	7	6	13	3	4	7	6	4	10	2	3	5	4	3	7	3	1	4	–	1	1	1	–	1
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	1	–	1	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Germany	3	4	7	–	3	3	–	3	3	2	1	3	1	1	2	3	2	5	2	1	3	–	–	–	–	–	–
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	24	13	37	27	23	50	33	25	58	23	14	37	20	9	29	17	19	36	7	7	14	4	–	4	–	1	1
Italy	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Poland	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portugal	2	–	2	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Russia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scotland	1	1	2	1	–	1	1	–	1	–	–	–	2	1	3	–	3	3	–	–	–	–	1	1	–	–	–
Sweden	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
All other countries[2]	1	–	1	–	–	–	2	–	2	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Unknown	1	2	3	5	3	8	2	6	8	8	7	15	4	10	14	7	5	12	4	4	8	3	2	5	–	2	2
Total	55	40	95	55	48	103	55	48	103	46	31	77	41	31	72	35	35	70	17	16	33	8	5	13	3	3	6
(Native Born of Native Parentage)	54	38	92	31	37	68	39	35	74	33	29	62	43	35	78	38	36	74	21	22	43	8	15	23	1	4	5

---

[1] Includes Newfoundland.
[2] Includes Europe and Asia not specified; also, born at sea.

TABLE 183. — *Admission Ages of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	–	–	–	2	2	4	–	–	–	3	1	4	12	2	14	22	3	25	27	7	34	17	6	23
With other forms of syphilis	13	6	19	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	4	3	1	4	2	–	2
With epidemic encephalitis	6	1	7	1	–	1	–	–	–	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	2	–	2
With other infectious diseases	15	8	23	–	–	–	1	1	2	–	2	2	1	1	2	2	1	3	1	–	1	3	1	4	1	2	3
Alcoholic psychoses	386	67	453	–	–	–	–	–	–	6	3	9	27	4	31	54	14	68	55	10	65	68	7	75	72	10	82
Due to drugs, etc.	18	14	32	–	–	–	–	–	–	2	–	2	1	1	2	1	1	2	3	2	5	2	3	5	3	2	5
Traumatic psychoses	21	3	24	–	–	–	–	–	–	–	–	–	2	1	3	3	–	3	2	–	2	2	–	2	1	1	2
With cerebral arteriosclerosis	458	395	853	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	4	4	8
With other disturbances of circulation	28	28	56	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	3	3	–	3	2	4	6
With convulsive disorders (epil.)	51	45	96	2	6	8	9	6	15	6	4	10	6	12	18	7	4	11	8	3	11	1	4	5	6	1	7
Senile psychoses	95	207	302	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Involutional psychoses	40	106	146	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	2	2	2	16	18	5	30	35
Due to other metabolic diseases, etc.	30	42	72	–	–	–	–	3	3	1	6	7	2	2	4	2	2	4	2	–	2	2	5	7	3	3	6
Due to new growth	8	2	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	1	2	–	–	–
With organic changes of nervous system	43	42	85	–	2	2	1	1	2	2	1	3	4	1	5	1	1	2	4	3	7	4	2	6	8	4	12
Psychoneuroses	131	135	266	1	–	1	6	9	15	23	17	40	19	13	32	16	22	38	13	23	36	13	14	27	13	9	22
Manic-depressive psychoses	198	273	471	–	1	1	20	19	39	28	23	51	20	42	62	25	28	53	28	30	58	19	45	64	19	24	43
Dementia praecox	364	382	746	–	1	1	44	34	78	83	41	124	67	70	137	61	56	117	47	49	96	25	44	69	19	33	52
Paranoia and paranoid conditions	50	57	107	–	–	–	–	–	–	1	–	1	2	1	3	5	2	7	7	5	12	8	9	17	11	7	18
With psychopathic personality	34	24	58	–	–	–	6	5	11	4	1	5	9	3	12	5	5	10	3	3	6	1	4	5	2	1	3
With mental deficiency	49	54	103	1	1	2	7	10	17	12	14	26	5	3	8	6	7	13	1	6	7	8	6	14	3	4	7
Undiagnosed psychoses	47	47	94	2	2	4	3	3	6	6	5	11	4	7	11	9	4	13	6	7	13	6	4	10	2	5	7
Without psychoses	450	193	643	17	9	26	51	27	78	48	17	65	36	25	61	54	20	74	54	23	77	55	19	74	45	14	59
Primary behavior disorders	98	54	152	24	12	36	18	18	36	10	6	16	5	3	8	7	2	9	5	3	8	8	2	10	6	2	8
Total With Mental Disorder	2,222	1,968	4,190	7	13	20	99	93	192	175	117	292	173	164	337	209	150	359	208	150	358	198	174	372	195	150	345
Total Without Mental Disorder	548	247	795	41	21	62	69	45	114	58	23	81	41	28	69	61	22	83	59	26	85	63	21	84	51	16	67
Grand Total	2,770	2,215	4,985	48	34	82	168	138	306	233	140	373	214	192	406	270	172	442	267	176	443	261	195	456	246	166	412

TABLE 183. — *Admission Ages of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	26	2	28	13	3	16	8	3	11	5	1	6	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	1	2	3	1	4	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	–	2	–	–	–	3	–	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	44	4	48	33	7	40	11	5	16	14	2	16	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	2	–	2	2	4	6	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	4	1	5	4	–	4	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	10	11	21	33	26	59	65	61	126	94	64	158	110	97	207	81	67	148	43	40	83	17	13	30	1	11	12
With other disturbances of circulation	–	3	3	6	7	13	3	6	9	4	2	6	3	4	7	2	–	2	2	–	2	1	–	1	–	–	–
With convulsive disorders (epilepsy)	1	1	2	3	3	6	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Senile psychoses	–	1	1	1	3	4	8	18	26	8	26	34	19	38	57	21	52	73	23	39	62	8	20	28	7	9	16
Involutional psychoses	8	34	42	12	19	31	10	4	14	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	5	4	9	2	8	10	7	4	11	1	4	5	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–
Due to new growth	2	–	2	–	1	1	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	4	6	8	6	14	2	8	10	3	5	8	3	1	4	1	2	3	–	1	1	–	–	–	–	–	–
Psychoneuroses	9	8	17	13	11	24	3	6	9	1	3	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	15	18	33	10	24	34	9	13	22	3	5	8	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–
Dementia praecox	10	28	38	5	15	20	2	6	8	1	4	5	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	5	14	19	3	6	9	6	7	13	–	2	2	2	3	5	–	1	1	–	–	–	–	–	–	–	–	–
With psychopathic personality	3	1	4	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	1	3	3	2	5	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	6	7	13	2	3	5	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	34	11	45	21	6	27	17	8	25	6	4	10	5	6	11	5	1	6	1	2	3	–	1	1	1	–	1
Primary behavior disorders	9	4	13	3	2	5	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	155	142	297	156	151	307	146	143	289	143	118	261	149	144	293	106	126	232	69	80	149	26	33	59	8	20	28
Total Without Mental Disorder	43	15	58	24	8	32	18	8	26	7	4	11	6	6	12	5	1	6	1	2	3	–	1	1	1	–	1
Grand Total	198	157	355	180	159	339	164	151	315	150	122	272	155	150	305	111	127	238	70	82	152	26	34	60	9	20	29

TABLE 184. — *Admission Ages of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	–	–	–	–	–	–	–	–	–	3	–	3	–	1	1	7	–	7	5	–	5	6	3	9
With other forms of syphilis	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	2
With epidemic encephalitis	4	–	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	1	–	1
With other infectious diseases	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	–	–	–	–	–	–	2	–	2	7	3	10	20	–	20	14	–	14	21	3	24	29	1	30
Due to drugs, etc.	4	6	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	1	1	2	–	–	–
Traumatic psychoses	12	1	13	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	2	1	3	1	–	1	3	–	3
With cerebral arteriosclerosis	47	46	93	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1
With other disturbances of circulation	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With convulsive disorders (epil.)	37	17	54	2	3	5	2	2	4	5	1	6	1	4	5	12	2	14	3	–	3	7	2	9	2	1	3
Senile psychoses	8	16	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	5	23	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	5	5
Due to other metabolic diseases, etc.	3	3	6	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–	1	–	1
Due to new growth	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1
With organic changes of nervous system	8	5	13	1	–	1	1	1	2	2	1	3	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–
Psychoneuroses	49	35	84	–	–	–	1	2	3	7	2	9	3	6	9	9	5	14	6	7	13	8	2	10	3	5	8
Manic-depressive psychoses	158	251	409	–	–	–	6	8	14	10	8	18	14	24	38	9	24	33	20	40	60	16	30	46	27	39	66
Dementia praecox	259	197	456	1	1	2	15	4	19	39	17	56	45	36	81	43	28	71	48	34	82	27	24	51	18	16	34
Paranoia and paranoid conditions	14	30	44	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	1	2	3	1	1	2	4	9	13
With psychopathic personality	23	20	43	–	–	–	1	3	4	3	5	8	4	1	5	3	3	6	2	2	4	6	3	9	1	1	2
With mental deficiency	28	30	58	–	–	–	3	5	8	6	5	11	1	6	7	5	5	10	4	2	6	3	2	5	1	3	4
Undiagnosed psychoses	7	6	13	–	–	–	–	1	1	–	1	1	–	1	1	1	1	2	3	1	4	–	–	–	3	–	3
Without psychoses	160	62	222	1	2	3	8	8	16	10	10	20	17	4	21	12	6	18	28	7	35	31	6	37	22	7	29
Primary behavior disorders	6	9	15	–	1	1	4	3	7	–	1	1	1	1	2	–	2	2	–	–	–	–	–	–	1	–	1
Total With Mental Disorder	846	718	1,564	4	4	8	30	27	57	75	40	115	80	82	162	103	72	175	117	91	208	98	71	169	101	85	186
Total Without Mental Disorder	166	71	237	1	3	4	12	11	23	10	11	21	18	5	23	12	8	20	28	7	35	31	6	37	23	7	30
Grand Total	1,012	789	1,801	5	7	12	42	38	80	85	51	136	98	87	185	115	80	195	145	98	243	129	77	206	124	92	216

TABLE 184. — *Admission Ages of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	2	5	3	2	5	5	1	6	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	16	2	18	13	4	17	6	2	8	9	2	11	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	1	–	1	–	2	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1	3	4	6	5	11	4	11	15	12	15	27	7	8	15	9	3	12	5	–	5	1	–	1	–	1	1
With other disturbances of circulation	1	1	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	1	–	1	2	3	5	2	2	4	1	6	7	–	1	1	2	4	6	–	–	–	–	–	–
Involutional psychoses	2	8	10	1	1	2	1	7	8	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	1	2	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	5	2	7	3	1	4	4	1	5	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	14	28	42	16	19	35	9	18	27	12	7	19	5	3	8	–	3	3	–	–	–	–	–	–	–	–	–
Dementia praecox	10	17	27	7	8	15	4	6	10	1	4	5	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	2	2	4	3	5	8	2	5	7	–	2	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	2	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	1	2	1	–	1	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	14	2	16	6	4	10	5	3	8	3	2	5	1	–	1	–	1	1	–	–	–	2	–	2	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	60	70	130	63	49	112	41	58	99	41	35	76	15	19	34	10	10	20	7	4	11	1	–	1	–	1	1
Total Without Mental Disorder	14	2	16	6	4	10	5	4	9	3	2	5	1	–	1	–	1	1	–	–	–	2	–	2	–	–	–
Grand Total	74	72	146	69	53	122	46	62	108	44	37	81	16	19	35	10	11	21	7	4	11	3	–	3	–	1	1

TABLE 185. — *Admission Ages of First Admissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State .	343	281	624	22	5	27	32	22	54	39	20	59	41	37	78	43	45	88	84	63	147	62	61	123	19	23	42	1	5	6
Boston Psycho. .	656	393	1,049	99	78	177	142	100	242	158	99	257	140	62	202	100	44	144	13	10	23	4	–	4	–	–	–	–	–	–
Danvers . .	344	331	675	15	19	34	43	36	79	56	51	107	60	57	117	46	51	97	55	39	94	45	52	97	21	22	43	3	4	7
Foxborough .	95	106	201	6	9	15	17	13	30	15	11	26	14	21	35	10	16	26	14	22	36	17	8	25	2	5	7	–	1	1
Gardner . .	54	45	99	3	2	5	13	7	20	11	2	13	6	6	12	5	10	15	6	7	13	7	10	17	3	1	4	–	–	–
Grafton . .	31	21	52	5	2	7	3	6	9	7	3	10	7	5	12	6	2	8	2	1	3	–	2	2	1	–	1	–	–	–
Medfield . .	96	86	182	5	2	7	17	11	28	23	18	41	10	16	26	18	11	29	13	8	21	7	13	20	3	6	9	–	1	1
Northampton .	282	225	507	6	10	16	31	33	64	58	28	86	73	43	116	44	32	76	27	35	62	29	28	57	10	14	24	4	2	6
Taunton . .	220	216	436	15	11	26	33	23	56	34	32	66	42	35	77	25	28	53	28	28	56	30	37	67	13	20	33	–	2	2
Westborough .	144	179	323	9	5	14	23	25	48	25	25	50	23	29	52	19	33	52	15	28	43	22	21	43	8	12	20	–	1	1
Worcester . .	313	227	540	13	16	29	48	31	79	60	39	99	52	32	84	45	29	74	44	26	70	36	40	76	14	10	24	1	4	5
Monson . .	30	22	52	9	9	18	8	7	15	4	2	6	3	2	5	4	1	5	1	–	1	1	1	2	–	–	–	–	–	–
McLean . .	94	83	177	8	4	12	18	18	36	28	18	46	14	16	30	8	14	22	11	6	17	5	4	9	2	3	5	–	–	–
Bridgewater .	40	–	40	1	–	1	19	–	19	14	–	14	5	–	5	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	16	–	16	–	–	–	–	–	–	4	–	4	9	–	9	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95 .	12	–	12	–	–	–	–	–	–	1	–	1	8	–	8	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–
Total . .	2,770	2,215	4,985	216	172	388	447	332	779	537	348	885	507	361	868	378	316	694	314	273	587	266	277	543	96	116	212	9	20	29

Table 186. — *Admission Ages of Readmissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex*

Hospitals	Total			0–19 Years			20–29 Years			30–39 Years			40–49 Years			50–59 Years			60–69 Years			70–79 Years			80–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	112	103	215	7	8	15	18	11	29	24	18	42	25	23	48	15	14	29	15	22	37	5	7	12	3	–	3	–	–	–
Boston Psychopathic	160	98	258	9	12	21	27	28	55	46	22	68	61	16	77	13	17	30	3	3	6	1	–	1	–	–	–	–	–	–
Danvers	134	120	254	5	4	9	23	20	43	38	27	65	30	26	56	14	19	33	15	21	36	4	3	7	5	–	5	–	–	–
Foxborough	50	31	81	–	3	3	9	7	16	14	11	25	11	6	17	8	4	12	5	–	5	3	–	3	–	–	–	–	–	–
Gardner	16	23	39	1	–	1	3	7	10	2	5	7	3	1	4	2	6	8	3	3	6	2	1	3	–	–	–	–	–	–
Grafton	14	19	33	2	4	6	2	4	6	5	7	12	1	1	2	2	1	3	2	2	4	–	–	–	–	–	–	–	–	–
Medfield	49	49	98	5	2	7	11	8	19	12	12	24	9	3	12	5	12	17	6	9	15	–	2	2	1	1	2	–	–	–
Northampton	72	82	154	2	–	2	16	15	31	12	11	23	14	28	42	16	15	31	9	10	19	3	2	5	–	1	1	–	–	–
Taunton	79	67	146	2	5	7	18	13	31	22	17	39	19	10	29	11	8	19	6	12	18	1	2	3	–	–	–	–	–	–
Westborough	70	65	135	–	3	3	9	5	14	23	11	34	11	22	33	13	15	28	10	5	15	3	3	6	1	1	2	–	–	–
Worcester	127	90	217	10	2	12	28	16	44	25	21	46	24	23	47	25	9	34	12	10	22	3	8	11	–	–	–	–	1	1
Monson	16	4	20	1	2	3	5	1	6	6	–	6	3	–	3	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
McLean	36	28	74	3	–	3	7	3	10	10	16	26	7	10	17	9	4	13	–	2	2	–	2	2	–	1	1	–	–	–
Bridgewater	28	–	28	–	–	–	7	–	7	8	–	8	5	–	5	5	–	5	2	–	2	1	–	1	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	33	–	33	–	–	–	–	–	–	7	–	7	21	–	21	3	–	3	2	–	2	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	16	–	16	–	–	–	–	–	–	6	–	6	9	–	9	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total	1,012	789	1,801	47	45	92	183	138	321	260	178	438	253	169	422	143	125	268	90	99	189	26	30	56	10	4	14	–	1	1

Table 187. — *Mental Disorders of First Admissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex*

Mental Disorders	Total				Boston State				Boston Psychopathic				Danvers				Foxborough			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	137	30	167	3.4	8	5	13	2.1	37	6	43	4.1	14	3	17	2.5	5	2	7	3.5
With other forms of syphilis	13	6	19	.5	1	–	1	.2	1	–	1	.1	–	–	–	–	1	–	1	.5
With epidemic encephalitis	6	1	7	.1	–	–	–	–	1	–	1	.1	1	–	1	.1	–	–	–	–
With other infectious diseases	15	8	23	.4	–	–	–	–	5	3	8	.8	1	1	2	.3	1	–	1	.5
Alcoholic psychoses	386	67	453	9.1	45	14	59	9.5	112	19	131	12.5	51	7	58	8.6	7	2	9	4.5
Due to drugs, etc.	18	14	32	.6	2	1	3	.5	6	3	9	.9	2	2	4	.6	–	–	–	–
Traumatic psychoses	21	3	24	.5	4	1	5	.8	2	–	2	.2	4	–	4	.6	2	–	2	1.0
With cerebral arteriosclerosis	458	395	853	17.1	140	113	253	40.5	9	8	17	1.6	93	74	167	24.7	17	14	31	15.4
With other disturbances of circulation	28	28	56	1.1	–	1	1	.2	1	3	4	.4	4	3	7	1.0	1	–	1	.5
With convulsive disorders (epilepsy)	51	45	96	1.9	3	1	4	.6	3	6	9	.9	2	3	5	.7	–	1	1	.5
Senile psychoses	95	207	302	6.1	7	18	25	4.0	1	–	1	.1	10	33	43	6.4	5	10	15	7.5
Involutional psychoses	40	106	146	2.9	2	4	6	1.0	–	4	4	.4	8	10	18	2.7	1	7	8	4.0
Due to other metabolic diseases, etc.	30	42	72	1.4	1	8	9	1.4	10	7	17	1.6	4	5	9	1.3	1	3	4	2.0
Due to new growth	8	2	10	.2	–	–	–	–	–	1	1	.1	2	–	2	.3	1	–	1	.5
With organic changes of nervous system	43	42	85	1.7	14	16	30	4.8	6	5	11	1.0	5	4	9	1.3	7	7	14	7.0
Psychoneuroses	131	135	266	5.3	1	2	3	.5	68	51	119	11.3	12	21	33	4.9	–	4	4	2.0
Manic-depressive psychoses	198	273	471	9.4	30	42	72	11.5	28	57	85	8.1	20	23	43	6.4	8	17	25	12.4
Dementia praecox	364	382	746	15.0	28	12	40	6.4	39	41	80	7.6	49	95	144	21.3	25	14	39	19.4
Paranoia and paranoid conditions	50	57	107	2.1	4	16	20	3.2	9	6	15	1.4	3	7	10	1.5	3	6	9	4.5
With psychopathic personality	34	24	58	1.2	4	3	7	1.1	4	6	10	.9	–	2	2	.3	2	1	3	1.5
With mental deficiency	49	54	103	2.1	2	3	5	.8	4	3	7	.7	3	7	10	1.5	3	10	13	6.4
Undiagnosed psychoses	47	47	94	1.9	2	1	3	.5	40	37	77	7.3	1	1	2	.3	–	–	–	–
Without psychoses	450	193	643	12.9	45	20	65	10.4	175	78	253	24.1	55	29	84	12.4	5	8	13	6.4
Primary behavior disorders	98	54	152	3.0	–	–	–	–	95	49	144	13.7	–	1	1	.1	–	–	–	–
Total With Mental Disorder	2,222	1,968	4,190	84.1	298	261	559	89.6	386	266	652	62.2	289	301	590	87.4	90	98	188	93.5
Total Without Mental Disorder	548	247	795	15.9	45	20	65	10.4	270	127	397	37.8	55	30	85	12.6	5	8	13	6.4
Grand Total	2,770	2,215	4,985	100.0	343	281	624	100.0	656	393	1,049	100.0	344	331	675	100.0	95	106	201	100.0

Table 187. — *Mental Disorders of First Admissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex* — Continued

Mental Disorders	Gardner				Grafton				Medfield				Northampton				Taunton				Westborough			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	1	–	1	1.0	1	–	1	1.9	5	2	7	3.8	15	3	18	3.6	10	6	16	3.7	6	1	7	2.2
With other forms of syphilis	–	–	–	–	–	1	1	1.9	2	1	3	1.6	5	4	9	1.8	1	–	1	.2	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	.6	–	–	–	–	–	1	1	.3
With other infectious diseases	–	1	1	1.0	–	–	–	–	–	–	–	–	2	1	3	.6	3	2	5	1.1	–	–	–	–
Alcoholic psychoses	13	1	14	14.1	11	–	11	21.2	11	2	13	7.2	52	2	54	10.6	34	10	44	10.1	12	6	18	5.6
Due to drugs, etc.	1	–	1	1.0	–	–	–	–	–	–	–	–	–	1	1	.2	2	–	2	.5	1	2	3	.9
Traumatic psychoses	1	–	1	1.0	–	–	–	–	–	–	–	–	1	2	3	.6	6	–	6	1.4	–	–	–	–
With cerebral arteriosclerosis	9	7	16	16.2	1	1	2	3.8	16	9	25	13.8	40	23	63	12.4	39	48	87	19.9	30	43	73	22.6
With other disturbances of circulation	1	2	3	3.0	–	–	–	–	1	3	4	2.2	3	4	7	1.4	3	3	6	1.4	2	4	6	1.9
With convulsive disorders (epilepsy)	1	–	1	1.0	–	–	–	–	–	1	1	.5	4	5	9	1.8	3	2	5	1.1	2	2	4	1.2
Senile psychoses	3	8	11	11.1	1	–	1	1.9	4	12	16	8.8	23	47	70	13.8	20	31	51	11.7	7	15	22	6.8
Involutional psychoses	–	8	8	8.1	–	1	1	1.9	2	2	4	2.2	8	15	23	4.5	5	30	35	8.0	4	14	18	5.6
Due to other metabolic diseases, etc.	–	2	2	2.0	–	–	–	–	–	2	2	1.1	–	5	5	1.0	2	4	6	1.4	2	–	2	.6
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	.4	–	–	–	–	1	1	2	.6
With organic changes of nervous system	2	2	4	4.0	–	–	–	–	1	3	4	2.2	2	1	3	.6	2	2	4	.9	–	–	–	–
Psychoneuroses	2	–	2	2.0	1	1	2	3.8	–	1	1	.5	11	23	34	6.7	7	12	19	4.4	4	5	9	2.8
Manic-depressive psychoses	2	3	5	5.1	1	2	3	5.8	15	15	30	16.5	21	21	42	8.3	10	18	28	6.4	28	29	57	17.6
Dementia praecox	5	4	9	9.1	6	3	9	17.3	22	20	42	23.2	38	43	81	15.9	43	28	71	16.3	29	45	74	22.9
Paranoia and paranoid conditions	1	1	2	2.0	3	4	7	13.5	4	5	9	4.9	8	6	14	2.8	2	3	5	1.1	–	–	–	–
With psychopathic personality	–	–	–	–	3	2	5	9.6	2	1	3	1.6	3	2	5	1.0	2	5	7	1.6	–	1	1	.3
With mental deficiency	1	–	1	1.0	2	3	5	9.6	4	3	7	3.8	8	11	19	3.7	7	5	12	2.8	5	4	9	2.8
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	3	3	1.6	1	4	5	1.0	–	–	–	–	–	–	–	–
Without psychoses	11	6	17	17.2	1	3	4	7.7	7	1	8	4.4	30	1	31	6.1	19	7	26	6.0	11	5	16	5.0
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	.6	–	–	–	–	–	1	1	.3
Total With Mental Disorder	43	39	82	82.8	30	18	48	92.3	89	85	174	95.6	250	223	473	93.3	201	209	410	94.0	133	173	306	94.7
Total Without Mental Disorder	11	6	17	17.2	1	3	4	7.7	7	1	8	4.4	32	2	34	6.7	19	7	26	6.0	11	6	17	5.3
Grand Total	54	45	99	100.0	31	21	52	100.0	96	86	182	100.0	282	225	507	100.0	220	216	436	100.0	144	179	323	100.0

TABLE 187. — *Mental Disorders of First Admissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex* — Concluded

MENTAL DISORDERS	WORCESTER				MONSON				MCLEAN				BRIDGEWATER				VETS.' ADM. FAC. No. 107				VETS.' ADM. FAC. No. 95			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	29	2	31	5.7	–	–	–	–	2	–	2	1.1	1	–	1	2.5	1	–	1	6.3	2	–	2	16.7
With other forms of syphilis	1	–	1	.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	8.3
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	6.3	–	–	–	–
With other infectious diseases	3	–	3	.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	31	2	33	6.1	–	–	–	–	2	2	4	2.3	2	–	2	5.0	2	–	2	12.5	1	–	1	8.3
Due to drugs, etc.	2	1	3	.5	–	–	–	–	1	4	5	2.8	–	–	–	–	–	–	–	–	1	–	1	8.3
Traumatic psychoses	1	–	1	.2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	57	53	110	20.4	–	–	–	–	7	2	9	5.1	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	12	3	15	2.8	–	–	–	–	–	2	2	1.1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	2	3	.5	29	22	51	98.1	3	–	3	1.7	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	13	27	40	7.4	–	–	–	–	1	6	7	4.0	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	6	7	13	2.4	–	–	–	–	4	4	8	4.5	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	9	6	15	2.8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	8.3
Due to new growth	2	–	2	.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	1	3	.5	–	–	–	–	–	1	1	.6	–	–	–	–	2	–	2	12.5	–	–	–	–
Psychoneuroses	12	8	20	3.7	–	–	–	–	8	7	15	8.5	2	–	2	5.0	–	–	–	–	3	–	3	25.0
Manic-depressive psychoses	9	17	26	4.8	–	–	–	–	24	29	53	29.9	1	–	1	2.5	1	–	1	6.3	–	–	–	–
Dementia praecox	58	65	123	22.8	–	–	–	–	8	12	20	11.3	7	–	7	17.5	4	–	4	25.0	3	–	3	25.0
Paranoia and paranoid conditions	10	2	12	2.2	–	–	–	–	2	1	3	1.7	1	–	1	2.5	–	–	–	–	–	–	–	–
With psychopathic personality	4	–	4	.7	–	–	–	–	2	1	3	1.7	8	–	8	20.0	–	–	–	–	–	–	–	–
With mental deficiency	4	5	9	1.7	–	–	–	–	–	–	–	–	6	–	6	15.0	–	–	–	–	–	–	–	–
Undiagnosed psychoses	1	–	1	.2	–	–	–	–	1	1	2	1.1	–	–	–	–	1	–	1	6.3	–	–	–	–
Without psychoses	45	25	70	13.0	1	–	1	1.9	29	10	39	22.0	12	–	12	30.0	4	–	4	25.0	–	–	–	–
Primary behavior disorders	1	1	2	.4	–	–	–	–	–	1	1	.6	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	267	201	468	86.6	29	22	51	98.1	65	72	137	77.4	28	–	28	70.0	12	–	12	75.0	12	–	12	100.0
Total Without Mental Disorder	46	26	72	13.4	1	–	1	1.9	29	11	40	22.6	12	–	12	30.0	4	–	4	25.0	–	–	–	–
Grand Total	313	227	540	100.0	30	22	52	100.0	94	83	177	100.0	40	–	40	100.0	16	–	16	100.0	12	–	12	100.0

TABLE 188. — *Mental Disorders of Readmissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex*

MENTAL DISORDERS	TOTAL				BOSTON STATE				BOSTON PSYCHOPATHIC				DANVERS				FOXBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	32	10	42	2.3	1	1	2	.9	10	2	12	4.6	5	2	7	2.7	3	–	3	3.7
With other forms of syphilis	5	1	6	.3	1	–	1	.5	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	4	–	4	.2	–	–	–	–	2	–	2	.8	–	–	–	–	–	–	–	–
With other infectious diseases	1	1	2	.1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	8.6	15	3	18	8.4	30	5	35	13.5	19	2	21	8.3	7	–	7	8.6
Due to drugs, etc.	4	6	10	.6	–	1	1	.5	–	1	1	.4	–	–	–	–	1	–	1	1.2
Traumatic psychoses	12	1	13	.7	1	–	1	.5	1	1	2	.8	2	–	2	.8	–	–	–	–
With cerebral arteriosclerosis	47	46	93	5.2	11	9	20	9.3	–	1	1	.4	10	13	23	9.0	3	–	3	3.7
With other disturbances of circulation	3	2	5	.3	–	–	–	–	–	1	1	.4	–	1	1	.4	–	–	–	–
With convulsive disorders (epilepsy)	37	17	54	3.0	4	1	5	2.3	4	3	7	2.7	2	1	3	1.2	1	–	1	1.2
Senile psychoses	8	16	24	1.3	2	–	2	.9	–	–	–	–	1	–	1	.4	–	–	–	–
Involutional psychoses	5	23	28	1.6	1	2	3	1.4	–	1	1	.4	–	2	2	.8	1	–	1	1.2
Due to other metabolic diseases, etc.	3	3	6	.3	1	–	1	.5	1	–	1	.4	1	–	1	.4	–	–	–	–
Due to new growth	1	1	2	.1	–	–	–	–	–	–	–	–	1	–	1	.4	–	–	–	–
With organic changes of nervous system	8	5	13	.7	3	1	4	1.9	1	–	1	.4	1	–	1	.4	1	1	2	2.5
Psychoneuroses	49	35	84	4.7	3	1	4	1.9	15	9	24	9.3	5	8	13	5.1	1	2	3	3.7
Manic-depressive psychoses	158	251	409	22.7	25	57	82	38.1	5	20	25	9.7	19	32	51	20.1	10	10	20	24.7
Dementia praecox	259	197	456	25.3	23	7	30	13.9	12	7	19	7.3	41	42	83	32.7	14	11	25	30.9
Paranoia and paranoid conditions	14	30	44	2.5	1	7	8	3.7	1	5	6	2.3	1	3	4	1.6	3	4	7	8.6
With psychopathic personality	23	20	43	2.4	2	2	4	1.9	–	4	4	1.5	1	2	3	1.2	2	–	2	2.5
With mental deficiency	28	30	58	3.2	4	6	10	4.6	1	2	3	1.2	1	6	7	2.7	–	1	1	1.2
Undiagnosed psychoses	7	6	13	.7	–	–	–	–	5	5	10	3.9	–	1	1	.4	–	–	–	–
Without psychoses	160	62	222	12.3	14	5	19	8.8	67	23	90	34.8	24	5	29	11.4	3	2	5	6.2
Primary behavior disorders	6	9	15	.9	–	–	–	–	5	8	13	5.1	–	–	–	–	–	–	–	–
Total With Mental Disorder	846	718	1,564	86.8	98	98	196	91.2	88	67	155	60.1	110	115	225	88.6	47	49	76	93.8
Total Without Mental Disorder	166	71	237	13.2	14	5	19	8.8	72	31	103	39.9	24	5	29	11.4	3	2	5	6.2
Grand Total	1,012	789	1,801	100.0	112	103	215	100.0	160	98	258	100.0	134	120	254	100.0	50	31	81	100.0

TABLE 188. — *Mental Disorders of Readmissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex* — Continued

MENTAL DISORDERS	GARDNER				GRAFTON				MEDFIELD				NORTHAMPTON				TAUNTON				WESTBOROUGH			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	–	–	–	–	–	–	–	–	–	1	1	1.0	2	2	4	2.6	3	–	3	2.1	2	1	3	2.2
With other forms of syphilis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	.7
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	.7
Alcoholic psychoses	3	–	3	7.7	3	–	3	9.1	6	2	8	8.2	7	3	10	6.5	8	1	9	6.2	9	1	10	7.4
Due to drugs, etc.	–	1	1	2.6	–	–	–	–	–	–	–	–	1	–	1	.7	–	2	2	1.3	–	–	–	–
Traumatic psychoses	–	–	–	–	–	–	–	–	2	–	2	2.0	–	–	–	–	1	–	1	.7	–	–	–	–
With cerebral arteriosclerosis	–	1	1	2.6	–	–	–	–	2	4	6	6.1	6	3	9	5.8	1	4	5	3.4	6	2	8	5.9
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	.7	–	–	–	–	1	–	1	.7
With convulsive disorders (epilepsy)	1	1	2	5.1	2	4	6	18.2	–	–	–	–	1	2	3	1.9	1	–	1	.7	1	–	1	.7
Senile psychoses	1	–	1	2.6	–	–	–	–	1	2	3	3.1	–	4	4	2.6	–	–	–	–	1	2	3	2.2
Involutional psychoses	–	–	–	–	–	–	–	–	1	–	1	1.0	–	6	6	3.9	–	5	5	3.4	2	3	5	3.7
Due to other metabolic diseases, etc.	–	1	1	2.6	–	–	–	–	–	–	–	–	–	2	2	1.3	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	.7	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	.7	–	1	1	.7	–	–	–	–
Psychoneuroses	–	–	–	–	1	1	2	6.0	–	2	2	2.0	5	2	7	4.5	5	5	10	6.8	2	–	2	1.5
Manic-depressive psychoses	6	10	16	40.9	1	4	5	15.2	12	19	31	31.6	16	22	38	24.7	18	15	33	22.6	17	25	42	31.1
Dementia praecox	5	3	8	20.4	5	2	7	21.2	14	9	23	23.5	21	25	46	29.9	23	28	51	34.9	19	22	41	30.4
Paranoia and paranoid conditions	–	1	1	2.6	1	2	3	9.1	1	4	5	5.1	3	–	3	1.9	1	2	3	2.1	–	–	–	–
With psychopathic personality	–	1	1	2.6	1	2	3	9.1	4	4	8	8.2	1	2	3	1.9	5	2	7	4.8	–	–	–	–
With mental deficiency	–	1	1	2.6	–	2	2	6.0	3	1	4	4.1	1	5	6	3.9	5	1	6	4.1	3	3	6	4.5
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	3	3	7.7	–	1	1	3.0	3	1	4	4.1	7	2	9	5.8	8	1	9	6.2	6	5	11	8.2
Primary behavior disorders	–	–	–	–	–	1	1	3.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	16	20	36	92.3	14	17	31	94.0	46	48	94	95.9	65	80	145	94.2	71	66	137	93.8	64	60	124	91.8
Total Without Mental Disorder	–	3	3	7.7	–	2	2	6.0	3	1	4	4.1	7	2	9	5.8	8	1	9	6.2	6	5	11	8.2
Grand Total	16	23	39	100.0	14	19	33	100.0	49	49	98	100.0	72	82	154	100.0	79	67	146	100.0	70	65	135	100.0

Table 188. — *Mental Disorders of Readmissions to Hospitals for Mental Diseases, 1937, by Hospital and Sex* — Concluded

Mental Disorders	Worcester				Monson				McLean				Bridgewater				Veterans' Adm. Fac. No. 107				Veterans' Adm. Fac. No. 95			
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis	4	1	5	2.3	–	–	–	–	–	–	–	–	1	–	1	3.6	–	–	–	–	1	–	1	6.3
With other forms of syphilis	1	1	2	.9	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	6.1	–	–	–	–
With epidemic encephalitis	2	–	2	.9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.0	–	–	–	–
Alcoholic psychoses	23	–	23	10.6	–	–	–	–	1	–	1	1.4	4	–	4	14.3	1	–	1	3.0	2	–	2	12.5
Due to drugs, etc.	1	1	2	.9	–	–	–	–	1	–	1	1.4	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	4	–	4	1.8	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.0	–	–	–	–
With cerebral arteriosclerosis	5	9	14	6.4	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	9.1	–	–	–	–
With other disturbances of circulation	1	–	1	.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	1	2	.9	16	4	20	100.0	–	–	–	–	1	–	1	3.6	2	–	2	6.1	–	–	–	–
Senile psychoses	–	7	7	3.2	–	–	–	–	–	1	1	1.4	1	–	1	3.6	1	–	1	3.0	–	–	–	–
Involutional psychoses	–	2	2	.9	–	–	–	–	–	2	2	2.7	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	1	3	1.4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	9	2	11	5.1	–	–	–	–	2	3	5	6.7	–	–	–	–	–	–	–	–	1	–	1	6.3
Manic-depressive psychoses	9	19	28	12.9	–	–	–	–	15	18	33	44.6	2	–	2	7.1	2	–	2	6.1	1	–	1	6.3
Dementia praecox	46	31	77	35.5	–	–	–	–	11	10	21	28.3	3	–	3	10.7	14	–	14	42.4	8	–	8	50.0
Paranoia and paranoid conditions	1	–	1	.5	–	–	–	–	–	2	2	2.7	1	–	1	3.6	–	–	–	–	–	–	–	–
With psychopathic personality	–	1	1	.5	–	–	–	–	–	–	–	–	4	–	4	14.3	1	–	1	3.0	2	–	2	12.5
With mental deficiency	4	2	6	2.8	–	–	–	–	–	–	–	–	5	–	5	17.8	–	–	–	–	1	–	1	6.3
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3.6	1	–	1	3.0	–	–	–	–
Without psychoses	13	12	25	11.5	–	–	–	–	6	2	8	10.8	5	–	5	17.8	4	–	4	12.1	–	–	–	–
Primary behavior disorders	1	–	1	.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	113	78	191	88.0	16	4	20	100.0	30	36	66	89.2	23	–	23	82.2	29	–	29	87.9	16	–	16	100.0
Total Without Mental Disorder	14	12	26	12.0	–	–	–	–	6	2	8	10.8	5	–	5	17.8	4	–	4	12.1	–	–	–	–
Grand Total	127	90	217	100.0	16	4	20	100.0	36	38	74	100.0	28	–	28	100.0	33	–	33	100.0	16	–	16	100.0

TABLE 189. — *Alcoholic Habits of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	38	12	50	68	9	77	28	6	34	3	3	6
With other forms of syphilis	13	6	19	3	4	7	10	1	11	–	1	1	–	–	–
With epidemic encephalitis	6	1	7	3	1	4	3	–	3	–	–	–	–	–	–
With other infectious diseases	15	8	23	7	5	12	5	2	7	3	1	4	–	–	–
Alcoholic psychoses	386	67	453	–	–	–	–	–	–	386	67	453	–	–	–
Due to drugs, etc.	18	14	32	3	9	12	8	2	10	6	3	9	1	–	1
Traumatic psychoses	21	3	24	3	1	4	2	–	2	14	2	16	2	–	2
With cerebral arteriosclerosis	458	395	853	113	271	384	192	47	239	104	15	119	49	62	111
With other disturbances of circulation	28	28	56	9	20	29	9	6	15	4	1	5	6	1	7
With convulsive disorders (epilepsy)	51	45	96	30	37	67	14	5	19	6	3	9	1	–	1
Senile psychoses	95	207	302	39	157	196	25	30	55	24	11	35	7	9	16
Involutional psychoses	40	106	146	20	85	105	13	19	32	4	1	5	3	1	4
Due to other metabolic diseases, etc.	30	42	72	8	26	34	13	8	21	9	5	14	–	3	3
Due to new growth	8	2	10	3	2	5	3	–	3	–	–	–	2	–	2
With organic changes of nervous system	43	42	85	10	27	37	17	4	21	12	2	14	4	9	13
Psychoneuroses	131	135	266	42	93	135	61	34	95	26	7	33	2	1	3
Manic-depressive psychoses	198	273	471	73	170	243	86	73	159	37	16	53	2	14	16
Dementia praecox	364	382	746	156	257	413	129	96	225	65	10	75	14	19	33
Paranoia and paranoid conditions	50	57	107	13	33	46	27	16	43	7	5	12	3	3	6
With psychopathic personality	34	24	58	9	9	18	13	9	22	12	6	18	–	–	–
With mental deficiency	49	54	103	27	47	74	8	5	13	12	1	13	2	1	3
Undiagnosed psychoses	47	47	94	11	30	41	23	9	32	11	5	16	2	3	5
Without psychoses	450	193	643	103	81	184	98	36	134	241	71	312	8	5	13
Primary behavior disorders	98	54	152	51	37	88	30	13	43	17	2	19	–	2	2
Total With Mental Disorder	2,222	1,968	4,190	620	1,296	1,916	729	375	1,104	770	168	938	103	129	232
Total Without Mental Disorder	548	247	795	154	118	272	128	49	177	258	73	331	8	7	15
Grand Total	2,770	2,215	4,985	774	1,414	2,188	857	424	1,281	1,028	241	1,269	111	136	247

Table 190. — *Alcoholic Habits of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

Mental Disorders	Total			Abstinent			Temperate			Intemperate			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	5	7	12	18	2	20	9	1	10	–	–	–
With other forms of syphilis	5	1	6	2	–	2	2	–	2	1	1	2	–	–	–
With epidemic encephalitis	4	–	4	2	–	2	2	–	2	–	–	–	–	–	–
With other infectious diseases	1	1	2	–	1	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	–	–	–	–	–	–	138	17	155	–	–	–
Due to drugs, etc.	4	6	10	–	2	2	1	2	3	3	2	5	–	–	–
Traumatic psychoses	12	1	13	1	–	1	3	–	3	8	1	9	–	–	–
With cerebral arteriosclerosis	47	46	93	20	26	46	9	8	17	15	8	23	3	4	7
With other disturbances of circulation	3	2	5	1	1	2	–	1	1	1	–	1	1	–	1
With convulsive disorders (epilepsy)	37	17	54	22	13	35	8	3	11	7	–	7	–	1	1
Senile psychoses	8	16	24	1	12	13	3	1	4	3	1	4	1	2	3
Involutional psychoses	5	23	28	3	14	17	2	9	11	–	–	–	–	–	–
Due to other metabolic diseases, etc.	3	3	6	2	2	4	1	1	2	–	–	–	–	–	–
Due to new growth	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	8	5	13	5	3	8	2	–	2	1	2	3	–	–	–
Psychoneuroses	49	35	84	17	20	37	22	12	34	9	1	10	1	2	3
Manic-depressive psychoses	158	251	409	54	166	220	60	62	122	42	20	62	2	3	5
Dementia praecox	259	197	456	110	149	259	101	36	137	42	6	48	6	6	12
Paranoia and paranoid conditions	14	30	44	4	16	20	3	11	14	7	2	9	–	1	1
With psychopathic personality	23	20	43	3	10	13	6	4	10	13	6	19	1	–	1
With mental deficiency	28	30	58	15	21	36	3	8	11	10	–	10	–	1	1
Undiagnosed psychoses	7	6	13	–	2	2	3	4	7	3	–	3	1	–	1
Without psychoses	160	62	222	27	24	51	23	7	30	106	27	133	4	4	8
Primary behavior disorders	6	9	15	3	6	9	1	1	2	2	2	4	–	–	–
Total With Mental Disorder	846	718	1,564	268	466	734	250	164	414	312	68	380	16	20	36
Total Without Mental Disorder	166	71	237	30	30	60	24	8	32	108	29	137	4	4	8
Grand Total	1,012	789	1,801	298	496	794	274	172	446	420	97	517	20	24	44

TABLE 191. — *Race of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

RACE	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	48	44	92	42	38	80	6	6	12	8	4	12	–	2	2	–	–	–	–	–	–	5	1	6	–	–	–
African (part black)	2	1	3	2	–	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenian	16	5	21	13	5	18	3	–	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chinese	9	–	9	9	–	9	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
Dutch and Flemish	–	4	4	–	4	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
English	500	408	908	386	355	741	114	53	167	17	8	25	1	–	1	1	–	1	5	–	5	50	8	58	5	4	9
Finnish	20	13	33	19	13	32	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	5	–	5	–	–	–
French	205	161	366	170	144	314	35	17	52	18	2	20	2	1	3	1	–	1	1	1	2	29	2	31	1	2	3
German	44	40	84	38	39	77	6	1	7	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5	–	–	–
Greek	29	8	37	24	8	32	5	–	5	11	–	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hebrew	102	87	189	81	79	160	21	8	29	6	1	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Irish	616	463	1,079	495	417	912	121	46	167	21	2	23	2	–	2	1	–	1	1	2	3	131	26	157	3	2	5
Italian[1]	182	131	313	140	110	250	42	21	63	11	–	11	2	–	2	1	–	1	1	–	1	14	4	18	1	–	1
Lithuanian	47	35	82	35	32	67	12	3	15	3	1	4	–	–	–	–	–	–	–	–	–	12	4	16	–	–	–
Magyar	2	1	3	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portuguese	52	37	89	44	35	79	8	2	10	–	1	1	–	–	–	–	–	–	1	1	2	4	–	4	1	–	1
Scandinavian[2]	62	47	109	47	41	88	15	6	21	1	1	2	–	–	–	–	–	–	1	–	1	9	–	9	1	–	1
Scotch	47	43	90	38	38	76	9	5	14	3	1	4	1	–	1	–	1	1	–	–	–	10	1	11	–	1	1
Slavonic[3]	104	89	193	88	75	163	16	14	30	3	1	4	1	1	2	1	–	1	–	1	1	32	1	33	–	–	–
Spanish	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spanish American	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syrian	3	3	6	3	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkish	1	2	3	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Welsh	3	1	4	1	1	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
West Indian[4]	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	7	2	9	7	1	8	–	1	1	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Race unknown	82	67	149	60	58	118	22	9	31	–	–	–	–	–	–	–	–	–	1	–	1	8	3	11	1	–	1
Mixed	585	522	1,107	476	470	946	109	52	161	29	7	36	2	2	4	1	–	1	4	3	7	72	15	87	5	5	10
Total	2,770	2,215	4,985	2,222	1,968	4,190	548	247	795	137	30	167	13	6	19	6	1	7	15	8	23	386	67	453	18	14	32

[1] Includes "North" and "South".
[2] Includes Norwegians, Danes and Swedes.
[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.
[4] Except Cuba.

TABLE 191. — *Race of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Continued

RACE	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH OTHER DISTURB-ANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS STSYEM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	–	1	8	10	18	–	2	2	1	1	2	1	3	4	–	–	–	1	–	1	–	–	–	3	3	6
African (part black)	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenian	–	–	–	2	1	3	–	–	–	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–
Chinese	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Dutch and Flemish	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
English	1	–	1	104	76	180	6	4	10	6	7	13	20	49	69	6	26	32	7	5	12	2	–	2	6	2	8
Finnish	–	–	–	1	–	1	1	–	1	–	–	–	1	1	2	–	1	1	–	1	1	1	–	1	–	–	–
French	4	1	5	24	27	51	2	4	6	7	5	12	14	9	23	3	10	13	–	6	6	–	–	–	2	4	6
German	–	1	1	13	8	21	–	1	1	–	1	1	2	5	7	1	3	4	–	–	–	–	–	–	1	–	1
Greek	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
Hebrew	–	–	–	11	10	21	–	–	–	–	1	1	1	5	6	2	2	4	3	1	4	–	–	–	3	3	6
Irish	7	–	7	112	101	213	4	5	9	8	5	13	21	54	75	15	21	36	6	11	17	1	–	1	9	8	17
Italian[1]	1	–	1	17	10	27	2	1	3	2	6	8	5	5	10	1	7	8	3	–	3	1	–	1	5	3	8
Lithuanian	1	–	1	3	1	4	–	–	–	–	–	–	1	–	1	–	3	3	–	1	1	–	1	1	–	1	1
Magyar	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Portuguese	1	–	1	8	5	13	–	1	1	4	1	5	–	1	1	3	6	9	–	1	1	–	–	–	–	–	–
Scandinavian[2]	–	–	–	10	8	18	3	1	4	1	–	1	1	6	7	–	2	2	2	1	3	1	–	1	–	–	–
Scotch	1	–	1	9	12	21	–	–	–	1	2	3	1	8	9	1	2	3	–	–	–	–	1	1	–	–	–
Slavonic[3]	–	–	–	7	3	10	1	1	2	3	2	5	–	4	4	1	7	8	3	1	4	–	–	–	1	3	4
Spanish	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spanish American	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syrian	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Turkish	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Welsh	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
West Indian[4]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Race unknown	1	–	1	25	25	50	3	3	6	2	–	2	5	6	11	–	–	–	–	1	1	1	–	1	2	1	3
Mixed	3	1	4	102	96	198	6	5	11	15	14	29	20	48	68	7	15	22	4	13	17	1	–	1	10	14	24
Total	21	3	24	458	395	853	28	28	56	51	45	96	95	207	302	40	106	146	30	42	72	8	2	10	43	42	85

---

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

[4] Except Cuba.

Table 191. — *Race of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Concluded

Race	Psycho neuroses			Manic-Depressive Psychoses			Dementia Praecox			Paranoia and Paranoid Conditions			With Psycho-pathic Personality			With Mental Deficiency			Undiagnosed Psychoses			Without Psychoses			Primary Behavior Disorders		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	4	3	7	2	2	4	5	3	8	1	1	2	–	–	–	–	3	3	2	–	2	5	3	8	1	3	4
African (part black)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Armenian	–	1	1	2	1	3	3	1	4	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1	2	–	2
Chinese	–	–	–	2	–	2	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dutch and Flemish	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
English	24	30	54	39	54	93	54	47	101	6	9	15	7	10	17	10	7	17	9	9	18	94	34	128	20	19	39
Finnish	–	–	–	3	3	6	5	4	9	–	–	–	–	1	1	–	1	1	2	–	2	1	–	1	–	–	–
French	12	13	25	8	10	18	30	39	69	4	1	5	–	–	–	5	6	11	3	1	4	31	14	45	4	3	7
German	2	1	3	4	3	7	7	12	19	1	2	3	2	–	2	–	–	–	2	–	2	4	1	5	2	–	2
Greek	3	2	5	–	–	–	4	3	7	1	–	1	–	–	–	1	1	2	2	–	2	4	–	4	1	–	1
Hebrew	19	3	22	14	25	39	13	16	29	4	5	9	2	–	2	1	3	4	2	4	6	19	3	22	2	5	7
Irish	20	25	45	38	52	90	67	67	134	8	15	23	4	3	7	6	7	13	10	11	21	101	42	143	20	4	24
Italian[1]	13	8	21	18	27	45	27	28	55	3	3	6	1	–	1	7	4	11	4	4	8	23	18	41	19	3	22
Lithuanian	2	5	7	5	2	7	5	9	14	1	2	3	1	–	1	–	1	1	1	1	2	11	3	14	1	–	1
Magyar	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Portuguese	1	2	3	2	6	8	14	8	22	1	–	1	–	–	–	3	2	5	1	–	1	7	1	8	1	1	2
Scandinavian[2]	2	2	4	3	6	9	10	6	16	1	3	4	1	2	3	–	2	2	–	1	1	10	4	14	5	2	7
Scotch	1	3	4	3	1	4	6	3	9	–	1	1	–	–	–	–	–	–	1	1	2	8	5	13	1	–	1
Slavonic[3]	1	3	4	5	3	8	20	32	52	5	4	9	1	1	2	2	4	6	1	3	4	14	12	26	2	2	4
Spanish	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spanish American	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Syrian	–	1	1	–	–	–	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkish	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–
Welsh	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
West Indian[4]	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other specific races	–	–	–	–	1	1	1	–	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1
Race unknown	1	2	3	4	5	9	5	9	14	–	1	1	–	–	–	–	–	–	1	2	3	18	6	24	4	3	7
Mixed	25	31	56	46	69	115	83	93	176	10	10	20	11	7	18	14	12	26	6	10	16	96	45	141	13	7	20
Total	131	135	266	198	273	471	364	382	746	50	57	107	34	24	58	49	54	103	47	47	94	450	193	643	98	54	152

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

[4] Except Cuba.

TABLE 192. — *Race of Readmissions to Hospitals for Mental Diseases, 1937, by Sex*

RACE	TOTAL		
	M.	F.	T.
African (black)	10	17	27
African (part black)	4	2	6
Armenian	5	4	9
Chinese	5	–	5
Dutch and Flemish	2	1	3
English	205	135	340
Finnish	3	7	10
French	53	27	80
German	14	9	23
Greek	4	2	6
Hebrew	50	62	112
Irish	242	175	417
Italian[1]	57	51	108
Lithuanian	9	12	21
Portuguese	18	9	27
Rumanian	1	–	1
Scandinavian[2]	24	18	42
Scotch	13	11	24
Slavonic[3]	31	18	49
Syrian	2	2	4
Turkish	1	–	1
Other specific races	2	1	3
Race unknown	11	9	20
Mixed	246	217	463
Total	1,012	789	1,801

[1] Includes "North" and "South".

[2] Includes Norwegians, Danes and Swedes.

[3] Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 193. — *Citizenship of First and Readmissions Admitted to Hospitals for Mental Diseases, 1937, by Form of Admission and Sex*

ADMISSIONS	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			CITIZENSHIP UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	2,770	2,215	4,985	1,940	1,449	3,389	377	228	605	296	311	607	157	227	384
Readmissions	1,012	789	1,801	780	562	1,342	120	88	208	91	100	191	21	39	60
Transfers	357	377	734	251	244	495	49	48	97	49	56	105	8	29	37
Total	4,139	3,381	7,520	2,971	2,255	5,226	546	364	910	436	467	903	186	295	481

TABLE 194. — *Marital Condition of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	35	3	38	74	17	91	16	6	22	8	3	11	4	1	5	–	–	–
With other forms of syphilis	13	6	19	5	1	6	7	2	9	1	2	3	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	6	1	7	3	–	3	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	15	8	23	8	1	9	6	6	12	–	1	1	–	–	–	1	–	1	–	–	–
Alcoholic psychoses	386	67	453	145	10	155	164	38	202	39	12	51	26	3	29	11	4	15	1	–	1
Due to drugs, etc.	18	14	32	5	2	7	11	11	22	1	1	2	1	–	1	–	–	–	–	–	–
Traumatic psychoses	21	3	24	6	1	7	11	2	13	4	–	4	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	458	395	853	72	75	147	214	119	333	149	191	340	9	5	14	11	4	15	3	1	4
With other disturbances of circulation	28	28	56	4	2	6	14	18	32	9	8	17	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	51	45	96	37	24	61	10	15	25	2	2	4	1	2	3	1	2	3	–	–	–
Senile psychoses	95	207	302	15	51	66	35	41	76	40	109	149	2	3	5	3	3	6	–	–	–
Involutional psychoses	40	106	146	14	18	32	22	68	90	4	17	21	–	1	1	–	2	2	–	–	–
Due to other metabolic diseases, etc.	30	42	72	7	7	14	20	26	46	3	6	9	–	2	2	–	1	1	–	–	–
Due to new growth	8	2	10	1	–	1	7	2	9	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	43	42	85	16	16	32	21	17	38	4	7	11	–	1	1	2	–	2	–	1	1
Psychoneuroses	131	135	266	61	44	105	59	71	130	4	12	16	3	4	7	4	4	8	–	–	–
Manic-depressive psychoses	198	273	471	90	84	174	91	166	257	9	15	24	6	2	8	2	5	7	–	1	1
Dementia praecox	364	382	746	274	198	472	67	159	226	6	13	19	9	6	15	7	6	13	1	–	1
Paranoia and paranoid conditions	50	57	107	15	10	25	29	25	54	2	12	14	3	6	9	1	4	5	–	–	–
With psychopathic personality	34	24	58	22	14	36	7	6	13	1	2	3	3	1	4	1	1	2	–	–	–
With mental deficiency	49	54	103	41	41	82	5	8	13	–	1	1	2	3	5	1	1	2	–	–	–
Undiagnosed psychoses	47	47	94	25	18	43	18	22	40	2	3	5	1	1	2	1	3	4	–	–	–
Without psychoses	450	193	643	214	78	292	179	72	251	28	25	53	19	7	26	10	11	21	–	–	–
Primary behavior disorders	98	54	152	64	40	104	27	10	37	4	3	7	2	1	3	1	–	1	–	–	–
Total With Mental Disorder	2,222	1,968	4,190	901	620	1,521	895	840	1,735	296	420	716	75	44	119	50	41	91	5	3	8
Total Without Mental Disorder	548	247	795	278	118	396	206	82	288	32	28	60	21	8	29	11	11	22	–	–	–
Grand Total	2,770	2,215	4,985	1,179	738	1,917	1,101	922	2,023	328	448	776	96	52	148	61	52	113	5	3	8

TABLE 195. — *Marital Condition of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	7	1	8	21	7	28	2	2	4	2	–	2	–	–	–	–	–	–
With other forms of syphilis	5	1	6	–	–	–	3	1	4	1	–	1	–	–	–	1	–	1	–	–	–
With epidemic encephalitis	4	–	4	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	1	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	54	2	56	51	11	62	16	3	19	11	–	11	6	1	7	–	–	–
Due to drugs, etc.	4	6	10	1	2	3	2	4	6	–	–	–	1	–	1	–	–	–	–	–	–
Traumatic psychoses	12	1	13	6	1	7	4	–	4	1	–	1	–	–	–	1	–	1	–	–	–
With cerebral arteriosclerosis	47	46	93	8	7	15	29	21	50	8	17	25	1	–	1	1	1	2	–	–	–
With other disturbances of circulation	3	2	5	–	1	1	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsv)	37	17	54	24	14	38	6	3	9	1	–	1	6	–	6	–	–	–	–	–	–
Senile psychoses	8	16	24	4	8	12	3	1	4	–	7	7	–	–	–	1	–	1	–	–	–
Involutional psychoses	5	23	28	–	4	4	5	14	19	–	5	5	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	3	3	6	2	1	3	–	1	1	–	1	1	1	–	1	–	–	–	–	–	–
Due to new growth	1	1	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	8	5	13	6	2	8	2	2	4	–	1	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	49	35	84	23	13	36	21	16	37	1	2	3	2	1	3	2	3	5	–	–	–
Manic-depressive psychoses	158	251	409	55	73	128	80	137	217	12	22	34	9	12	21	2	7	9	–	–	–
Dementia praecox	259	197	456	200	103	303	39	69	108	11	14	25	7	7	14	1	4	5	1	–	1
Paranoia and paranoid conditions	14	30	44	5	6	11	7	16	23	1	3	4	–	2	2	1	3	4	–	–	–
With psychopathic personality	23	20	43	16	12	28	4	6	10	1	–	1	2	1	3	–	1	1	–	–	–
With mental deficiency	28	30	58	22	21	43	4	6	10	1	1	2	–	2	2	1	–	1	–	–	–
Undiagnosed psychoses	7	6	13	3	3	6	3	3	6	–	–	–	–	–	–	1	–	1	–	–	–
Without psychoses	160	62	222	63	22	85	71	25	96	10	8	18	6	6	12	10	1	11	–	–	–
Primary behavior disorders	6	9	15	5	6	11	1	1	2	–	–	–	–	1	1	–	1	1	–	–	–
Total With Mental Disorder	846	718	1,564	439	275	714	290	320	610	56	78	134	42	25	67	18	20	38	1	–	1
Total Without Mental Disorder	166	71	237	68	28	96	72	26	98	10	8	18	6	7	13	10	2	12	–	–	–
Grand Total	1,012	789	1,801	507	303	810	362	346	708	66	86	152	48	32	80	28	22	50	1	–	1

Table 196. — *Admission Ages of First Admissions to Hospitals for Mental Diseases, 1937, by Marital Condition and Sex*

Age Groups	Total			Single			Married			Widowed			Divorced			Separated			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	216	172	388	214	164	378	2	8	10	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	447	332	779	366	199	565	63	118	181	3	3	6	8	5	13	6	7	13	1	–	1
30–39 years	537	348	885	236	94	330	247	214	461	13	8	21	24	17	41	16	15	31	1	–	1
40–49 years	507	361	868	136	67	203	286	237	523	37	32	69	34	9	43	14	15	29	–	1	1
50–59 years	378	316	694	111	61	172	201	176	377	37	62	99	19	10	29	9	7	16	1	–	1
60–69 years	314	273	587	69	70	139	164	91	255	68	103	171	4	4	8	8	5	13	1	–	1
70–79 years	266	277	543	38	54	92	110	67	177	105	146	251	6	6	12	6	2	8	1	2	3
80–89 years	96	116	212	9	24	33	25	10	35	59	80	139	1	1	2	2	1	3	–	–	–
90 years and over	9	20	29	–	5	5	3	1	4	6	14	20	–	–	–	–	–	–	–	–	–
Total	2,770	2,215	4,985	1,179	738	1,917	1,101	922	2,023	328	448	776	96	52	148	61	52	113	5	3	8

Table 197. — *Admission Ages of Readmissions to Hospitals for Mental Diseases, 1937, by Marital Condition and Sex*

Age Groups	Total			Single			Married			Widowed			Divorced			Separated			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	47	45	92	47	45	92	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	183	138	321	157	103	260	20	30	50	2	–	2	3	4	7	1	1	2	–	–	–
30–39 years	260	178	438	143	56	199	83	100	183	7	2	9	20	8	28	7	12	19	–	–	–
40–49 years	253	169	422	90	40	130	124	102	226	12	13	25	15	11	26	12	3	15	–	–	–
50–59 years	143	125	268	41	25	66	71	70	141	21	19	40	6	7	13	4	4	8	–	–	–
60–69 years	90	99	189	21	24	45	46	39	85	18	32	50	1	2	3	3	2	5	1	–	1
70–79 years	26	30	56	6	9	15	11	5	16	5	16	21	3	–	3	1	–	1	–	–	–
80–89 years	10	4	14	2	1	3	7	–	7	1	3	4	–	–	–	–	–	–	–	–	–
90 years and over	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total	1,012	789	1,801	507	303	810	362	346	708	66	86	152	48	32	80	28	22	50	1	–	1

TABLE 198. — *Degree of Education of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	137	30	167	9	1	10	1	1	2	14	3	17	75	21	96	28	3	31	6	–	6	4	1	5
With other forms of syphilis	13	6	19	2	–	2	1	–	1	2	–	2	6	5	11	2	–	2	–	–	–	–	1	1
With epidemic encephalitis	6	1	7	–	–	–	–	–	–	–	–	–	6	–	6	–	1	1	–	–	–	–	–	–
With other infectious diseases	15	8	23	–	–	–	–	–	–	1	–	1	6	6	12	6	–	6	1	–	1	1	2	3
Alcoholic psychoses. .	386	67	453	18	1	19	5	–	5	25	3	28	247	44	291	68	17	85	14	1	15	9	1	10
Due to drugs, etc. . .	18	14	32	–	–	–	–	–	–	1	–	1	10	4	14	6	7	13	1	2	3	–	1	1
Traumatic psychoses .	21	3	24	–	–	–	–	–	–	4	–	4	13	1	14	3	2	5	–	–	–	1	–	1
With cerebral arterio-sclerosis . . .	458	395	853	36	31	67	5	3	8	49	27	76	244	213	457	42	59	101	15	9	24	67	53	120
With other disturbances of circulation . . .	28	28	56	1	–	1	–	–	–	–	5	5	14	12	26	3	8	11	1	–	1	9	3	12
With convulsive disorders (epilepsy) . . .	51	45	96	2	2	4	–	–	–	2	1	3	32	26	58	12	10	22	–	2	2	3	4	7
Senile psychoses . .	95	207	302	13	21	34	2	1	3	13	22	35	44	97	141	4	32	36	2	11	13	17	23	40
Involutional psychoses .	40	106	146	2	13	15	1	1	2	2	12	14	22	54	76	9	18	27	4	5	9	–	3	3
Due to other metabolic diseases, etc.. . .	30	42	72	2	1	3	–	–	–	5	1	6	11	29	40	11	8	19	–	1	1	1	2	3
Due to new growth . .	8	2	10	–	1	1	–	–	–	1	–	1	3	–	3	1	–	1	–	1	1	3	–	3
With organic changes of nervous system . .	43	42	85	3	4	7	1	–	1	4	7	11	27	12	39	6	10	16	–	1	1	2	8	10
Psychoneuroses . .	131	135	266	3	–	3	–	1	1	2	9	11	66	61	127	43	56	99	11	8	19	6	–	6
Manic-depressive psy. .	198	273	471	1	2	3	1	4	5	10	10	20	80	119	199	75	107	182	30	22	52	1	9	10
Dementia praecox . .	364	382	746	1	13	14	1	1	2	23	17	40	181	176	357	125	143	268	24	19	43	9	13	22
Paranoia and paranoid conditions . . .	50	57	107	3	6	9	1	1	2	7	9	16	25	29	54	9	8	17	2	2	4	3	2	5
With psychopathic personality . . .	34	24	58	–	–	–	–	–	–	3	–	3	17	12	29	11	9	20	3	3	6	–	–	–
With mental deficiency .	49	54	103	13	6	19	–	4	4	13	10	23	22	32	54	1	–	1	–	–	–	–	2	2
Undiagnosed psychoses .	47	47	94	1	–	1	1	1	2	5	2	7	23	28	51	11	13	24	4	1	5	2	2	4
Without psychoses . .	450	193	643	17	14	31	–	–	–	33	16	49	248	106	354	102	38	140	38	9	47	12	10	22
Primary behavior disorders	98	54	152	4	2	6	–	–	–	7	1	8	62	34	96	19	14	33	4	2	6	2	1	3
Total With Mental Disorder . .	2,222	1,968	4,190	110	102	212	20	18	38	186	138	324	1,174	981	2,155	476	511	987	118	88	206	138	130	268
Total Without Mental Disorder . .	548	247	795	21	16	37	–	–	–	40	17	57	310	140	450	121	52	173	42	11	53	14	11	25
Grand Total . .	2,770	2,215	4,985	131	118	249	20	18	38	226	155	381	1,484	1,121	2,605	597	563	1,160	160	99	259	152	141	293

TABLE 199. — *Degree of Education of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	2	–	2	–	–	–	2	–	2	20	9	29	7	1	8	1	–	1	–	–	–
With other forms of syphilis	5	1	6	–	–	–	1	–	1	–	–	–	3	1	4	1	–	1	–	–	–	–	–	–
With epidemic encephalitis	4	–	4	–	–	–	–	–	–	1	–	1	2	–	2	1	–	1	–	–	–	–	–	–
With other infectious diseases	1	1	2	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	6	–	6	–	1	1	8	1	9	88	12	100	30	3	33	4	–	4	2	–	2
Due to drugs, etc.	4	6	10	–	–	–	–	–	–	–	–	–	1	5	6	2	1	3	1	–	1	–	–	–
Traumatic psychoses	12	1	13	1	–	1	–	–	–	–	–	–	7	1	8	3	–	3	1	–	1	–	–	–
With cerebral arteriosclerosis	47	46	93	3	6	9	–	2	2	2	4	6	34	22	56	4	8	12	1	–	1	3	4	7
With other disturbances of circulation	3	2	5	–	–	–	–	–	–	1	–	1	2	2	4	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	37	17	54	2	–	2	–	–	–	–	2	2	27	12	39	7	2	9	1	–	1	–	1	1
Senile psychoses	8	16	24	1	1	2	–	1	1	2	2	4	2	5	7	2	2	4	–	3	3	1	2	3
Involutional psychoses	5	23	28	–	2	2	–	–	–	–	4	4	1	10	11	4	4	8	–	3	3	–	–	–
Due to other metabolic diseases, etc.	3	3	6	–	–	–	–	–	–	1	–	1	2	1	3	–	1	1	–	–	–	–	1	1
Due to new growth	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–
With organic changes of nervous system	8	5	13	1	–	1	1	–	1	1	1	2	4	3	7	1	1	2	–	–	–	–	–	–
Psychoneuroses	49	35	84	2	–	2	–	–	–	–	2	2	28	15	43	16	14	30	3	3	6	–	1	1
Manic-depressive psychoses	158	251	409	1	8	9	1	–	1	10	5	15	80	123	203	38	96	134	24	18	42	4	1	5
Dementia praecox	259	197	456	2	4	6	–	–	–	11	13	24	145	98	243	70	66	136	27	16	43	4	–	4
Paranoia and paranoid conditions	14	30	44	–	1	1	–	–	–	4	2	6	5	14	19	3	9	12	2	3	5	–	1	1
With psychopathic personality	23	20	43	1	–	1	–	–	–	–	–	–	14	8	22	7	11	18	1	1	2	–	–	–
With mental deficiency	28	30	58	8	4	12	1	2	3	3	5	8	16	18	34	–	–	–	–	–	–	–	1	1
Undiagnosed psychoses	7	6	13	–	1	1	–	–	–	1	–	1	5	3	8	1	1	2	–	1	1	–	–	–
Without psychoses	160	62	222	1	3	4	3	–	3	7	3	10	62	35	97	64	19	83	19	1	20	4	1	5
Primary behavior disorders	6	9	15	–	1	1	–	–	–	–	–	–	6	5	11	–	3	3	–	–	–	–	–	–
Total With Mental Disorder	846	718	1,564	30	27	57	4	6	10	47	41	88	487	364	851	198	220	418	66	48	114	14	12	26
Total Without Mental Disorder	166	71	237	1	4	5	3	–	3	7	3	10	68	40	108	64	22	86	19	1	20	4	1	5
Grand Total	1,012	789	1,801	31	31	62	7	6	13	54	44	98	555	404	959	262	242	504	85	49	134	18	13	31

Table 200. — *Economic Status of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

Mental Disorders	Total			Dependent			Marginal			Comfortable			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	25	5	30	109	25	134	2	–	2	1	–	1
With other forms of syphilis	13	6	19	4	1	5	5	3	8	1	2	3	3	–	3
With epidemic encephalitis	6	1	7	2	–	2	3	1	4	1	–	1	–	–	–
With other infectious diseases	15	8	23	2	1	3	11	7	18	1	–	1	1	–	1
Alcoholic psychoses	386	67	453	44	5	49	318	59	377	7	3	10	17	–	17
Due to drugs, etc.	18	14	32	1	–	1	16	9	25	1	4	5	–	1	1
Traumatic psychoses	21	3	24	5	1	6	16	1	17	–	–	–	–	1	1
With cerebral arteriosclerosis	458	395	853	148	113	261	255	231	486	18	16	34	37	35	72
With other disturbances of circulation	28	28	56	3	4	7	16	21	37	2	2	4	7	1	8
With convulsive disorders (epilepsy)	51	45	96	16	15	31	26	28	54	8	1	9	1	1	2
Senile psychoses	95	207	302	33	75	108	49	106	155	7	12	19	6	14	20
Involutional psychoses	40	106	146	3	11	14	33	89	122	4	4	8	–	2	2
Due to other metabolic diseases, etc.	30	42	72	4	6	10	25	33	58	1	1	2	–	2	2
Due to new growth	8	2	10	2	–	2	4	2	6	–	–	–	2	–	2
With organic changes of nervous system	43	42	85	15	9	24	23	26	49	1	2	3	4	5	9
Psychoneuroses	131	135	266	10	13	23	107	111	218	10	10	20	4	1	5
Manic-depressive psychoses	198	273	471	16	20	36	153	213	366	27	35	62	2	5	7
Dementia praecox	364	382	746	55	61	116	286	292	578	13	21	34	10	8	18
Paranoia and paranoid conditions	50	57	107	8	14	22	34	40	74	3	2	5	5	1	6
With psychopathic personality	34	24	58	8	3	11	23	18	41	2	3	5	1	–	1
With mental deficiency	49	54	103	13	26	39	33	26	59	1	–	1	2	2	4
Undiagnosed psychoses	47	47	94	2	4	6	43	42	85	1	1	2	1	–	1
Without psychoses	450	193	643	67	26	93	340	151	491	34	13	47	9	3	12
Primary behavior disorders	98	54	152	3	2	5	95	50	145	–	1	1	–	1	1
Total With Mental Disorder	2,222	1,968	4,190	419	387	806	1,588	1,383	2,971	111	119	230	104	79	183
Total Without Mental Disorder	548	247	795	70	28	98	435	201	636	34	14	48	9	4	13
Grand Total	2,770	2,215	4,985	489	415	904	2,023	1,584	3,607	145	133	278	113	83	196

TABLE 201. — *Economic Status of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	4	1	5	28	9	37	–	–	–	–	–	–
With other forms of syphilis	5	1	6	2	–	2	3	1	4	–	–	–	–	–	–
With epidemic encephalitis	4	–	4	1	–	1	3	–	3	–	–	–	–	–	–
With other infectious diseases	1	1	2	1	–	1	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	23	2	25	110	15	125	4	–	4	1	–	1
Due to drugs, etc.	4	6	10	–	3	3	3	3	6	1	–	1	–	–	–
Traumatic psychoses	12	1	13	4	–	4	7	1	8	1	–	1	–	–	–
With cerebral arteriosclerosis	47	46	93	11	11	22	29	32	61	3	1	4	4	2	6
With other disturbances of circulation	3	2	5	–	1	1	3	1	4	–	–	–	–	–	–
With convulsive disorders (epilepsy)	37	17	54	9	5	14	27	11	38	1	–	1	–	1	1
Senile psychoses	8	16	24	3	1	4	5	12	17	–	2	2	–	1	1
Involutional psychoses	5	23	28	–	4	4	5	15	20	–	4	4	–	–	–
Due to other metabolic diseases, etc.	3	3	6	–	–	–	3	3	6	–	–	–	–	–	–
Due to new growth	1	1	2	1	–	1	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	8	5	13	3	2	5	5	3	8	–	–	–	–	–	–
Psychoneuroses	49	35	84	6	4	10	40	28	68	3	3	6	–	–	–
Manic-depressive psychoses	158	251	409	13	19	32	122	210	332	20	21	41	3	1	4
Dementia praecox	259	197	456	48	34	82	191	150	341	15	12	27	5	1	6
Paranoia and paranoid conditions	14	30	44	3	7	10	10	20	30	1	3	4	–	–	–
With psychopathic personality	23	20	43	4	7	11	19	13	32	–	–	–	–	–	–
With mental deficiency	28	30	58	8	12	20	20	16	36	–	–	–	–	2	2
Undiagnosed psychoses	7	6	13	–	–	–	7	6	13	–	–	–	–	–	–
Without psychoses	160	62	222	14	12	26	136	45	181	8	5	13	2	–	2
Primary behavior disorders	6	9	15	1	1	2	5	8	13	–	–	–	–	–	–
Total With Mental Disorder	846	718	1,564	144	113	257	640	550	1,190	49	47	96	13	8	21
Total Without Mental Disorder	166	71	237	15	13	28	141	53	194	8	5	13	2	–	2
Grand Total	1,012	789	1,801	159	126	285	781	603	1,384	57	52	109	15	8	23

Table 202. — *Population of Place of Residence of First Admissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

Mental Disorders	Total			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 Plus			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	7	–	7	11	1	12	17	7	24	10	2	12	15	3	18	47	7	54	28	10	38	2	–	2
With other forms of syphilis	13	6	19	–	–	–	4	–	4	–	1	1	2	1	3	1	1	2	4	1	5	2	2	4	–	–	–
With epidemic encephalitis	6	1	7	1	–	1	–	–	–	–	–	–	1	–	1	2	–	2	1	1	2	1	–	1	–	–	–
With other infectious diseases	15	8	23	–	1	1	2	–	2	3	1	4	4	2	6	2	–	2	4	3	7	–	1	1	–	–	–
Alcoholic psychoses	386	67	453	7	3	10	31	3	34	60	7	67	42	6	48	32	5	37	94	14	108	112	27	139	8	2	10
Due to drugs, etc.	18	14	32	–	–	–	4	4	8	2	2	4	4	–	4	1	2	3	3	2	5	3	2	5	1	2	3
Traumatic psychoses	21	3	24	2	–	2	2	–	2	2	2	4	3	–	3	3	–	3	4	–	4	4	1	5	1	–	1
With cerebral arteriosclerosis	458	395	853	26	15	41	56	35	91	66	59	125	48	37	85	33	46	79	74	90	164	153	108	261	2	5	7
With other disturbances of circulation	28	28	56	1	4	5	4	6	10	6	7	13	5	1	6	2	1	3	9	5	14	–	4	4	1	–	1
With convulsive disorders (epilepsy)	51	45	96	2	4	6	5	7	12	2	6	8	9	6	15	6	3	9	15	9	24	11	8	19	1	2	3
Senile psychoses	95	207	302	10	15	25	22	32	54	15	30	45	9	25	34	7	20	27	23	60	83	9	23	32	–	2	2
Involutional psychoses	40	106	146	1	6	7	1	11	12	12	20	32	4	13	17	1	6	7	19	33	52	2	17	19	–	–	–
Due to other metabolic diseases, etc.	30	42	72	2	1	3	5	7	12	3	3	6	3	3	6	5	4	9	8	12	20	4	12	16	–	–	–
Due to new growth	8	2	10	2	–	2	–	1	1	–	–	–	–	–	–	2	1	3	3	–	3	1	–	1	–	–	–
With organic changes of nervous system	43	42	85	–	1	1	6	2	8	6	7	13	2	4	6	6	2	8	5	3	8	16	22	38	2	1	3
Psychoneuroses	131	135	266	5	5	10	11	25	36	19	19	38	15	20	35	11	10	21	31	28	59	31	26	57	8	2	10
Manic-depressive psychoses	198	273	471	7	7	14	21	27	48	31	37	68	19	33	52	16	29	45	36	43	79	58	87	145	10	10	20
Dementia praecox	364	382	746	16	13	29	42	44	86	48	63	111	41	46	87	40	53	93	86	99	185	67	58	125	24	6	30
Paranoia and paranoid conditions	50	57	107	3	3	6	7	8	15	2	5	7	5	4	9	3	3	6	10	7	17	18	27	45	2	–	2
With psychopathic personality	34	24	58	–	3	3	1	5	6	7	2	9	4	1	5	1	6	7	5	1	6	12	6	18	4	–	4
With mental deficiency	49	54	103	2	1	3	10	9	19	9	5	14	4	13	17	3	4	7	11	8	19	8	12	20	2	2	4
Undiagnosed psychoses	47	47	94	1	1	2	2	3	5	4	6	10	3	7	10	2	5	7	8	7	15	22	17	39	5	1	6
Without psychoses	450	193	643	19	7	26	31	15	46	82	25	107	55	18	73	27	22	49	82	29	111	126	73	199	28	4	32
Primary behavior disorders	98	54	152	–	–	–	4	2	6	7	4	11	19	5	24	8	2	10	16	6	22	44	33	77	–	2	2
Total With Mental Disorder	2,222	1,968	4,190	95	83	178	247	230	477	314	289	603	237	224	461	194	204	398	500	433	933	562	470	1,032	73	35	108
Total Without Mental Disorder	548	247	795	19	7	26	35	17	52	89	29	118	74	23	97	35	24	59	98	35	133	170	106	276	28	6	34
Grand Total	2,770	2,215	4,985	114	90	204	282	247	529	403	318	721	311	247	558	229	228	457	598	468	1,066	732	576	1,308	101	41	142

TABLE 203. — *Population of Place of Residence of Readmissions to Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–2,499			2,500–9,999			10,000-24,999			25,000–49,999			50,000–99,999			100,000 249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	10	42	1	–	1	3	–	3	4	2	6	8	3	11	4	–	4	6	2	8	4	3	7	2	–	2
With other forms of syphilis	5	1	6	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	1	1	2	1	–	1	1	–	1
With epidemic encephalitis	4	–	4	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–
With other infectious diseases	1	1	2	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	138	17	155	4	1	5	8	1	9	21	1	22	28	2	30	15	2	17	33	4	37	29	6	35	–	–	–
Due to drugs, etc.	4	6	10	–	2	2	–	–	–	1	1	2	–	–	–	–	1	1	1	1	2	2	1	3	–	–	–
Traumatic psychoses	12	1	13	1	–	1	2	–	2	2	–	2	1	–	1	–	–	–	3	–	3	3	1	4	–	–	–
With cerebral arteriosclerosis	47	46	93	4	4	8	5	1	6	9	8	17	3	5	8	7	3	10	6	11	17	13	14	27	–	–	–
With other disturbances of circulation	3	2	5	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	2	–	2	–	1	1	–	–	–
With convulsive disorders (epilepsy)	37	17	54	–	–	–	4	–	4	6	3	9	–	3	3	6	2	8	7	–	7	13	9	22	1	–	1
Senile psychoses	8	16	24	–	1	1	–	3	3	1	1	2	2	5	7	–	1	1	1	2	3	4	3	7	–	–	–
Involutional psychoses	5	23	28	–	2	2	1	3	4	1	4	5	1	4	5	–	1	1	–	2	2	2	7	9	–	–	–
Due to other metabolic diseases, etc.	3	3	6	–	–	–	–	–	–	1	1	2	–	2	2	–	–	–	–	–	–	2	–	2	–	–	–
Due to new growth	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	8	5	13	–	–	–	–	–	–	–	2	2	2	–	2	1	–	1	1	1	2	4	2	6	–	–	–
Psychoneuroses	49	35	84	2	2	4	4	3	7	7	4	11	5	1	6	3	2	5	11	12	23	14	8	22	3	3	6
Manic-depressive psychoses	158	251	409	7	13	20	19	11	30	24	28	52	21	33	54	12	33	45	18	39	57	45	85	130	12	9	21
Dementia praecox	259	197	456	8	11	19	21	23	44	38	33	71	33	21	54	21	25	46	61	48	109	68	29	97	9	7	16
Paranoia and paranoid conditions	14	30	44	–	–	–	3	4	7	1	1	2	1	5	6	1	5	6	2	1	3	6	14	20	–	–	–
With psychopathic personality	23	20	43	1	2	3	2	1	3	3	3	6	2	3	5	2	2	4	5	2	7	8	7	15	–	–	–
With mental deficiency	28	30	58	–	2	2	4	1	5	3	3	6	3	3	6	1	3	4	10	6	16	7	11	18	–	1	1
Undiagnosed psychoses	7	6	13	–	–	–	–	–	–	–	2	2	2	–	2	–	1	1	2	1	3	3	2	5	–	–	–
Without psychoses	160	62	222	7	2	9	15	11	26	27	10	37	18	9	27	11	3	14	27	6	33	48	17	65	7	4	11
Primary behavior disorders	6	9	15	–	–	–	–	1	1	1	–	1	2	1	3	–	–	–	–	2	2	3	4	7	–	1	1
Total With Mental Disorder	846	718	1,564	29	40	69	77	52	129	126	98	224	112	90	202	74	82	156	171	133	304	229	203	432	28	20	48
Total Without Mental Disorder	166	71	237	7	2	9	15	12	27	28	10	38	20	10	30	11	3	14	27	8	35	51	21	72	7	5	12
Grand Total	1,012	789	1,801	36	42	78	92	64	156	154	108	262	132	100	232	85	85	170	198	141	339	280	224	504	35	25	60

Table 204. — *Number of Times Admitted and Mental Disorders of ALL Admissions to Hospitals for Mental Diseases, 1937, by Sex*

Mental Disorders	Total			One			Two			Three			Four		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	169	40	209	137	30	167	18	4	22	11	4	15	2	–	2
With other forms of syphilis	18	7	25	13	6	19	3	1	4	1	–	1	–	–	–
With epidemic encephalitis	10	1	11	6	1	7	1	–	1	2	–	2	1	–	1
With other infectious diseases	16	9	25	15	8	23	–	–	–	–	1	1	1	–	1
Alcoholic psychoses	524	84	608	386	67	453	69	9	78	33	3	36	17	1	18
Due to drugs, etc.	22	20	42	18	14	32	3	2	5	1	1	2	–	–	–
Traumatic psychoses	33	4	37	21	3	24	6	–	6	4	1	5	1	–	1
With cerebral arteriosclerosis	505	441	946	458	395	853	34	28	62	8	10	18	2	5	7
With other disturbances of circulation	31	30	61	28	28	56	1	1	2	2	1	3	–	–	–
With convulsive disorders (epilepsy)	88	62	150	51	45	96	17	5	22	11	5	16	5	4	9
Senile psychoses	103	223	326	95	207	302	4	10	14	2	4	6	–	1	1
Involutional psychoses	45	129	174	40	106	146	2	17	19	1	5	6	1	–	1
Due to other metabolic diseases, etc.	33	45	78	30	42	72	1	2	3	1	1	2	1	–	1
Due to new growth	9	3	12	8	2	10	1	–	1	–	1	1	–	–	–
With organic changes of nervous system	51	47	98	43	42	85	2	1	3	1	2	3	2	–	2
Psychoneuroses	180	170	350	131	135	266	26	18	44	12	9	21	5	2	7
Manic-depressive psychoses	356	524	880	198	273	471	55	73	128	35	75	110	26	42	68
Dementia praecox	623	579	1,202	364	382	746	97	79	176	82	66	148	40	34	74
Paranoia and paranoid conditions	64	87	151	50	57	107	8	10	18	2	11	13	4	8	12
With psychopathic personality	57	44	101	34	24	58	6	9	15	5	2	7	5	5	10
With mental deficiency	77	84	161	49	54	103	7	11	18	12	9	21	4	6	10
Undiagnosed psychoses	54	53	107	47	47	94	3	6	9	3	–	3	1	–	1
Without psychoses	610	255	865	450	193	643	84	31	115	36	10	46	17	7	24
Primary behavior disorders	104	63	167	98	54	152	5	5	10	1	3	4	–	1	1
Total With Mental Disorder	3,068	2,686	5,754	2,222	1,968	4,190	364	286	650	229	211	440	118	108	226
Total Without Mental Disorder	714	318	1,032	548	247	795	89	36	125	37	13	50	17	8	25
Grand Total	3,782	3,004	6,786	2,770	2,215	4,985	453	322	775	266	224	490	135	116	251

TABLE 204. — *Number of Times Admitted and Mental Disorders of ALL Admissions to Hospitals for Mental Diseases, 1937, by Sex* — Concluded

MENTAL DISORDERS	FIVE			SIX			SEVEN			EIGHT			NINE			TEN AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	11	2	13	4	–	4	1	1	2	1	–	1	–	–	–	2	1	3
Due to drugs, etc.	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1	1	2	1	1	2	–	–	–	1	–	1	–	–	–	–	1	1
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	3	1	4	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–
Senile psychoses	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Involutional psychoses	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	2	1	3	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–
Psychoneuroses	5	2	7	–	4	4	1	–	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	15	22	37	9	15	24	5	6	11	3	10	13	2	3	5	8	5	13
Dementia praecox	17	10	27	9	4	13	6	3	9	4	–	4	3	–	3	1	1	2
Paranoia and paranoid conditions	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	6	2	8	–	1	1	–	–	–	–	1	1	–	–	–	1	–	1
With mental deficiency	3	2	5	1	1	2	1	–	1	–	1	1	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	11	7	18	7	3	10	1	1	2	–	1	1	1	1	2	3	1	4
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	65	46	111	27	31	58	17	12	29	9	12	21	5	4	9	12	8	20
Total Without Mental Disorder	11	7	18	7	3	10	1	1	2	–	1	1	1	1	2	3	1	4
Grand Total	76	53	129	34	34	68	18	13	31	9	13	22	6	5	11	15	9	24

TABLE 205. — *Mental Disorders of First Admissions, Readmissions and Transfers to Hospitals for Mental Diseases, 1937, by Forms of Admission and Sex*

MENTAL DISORDERS	TOTAL			TOTAL						COURT COMMITMENT					
	ALL GROUPS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	214	51	265	137	30	167	32	10	42	124	27	151	23	8	31
With other forms of syphilis	21	8	29	13	6	19	5	1	6	11	6	17	5	1	6
With epidemic encephalitis	14	2	16	6	1	7	4	–	4	6	1	7	3	–	3
With other infectious diseases	17	9	26	15	8	23	1	1	2	4	3	7	–	1	1
Alcoholic psychoses	561	90	651	386	67	453	138	17	155	176	36	212	84	9	93
Due to drugs, etc.	23	20	43	18	14	32	4	6	10	6	7	13	1	2	3
Traumatic psychoses	35	4	39	21	3	24	12	1	13	16	3	19	10	–	10
With cerebral arteriosclerosis	522	477	999	458	395	853	47	46	93	385	339	724	43	40	83
With other disturbances of circulation	32	30	62	28	28	56	3	2	5	16	18	34	2	–	2
With convulsive disorders (epilepsy)	118	65	183	51	45	96	37	17	54	22	20	42	17	10	27
Senile psychoses	109	243	352	95	207	302	8	16	24	86	187	273	7	16	23
Involutional psychoses	51	147	198	40	106	146	5	23	28	40	99	139	5	21	26
Due to other metabolic diseases, etc.	35	52	87	30	42	72	3	3	6	19	33	52	1	3	4
Due to new growth	9	3	12	8	2	10	1	1	2	6	1	7	1	–	1
With organic changes of nervous system	55	49	104	43	42	85	8	5	13	36	37	73	7	5	12
Psychoneuroses	186	176	362	131	135	266	49	35	84	21	43	64	21	14	35
Manic-depressive psychoses	393	580	973	198	273	471	158	251	409	150	200	350	134	217	351
Dementia praecox	746	732	1,478	364	382	746	259	197	456	310	336	646	231	182	413
Paranoia and paranoid conditions	66	107	173	50	57	107	14	30	44	36	46	82	13	23	36
With psychopathic personality	60	47	107	34	24	58	23	20	43	24	15	39	20	15	35
With mental deficiency	91	115	206	49	54	103	28	30	58	43	43	86	27	25	52
Undiagnosed psychoses	62	53	115	47	47	94	7	6	13	7	12	19	2	2	4
Without psychoses	615	258	873	450	193	643	160	62	222	14	10	24	11	5	16
Primary behavior disorders	104	63	167	98	54	152	6	9	15	–	–	–	–	–	–
Total With Mental Disorder	3,420	3,060	6,480	2,222	1,968	4,190	846	718	1,564	1,544	1,512	3,056	657	594	1,251
Total Without Mental Disorder	719	321	1,040	548	247	795	166	71	237	14	10	24	11	5	16
Grand Total	4,139	3,381	7,520	2,770	2,215	4,985	1,012	789	1,801	1,558	1,522	3,080	668	599	1,267

TABLE 205. — *Mental Disorders of First Admissions, Readmissions and Transfers to Hospitals for Mental Diseases, 1937, by Forms of Admission and Sex* — Concluded

MENTAL DISORDERS	TEMPORARY CARE						OBSERVATION						VOLUNTARY						TRANSFERS (READMISSIONS)		
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	2	4	4	2	6	3	1	4	1	–	1	8	–	8	4	–	4	45	11	56
With other forms of syphilis	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	3	1	4
With epidemic encephalitis	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5
With other infectious diseases	5	4	9	–	–	–	5	–	5	–	–	–	1	1	2	1	–	1	1	–	1
Alcoholic psychoses	149	23	172	36	6	42	55	8	63	15	2	17	6	–	6	3	–	3	37	6	43
Due to drugs, etc.	9	6	15	1	3	4	2	1	3	2	1	3	1	–	1	–	–	–	1	–	1
Traumatic psychoses	2	–	2	2	–	2	3	–	3	–	1	1	–	–	–	–	–	–	2	–	2
With cerebral arteriosclerosis	50	33	83	2	6	8	23	23	46	2	–	2	–	–	–	–	–	–	17	36	53
With other disturbances of circulation	5	5	10	–	2	2	6	5	11	1	–	1	1	–	1	–	–	–	1	–	1
With convulsive disorders (epilepsy)	6	7	13	7	1	8	3	1	4	1	3	4	20	17	37	12	3	15	30	3	33
Senile psychoses	6	12	18	1	–	1	3	7	10	–	–	–	–	1	1	–	–	–	6	20	26
Involutional psychoses	–	7	7	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	6	18	24
Due to other metabolic diseases, etc.	7	6	13	2	–	2	4	3	7	–	–	–	–	–	–	–	–	–	2	7	9
Due to new growth	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	6	2	8	1	–	1	1	3	4	–	–	–	–	–	–	–	–	–	4	2	6
Psychoneuroses	77	60	137	15	10	25	18	19	37	6	5	11	15	13	28	7	6	13	6	6	12
Manic-depressive psychoses	32	56	88	10	19	29	8	6	14	7	5	12	8	11	19	7	10	17	37	56	93
Dementia praecox	45	33	78	20	6	26	6	9	15	3	1	4	3	4	7	5	8	13	123	153	276
Paranoia and paranoid conditions	11	9	20	–	5	5	2	1	3	1	–	1	1	1	2	–	2	2	2	20	22
With psychopathic personality	4	5	9	–	2	2	5	4	9	3	2	5	1	–	1	–	1	1	3	3	6
With mental deficiency	4	5	9	1	4	5	2	6	8	–	1	1	–	–	–	–	–	–	14	31	45
Undiagnosed psychoses	33	30	63	4	3	7	6	4	10	1	–	1	1	1	2	–	1	1	8	–	8
Without psychoses	196	101	297	80	25	105	199	68	267	56	24	80	41	14	55	13	8	21	5	3	8
Primary behavior disorders	50	35	85	3	7	10	45	18	63	2	1	3	3	1	4	1	1	2	–	–	–
Total With Mental Disorder	454	306	760	107	69	176	157	101	258	43	23	66	67	49	116	39	32	71	352	374	726
Total Without Mental Disorder	246	136	382	83	32	115	244	86	330	58	25	83	44	15	59	14	9	23	5	3	8
Grand Total	700	442	1,142	190	101	291	401	187	588	101	48	149	111	64	175	53	41	94	357	377	734

TABLE 206. — *Mental Disorders of First Admissions, Readmissions and Transfers Discharged from Hospitals for Mental Diseases, 1937, by Form of Admission and Sex*

MENTAL DISORDERS	TOTAL			TOTAL									COURT COMMITMENT								
				FIRST ADMISSIONS			READMISSIONS			TRANSFERS			TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	124	32	156	63	17	80	15	4	19	46	11	57	61	18	79	53	16	69	8	2	10
With other forms of syphilis	9	9	18	5	3	8	2	3	5	2	3	5	5	5	10	3	3	6	2	2	4
With epidemic encephalitis	8	4	12	3	2	5	1	1	2	4	1	5	3	3	6	3	2	5	–	1	1
With other infectious diseases	9	11	20	8	10	18	1	1	2	–	–	–	2	8	10	2	7	9	–	1	1
Alcoholic psychoses	470	73	543	323	53	376	116	13	129	31	7	38	185	26	211	123	22	145	62	4	66
Due to drugs, etc.	17	16	33	13	11	24	4	5	9	–	–	–	2	7	9	1	5	6	1	2	3
Traumatic psychoses	22	2	24	12	–	12	7	2	9	3	–	3	13	1	14	8	–	8	5	1	6
With cerebral arteriosclerosis	124	132	256	97	88	185	10	11	21	17	33	50	70	66	136	62	60	122	8	6	14
With other disturbances of circulation	6	12	18	5	11	16	–	1	1	1	–	1	3	6	9	3	5	8	–	1	1
With convulsive disorders (epilepsy)	69	43	112	29	30	59	22	9	31	18	4	22	23	21	44	12	15	27	11	6	17
Senile psychoses	19	52	71	12	32	44	3	3	6	4	17	21	11	22	33	9	19	28	2	3	5
Involutional psychoses	30	67	97	21	44	65	2	10	12	7	13	20	23	48	71	21	38	59	2	10	12
Due to other metabolic diseases, etc.	21	35	56	16	27	43	2	4	6	3	4	7	12	24	36	10	20	30	2	4	6
Due to new growth	4	–	4	4	–	4	–	–	–	–	–	–	3	–	3	3	–	3	–	–	–
With organic changes of nervous system	27	18	45	15	11	26	8	5	13	4	2	6	18	13	31	11	9	20	7	4	11
Psychoneuroses	163	177	340	127	130	257	33	41	74	3	6	9	29	58	87	22	38	60	7	20	27
Manic-depressive psychoses	331	463	794	163	211	374	129	198	327	39	54	93	217	308	525	114	141	255	103	167	270
Dementia praecox	491	462	953	236	208	444	137	114	251	118	140	258	296	269	565	183	167	350	113	102	215
Paranoia and paranoid conditions	35	68	103	23	26	49	5	23	28	7	19	26	15	32	47	10	15	25	5	17	22
With psychopathic personality	49	38	87	29	17	46	13	17	30	7	4	11	28	20	48	18	8	26	10	12	22
With mental deficiency	56	83	139	27	32	59	17	20	37	12	31	43	35	36	71	20	21	41	15	15	30
Undiagnosed psychoses	51	49	100	43	38	81	5	7	12	3	4	7	5	8	13	5	5	10	–	3	3
Without psychoses	608	259	867	437	190	627	170	68	238	1	1	2	26	17	43	14	11	25	12	6	18
Primary behavior disorders	103	62	165	98	53	151	5	9	14	–	–	–	1	1	2	1	1	2	–	–	–
Total With Mental Disorder	2,135	1,846	3,981	1,274	1,001	2,275	532	492	1,024	329	353	682	1,059	999	2,058	696	616	1,312	363	383	746
Total Without Mental Disorder	711	321	1,032	535	243	778	175	77	252	1	1	2	27	18	45	15	12	27	12	6	18
Grand Total	2,846	2,167	5,013	1,809	1,244	3,053	707	569	1,276	330	354	684	1,086	1,017	2,103	711	628	1,339	375	389	764

Table 206. — *Mental Disorders of First Admissions, Readmissions and Transfers, Discharged from Hospitals for Mental Diseases, 1937, by Form of Admission and Sex* — Concluded

Mental Disorders	Temporary Care									Observation									Voluntary									Transfers		
	Total			First Admissions			Readmissions			Total			First Admissions			Readmissions			Total			First Admissions			Readmissions					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	3	7	1	1	2	3	2	5	2	–	2	1	–	1	1	–	1	11	–	11	8	–	8	3	–	3	46	11	57
With other forms of syphilis	–	–	–	–	–	–	–	–	–	1	1	2	1	–	1	–	1	1	1	–	1	1	–	1	–	–	–	2	3	5
With epidemic encephalitis	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5
With other infectious diseases	2	2	4	2	2	4	–	–	–	3	–	3	3	–	3	–	–	–	2	1	3	1	1	2	1	–	1	–	–	–
Alcoholic psychoses	175	29	204	138	23	161	37	6	43	70	11	81	55	8	63	15	3	18	9	–	9	7	–	7	2	–	2	31	7	38
Due to drugs, etc.	9	7	16	8	5	13	1	2	3	4	2	6	2	1	3	2	1	3	2	–	2	2	–	2	–	–	–	–	–	–
Traumatic psychoses	4	–	4	2	–	2	2	–	2	2	1	3	2	–	2	–	1	1	–	–	–	–	–	–	–	–	–	3	–	3
With cerebral arteriosclerosis	27	27	54	26	22	48	1	5	6	10	6	16	9	6	15	1	–	1	–	–	–	–	–	–	–	–	–	17	33	50
With other disturbances of circulation	1	4	5	1	4	5	–	–	–	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
With convulsive disorders (epil.)	12	8	20	6	7	13	6	1	7	4	3	7	2	1	3	2	2	4	12	7	19	9	7	16	3	–	3	18	4	22
Senile psychoses	3	11	14	2	11	13	1	–	1	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	4	17	21
Involutional psychoses	–	6	6	–	6	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	13	20
Due to other metabolic diseases, etc.	5	4	9	5	4	9	–	–	–	1	3	4	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	3	4	7
Due to new growth	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	5	2	7	4	2	6	1	–	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	4	2	6
Psychoneuroses	88	70	158	75	60	135	13	10	23	23	21	44	17	18	35	6	3	9	20	22	42	13	14	27	7	8	15	3	6	9
Manic-depressive psychoses	45	72	117	35	54	89	10	18	28	14	8	22	7	4	11	7	4	11	16	21	37	7	12	19	9	9	18	39	54	93
Dementia praecox	60	35	95	43	31	74	17	4	21	9	9	18	6	7	13	3	2	5	8	9	17	4	3	7	4	6	10	118	140	258
Paranoia and paranoid conditions	11	13	24	11	9	20	–	4	4	2	1	3	2	1	3	–	–	–	–	3	3	–	1	1	–	2	2	7	19	26
With psychopathic personality	4	7	11	4	5	9	–	2	2	9	6	15	6	4	10	3	2	5	1	1	2	1	–	1	–	1	1	7	4	11
With mental deficiency	5	9	14	4	5	9	1	4	5	4	7	11	3	6	9	1	1	2	–	–	–	–	–	–	–	–	–	12	31	43
Undiagnosed psychoses	35	32	67	31	29	60	4	3	7	7	3	10	6	3	9	1	–	1	1	2	3	1	1	2	–	1	1	3	4	7
Without psychoses	275	124	399	193	97	290	82	27	109	251	92	343	190	64	254	61	28	89	55	25	80	40	18	58	15	7	22	1	1	2
Primary behavior disorders	54	40	94	51	33	84	3	7	10	44	19	63	43	18	61	1	1	2	4	2	6	3	1	4	1	1	2	–	–	–
Total With Mental Disorder	496	341	837	398	280	678	98	61	159	168	87	255	126	66	192	42	21	63	83	66	149	54	39	93	29	27	56	329	353	682
Total Without Mental Disorder	329	164	493	244	130	374	85	34	119	295	111	406	233	82	315	62	29	91	59	27	86	43	19	62	16	8	24	1	1	2
Grand Total	825	505	1,330	642	410	1,052	183	95	278	463	198	661	359	148	507	104	50	154	142	93	235	97	58	155	45	35	80	330	354	684

Table 207. — *Mental Disorders of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Discharge and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	63	17	80	–	–	–	–	–	–	–	–	–	2	–	2	7	2	9	20	4	24	16	2	18	5	4	9
With other forms of syphilis	5	3	8	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	1	4	–	1	1	1	–	1
With epidemic encephalitis	3	2	5	–	1	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	8	10	18	–	–	–	–	1	1	–	2	2	–	–	–	3	1	4	1	–	1	1	1	2	1	3	4
Alcoholic psychoses	323	53	376	–	–	–	–	–	–	5	2	7	23	5	28	48	10	58	48	11	59	66	5	71	56	8	64
Due to drugs, etc.	13	11	24	–	–	–	–	–	–	2	–	2	1	1	2	1	1	2	2	3	5	1	1	2	3	2	5
Traumatic psychoses	12	–	12	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	1	–	1	2	–	2	3	–	3
With cerebral arteriosclerosis	97	88	185	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
With other disturbances of circulation	5	11	16	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1
With convulsive disorders (epilepsy)	29	30	59	–	1	1	4	3	7	4	3	7	4	8	12	7	5	12	3	3	6	3	4	7	1	–	1
Senile psychoses	12	32	44	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	21	44	65	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	4	2	12	14
Due to other metabolic diseases, etc.	16	27	43	–	–	–	1	2	3	1	1	2	–	6	6	–	3	3	1	3	4	2	1	3	4	3	7
Due to new growth	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1
With organic changes of nervous system	15	11	26	–	1	1	2	–	2	2	1	3	–	1	1	1	–	1	2	–	2	2	1	3	–	1	1
Psychoneuroses	127	130	257	–	–	–	6	8	14	24	17	41	22	20	42	14	16	30	14	20	34	7	18	25	11	8	19
Manic-depressive psychoses	163	211	374	–	–	–	11	15	26	30	22	52	19	34	53	12	25	37	23	25	48	12	28	40	13	15	28
Dementia praecox	236	208	444	1	–	1	23	13	36	62	30	92	51	26	77	33	35	68	20	32	52	19	33	52	18	14	32
Paranoia and paranoid conditions	23	26	49	–	–	–	–	–	–	1	–	1	1	–	1	2	–	2	2	4	6	3	2	5	4	6	10
With psychopathic personality	29	17	46	–	–	–	2	5	7	6	–	6	6	3	9	5	2	7	3	4	7	3	1	4	1	2	3
With mental deficiency	27	32	59	1	–	1	2	5	7	6	4	10	4	3	7	3	2	5	2	7	9	4	3	7	3	2	5
Undiagnosed psychoses	43	38	81	1	1	2	3	3	6	6	6	12	4	4	8	7	3	10	7	4	11	4	3	7	4	5	9
Without psychoses	437	190	627	16	10	26	49	26	75	50	14	64	32	25	57	53	20	73	48	23	71	54	21	75	43	11	54
Primary behavior disorders	98	53	151	25	12	37	20	17	37	11	6	17	5	3	8	5	2	7	5	2	7	8	2	10	5	2	7
Total With Mental Disorder	1,274	1,001	2,275	3	4	7	55	55	110	149	88	237	139	111	250	146	106	252	153	122	275	149	106	255	133	86	219
Total Without Mental Disorder	535	243	778	41	22	63	69	43	112	61	20	81	37	28	65	58	22	80	53	25	78	62	23	85	48	13	61
Grand Total	1,809	1,244	3,053	44	26	70	124	98	222	210	108	318	176	139	315	204	128	332	206	147	353	211	129	340	181	99	280

Table 207. — *Mental Disorders of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Discharge and Sex* — Concluded

Mental Disorders	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	2	8	5	2	7	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	–	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	29	6	35	19	4	23	14	2	16	10	–	10	4	–	4	1	–	1	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	1	–	1	–	3	3	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1	3	4	10	8	18	18	20	38	30	18	48	20	19	39	12	12	24	3	7	10	–	1	1	1	–	1
With other disturbances of circulation	–	2	2	1	3	4	–	1	1	–	1	1	1	2	3	1	–	1	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	2	2	1	1	2	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	1	1	–	4	4	–	4	4	3	7	10	3	6	9	3	7	10	2	1	3	1	2	3
Involutional psychoses	4	12	16	4	11	15	5	6	11	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	–	1	2	2	4	2	2	4	1	2	3	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	–	1	–	4	4	2	–	2	2	2	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	11	8	19	12	9	21	4	4	8	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	21	15	36	10	17	27	7	9	16	5	3	8	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–
Dementia praecox	6	10	16	3	9	12	–	5	5	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Paranoia and paranoid conditions	1	6	7	–	1	1	4	5	9	2	–	2	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	4	5	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	6	5	11	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	37	13	50	21	6	27	17	8	25	6	3	9	4	6	10	5	1	6	1	2	3	–	1	1	1	–	1
Primary behavior disorders	9	4	13	2	2	4	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	97	75	172	69	82	151	62	62	124	55	32	87	35	33	68	18	20	38	7	15	22	2	2	4	2	2	4
Total Without Mental Disorder	46	17	63	23	8	31	18	8	26	7	3	10	5	7	12	5	1	6	1	2	3	–	1	1	1	–	1
Grand Total	143	92	235	92	90	182	80	70	150	62	35	97	40	40	80	23	21	44	8	17	25	2	3	5	3	2	5

TABLE 208. — *Mental Disorders of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	4	19	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	5	–	5	4	–	4	2	1	3
With other forms of syphilis	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	1	1	1	–	1
With epidemic encephalitis	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
With other infectious diseases	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	116	13	129	–	–	–	–	–	–	1	–	1	5	3	8	16	–	16	11	–	11	25	1	26	19	2	21
Due to drugs, etc.	4	5	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–
Traumatic psychoses	7	2	9	–	–	–	–	–	–	2	–	2	1	–	1	–	–	–	3	1	4	–	–	–	–	–	–
With cerebral arteriosclerosis	10	11	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
With convulsive disorders (epilepsy)	22	9	31	1	2	3	2	–	2	2	–	2	5	2	7	8	1	9	–	3	3	2	–	2	–	–	–
Senile psychoses	3	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	2	10	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	1	–	1
Due to other metabolic diseases, etc.	2	4	6	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
With organic changes of nervous system	8	5	13	–	–	–	–	1	1	–	1	1	1	–	1	2	–	2	–	1	1	–	–	–	1	–	1
Psychoneuroses	33	41	74	–	–	–	1	3	4	6	2	8	2	6	8	9	4	13	2	8	10	7	3	10	4	7	11
Manic-depressive psychoses	129	198	327	–	–	–	2	5	7	9	14	23	17	19	36	10	23	33	13	27	40	11	17	28	19	29	48
Dementia praecox	137	114	251	–	–	–	6	3	9	18	10	28	18	20	38	27	16	43	22	16	38	14	17	31	17	9	26
Paranoia and paranoid conditions	5	23	28	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	1	6	7	3	1	4
With psychopathic personality	13	17	30	–	–	–	–	–	–	–	5	5	2	1	3	–	1	1	3	2	5	5	3	8	3	–	3
With mental deficiency	17	20	37	–	–	–	–	2	2	1	4	5	1	2	3	3	2	5	7	1	8	–	1	1	3	5	8
Undiagnosed psychoses	5	7	12	–	–	–	–	1	1	–	1	1	–	1	1	1	2	3	1	2	3	–	–	–	3	–	3
Without psychoses	170	68	238	2	2	4	10	8	18	9	11	20	21	5	26	14	6	20	30	7	37	33	7	40	24	7	31
Primary behavior disorders	5	9	14	–	1	1	4	3	7	–	1	1	–	1	1	–	2	2	–	–	–	–	–	–	1	–	1
Total With Mental Disorder	532	492	1,024	1	2	3	12	15	27	39	37	76	52	55	107	77	52	129	71	64	135	71	51	122	76	55	131
Total Without Mental Disorder	175	77	252	2	3	5	14	11	25	9	12	21	21	6	27	14	8	22	30	7	37	33	7	40	25	7	32
Grand Total	707	569	1,276	3	5	8	26	26	52	48	49	97	73	61	134	91	60	151	101	71	172	104	58	162	101	62	163

TABLE 208. — *Mental Disorders of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	2	4	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	16	1	17	12	2	14	8	1	9	2	3	5	1	–	1	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	2	2	1	2	3	2	2	4	3	1	4	2	1	3	2	3	5	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	1	–	1	1	1	2	1	–	1
Involutional psychoses	–	2	2	1	2	3	–	3	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	3	1	4	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Psychoneuroses	–	4	4	1	1	2	1	1	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	15	17	32	13	20	33	6	18	24	8	3	11	3	2	5	2	4	6	–	–	–	1	–	1
Dementia praecox	6	8	14	8	6	14	–	3	3	–	5	5	1	1	2	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	1	5	6	–	4	4	–	4	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With psychopathic personality	–	2	2	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	1	1	2	1	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	13	4	17	4	3	7	3	4	7	3	2	5	2	1	3	–	1	1	–	–	–	2	–	2
Primary behavior disorders	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	40	47	87	44	42	86	19	37	56	13	21	34	8	6	14	6	7	13	1	1	2	2	–	2
Total Without Mental Disorder	13	4	17	4	3	7	3	5	8	3	2	5	2	1	3	–	1	1	–	–	–	2	–	2
Grand Total	53	51	104	48	45	93	22	42	64	16	23	39	10	7	17	6	8	14	1	1	2	4	–	4

Table 209. — *Mental Disorders of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Admission and Sex*

Mental Disorders	Total			0–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40–44 Years			45–49 Years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	63	17	80	–	–	–	–	–	–	–	–	–	2	–	2	8	2	10	20	5	25	18	2	20	5	5	10
With other forms of syphilis	5	3	8	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	2	1	3	–	1	1	1	–	1
With epidemic encephalitis	3	2	5	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	8	10	18	–	–	–	–	1	1	–	2	2	–	–	–	3	1	4	1	–	1	1	2	3	1	2	3
Alcoholic psychoses	323	53	376	–	–	–	–	–	–	7	2	9	25	5	30	47	11	58	52	11	63	64	5	69	61	10	71
Due to drugs, etc.	13	11	24	–	–	–	–	–	–	2	1	3	1	–	1	1	1	2	2	3	5	1	1	2	3	2	5
Traumatic psychoses	12	–	12	–	–	–	–	–	–	–	–	–	2	–	2	1	–	1	1	–	1	4	–	4	1	–	1
With cerebral arteriosclerosis	97	88	185	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
With other disturbances of circulation	5	11	16	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1
With convulsive disorders (epil.)	29	30	59	–	2	2	5	3	8	4	2	6	5	8	13	7	7	14	2	1	3	2	4	6	1	2	3
Senile psychoses	12	32	44	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	21	44	65	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	5	6	3	14	17
Due to other metabolic diseases, etc.	16	27	43	–	–	–	1	2	3	1	1	2	–	6	6	–	4	4	1	3	4	4	–	4	2	3	5
Due to new growth	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–
With organic changes of nervous system	15	11	26	–	1	1	2	–	2	2	1	3	1	1	2	–	–	–	3	1	4	1	–	1	–	1	1
Psychoneuroses	127	130	257	–	–	–	7	8	15	25	18	43	20	19	39	16	16	32	12	23	35	7	16	23	12	8	20
Manic-depressive psychoses	163	211	374	–	–	–	15	18	33	29	26	55	19	36	55	14	21	35	23	24	47	12	26	38	11	19	30
Dementia praecox	236	208	444	1	–	1	34	21	55	65	31	96	55	26	81	26	36	62	19	33	52	23	30	53	7	11	18
Paranoia and paranoid conditions	23	26	49	–	–	–	–	–	–	1	–	1	1	–	1	2	–	2	3	4	7	2	2	4	4	7	11
With psychopathic personality	29	17	46	–	–	–	3	5	8	5	1	6	7	3	10	4	1	5	4	4	8	2	1	3	1	2	3
With mental deficiency	27	32	59	1	–	1	5	6	11	5	6	11	2	3	5	4	2	6	2	7	9	4	2	6	2	3	5
Undiagnosed psychoses	43	38	81	1	1	2	3	3	6	6	6	12	4	4	8	7	3	10	8	4	12	3	3	6	4	5	9
Without psychoses	437	190	627	16	10	26	53	26	79	46	14	60	32	25	57	53	21	74	49	23	72	53	20	73	43	11	54
Primary behavior disorders	98	53	151	25	12	37	21	17	38	10	6	16	5	3	8	5	2	7	5	2	7	8	2	10	5	2	7
Total With Mental Disorder	1,274	1,001	2,275	3	5	8	77	67	144	152	97	249	145	111	256	141	106	247	157	125	282	152	100	252	121	95	216
Total Without Mental Disorder	535	243	778	41	22	63	74	43	117	56	20	76	37	28	65	58	23	81	54	25	79	61	22	83	48	13	61
Grand Total	1,809	1,244	3,053	44	27	71	151	110	261	208	117	325	182	139	321	199	129	328	211	150	361	213	122	335	169	108	277

Table 209. — *Mental Disorders of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Admission and Sex* — Concluded

Mental Disorders	50–54 Years			55–59 Years			60–64 Years			65–69 Years			70–74 Years			75–79 Years			80–84 Years			85–89 Years			90 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	–	4	4	2	6	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	2	–	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	28	4	32	15	4	19	12	1	13	8	–	8	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	1	–	1	–	3	3	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	2	4	6	14	11	25	21	21	42	25	16	41	18	19	37	12	9	21	2	8	10	1	–	1	–	–	–
With other disturbances of circulation	–	3	3	1	2	3	–	1	1	–	1	1	1	2	3	1	–	1	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	1	1	–	5	5	–	3	3	4	8	12	3	5	8	3	7	10	1	1	2	1	2	3
Involutional psychoses	5	11	16	4	11	15	5	2	7	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	–	1	2	3	5	2	2	4	1	2	3	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	1	2	2	3	5	1	1	2	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	11	7	18	11	9	20	5	4	9	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	22	18	40	8	12	20	6	6	12	4	3	7	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–
Dementia praecox	5	16	21	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	1	6	7	–	2	2	5	3	8	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	1	2	–	2	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	6	5	11	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	37	13	50	21	6	27	17	8	25	6	3	9	4	6	10	5	1	6	1	2	3	–	1	1	1	–	1
Primary behavior disorders	9	4	13	2	2	4	1	–	1	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	97	76	173	65	78	143	61	47	108	46	29	75	31	32	63	17	15	32	6	15	21	2	1	3	1	2	3
Total Without Mental Disorder	46	17	63	23	8	31	18	8	26	7	4	11	5	6	11	5	1	6	1	2	3	–	1	1	1	–	1
Grand Total	143	93	236	88	86	174	79	55	134	53	33	86	36	38	74	22	16	38	7	17	24	2	2	4	2	2	4

TABLE 210. — *Mental Disorders of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	4	19	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	7	–	7	3	–	3	2	1	3
With other forms of syphilis . .	2	3	5	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	1	1	1	–	1
With epidemic encephalitis . .	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With other infectious diseases . .	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	116	13	129	–	–	–	–	–	–	1	–	1	5	3	8	16	–	16	11	–	11	28	2	30	20	1	21
Due to drugs, etc.	4	5	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–
Traumatic psychoses	7	2	9	–	–	–	–	–	–	2	–	2	1	–	1	2	–	2	1	1	2	–	–	–	–	–	–
With cerebral arteriosclerosis . .	10	11	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
With convulsive disorders (epilepsy)	22	9	31	1	2	3	2	1	3	2	–	2	8	1	9	5	3	8	–	1	1	2	–	2	–	–	–
Senile psychoses	3	3	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses . . .	2	10	12	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	2	2	1	–	1
Due to other metabolic diseases, etc.	2	4	6	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2
With organic changes of nervous system	8	5	13	–	–	–	–	1	1	–	1	1	2	–	2	1	1	2	–	1	1	–	–	–	1	–	1
Psychoneuroses	33	41	74	–	1	1	1	3	4	6	2	8	2	7	9	9	6	15	2	5	7	7	2	9	4	9	13
Manic-depressive psychoses . .	129	198	327	–	–	–	6	8	14	11	13	24	15	25	40	11	19	30	13	29	42	11	19	30	17	28	45
Dementia praecox	137	114	251	–	–	–	8	3	11	24	19	43	23	20	43	27	15	42	19	14	33	11	19	30	15	7	22
Paranoia and paranoid conditions .	5	23	28	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	1	1	3	5	8	1	2	3
With psychopathic personality .	13	17	30	–	–	–	–	–	–	–	5	5	2	1	3	1	1	2	3	3	6	4	2	6	3	–	3
With mental deficiency . . .	17	20	37	–	–	–	–	3	3	3	3	6	1	2	3	4	3	7	4	1	5	–	3	3	4	2	6
Undiagnosed psychoses . . .	5	7	12	–	–	–	–	1	1	–	1	1	–	1	1	1	2	3	1	2	3	–	–	–	3	–	3
Without psychoses	170	68	238	2	2	4	10	8	18	10	11	21	20	5	25	15	7	22	31	7	38	33	7	40	22	6	28
Primary behavior disorders . .	5	9	14	–	1	1	4	3	7	–	1	1	–	1	1	–	2	2	–	–	–	–	–	–	1	–	1
Total With Mental Disorder .	532	492	1,024	1	3	4	18	20	38	49	45	94	59	61	120	78	54	132	65	59	124	71	56	127	72	52	124
Total Without Mental Disorder	175	77	252	2	3	5	14	11	25	10	12	22	20	6	26	15	9	24	31	7	38	33	7	40	23	6	29
Grand Total	707	569	1,276	3	6	9	32	31	63	59	57	116	79	67	146	93	63	156	96	66	162	104	63	167	95	58	153

TABLE 210. — *Mental Disorders of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1	2	3	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	15	2	17	12	2	14	5	1	6	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	–	2	2	1	2	3	2	2	4	3	1	4	2	3	5	2	1	3	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	–	–	–	2	2	1	–	1	–	1	1	1	–	1	1	–	1
Involutional psychoses	–	3	3	1	1	2	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	–	–	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	3	3	1	1	2	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	16	15	31	11	22	33	6	13	19	7	3	10	3	4	7	1	–	1	–	–	–	1	–	1
Dementia praecox	5	9	14	4	5	9	–	2	2	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	1	6	7	–	3	3	–	4	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	–	4	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	2	2	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	13	4	17	4	3	7	3	4	7	3	2	5	2	1	3	–	1	1	–	–	–	2	–	2
Primary behavior disorders	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	39	50	89	36	40	76	16	31	47	14	12	26	8	7	15	3	2	5	1	–	1	2	–	2
Total Without Mental Disorder	13	4	17	4	3	7	3	5	8	3	2	5	2	1	3	–	1	1	–	–	–	2	–	2
Grand Total	52	54	106	40	43	83	19	36	55	17	14	31	10	8	18	3	3	6	1	–	1	4	–	4

Table 211. — *Mental Disorders of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Condition on Discharge and Sex*

Mental Disorders	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	63	17	80	1	–	1	56	15	71	6	2	8	–	–	–
With other forms of syphilis	5	3	8	2	–	2	3	3	6	–	–	–	–	–	–
With epidemic encephalitis	3	2	5	–	–	–	3	1	4	–	1	1	–	–	–
With other infectious diseases	8	10	18	3	5	8	3	4	7	2	1	3	–	–	–
Alcoholic psychoses	323	53	376	155	19	174	159	33	192	9	1	10	–	–	–
Due to drugs, etc.	13	11	24	5	5	10	7	6	13	1	–	1	–	–	–
Traumatic psychoses	12	–	12	2	–	2	9	–	9	1	–	1	–	–	–
With cerebral arteriosclerosis	97	88	185	14	11	25	52	45	97	31	32	63	–	–	–
With other disturbances of circulation	5	11	16	4	3	7	–	4	4	1	4	5	–	–	–
With convulsive disorders (epilepsy)	29	30	59	5	3	8	9	14	23	15	13	28	–	–	–
Senile psychoses	12	32	44	1	–	1	7	15	22	4	17	21	–	–	–
Involutional psychoses	21	44	65	3	10	13	17	29	46	1	5	6	–	–	–
Due to other metabolic diseases, etc.	16	27	43	3	7	10	12	18	30	1	2	3	–	–	–
Due to new growth	4	–	4	–	–	–	1	–	1	3	–	3	–	–	–
With organic changes of nervous system	15	11	26	–	2	2	9	4	13	6	5	11	–	–	–
Psychoneuroses	127	130	257	22	22	44	66	96	162	39	12	51	–	–	–
Manic-depressive psychoses	163	211	374	58	51	109	76	129	205	29	31	60	–	–	–
Dementia praecox	236	208	444	22	20	42	139	139	278	75	49	124	–	–	–
Paranoia and paranoid conditions	23	26	49	1	1	2	7	12	19	15	13	28	–	–	–
With psychopathic personality	29	17	46	13	4	17	10	11	21	6	2	8	–	–	–
With mental deficiency	27	32	59	5	9	14	13	16	29	9	7	16	–	–	–
Undiagnosed psychoses	43	38	81	2	–	2	20	16	36	21	22	43	–	–	–
Without psychoses	437	190	627	–	–	–	–	–	–	–	–	–	437	190	627
Primary behavior disorders	98	53	151	–	2	2	16	42	58	82	9	91	–	–	–
Total With Mental Disorder	1,274	1,001	2,275	321	172	493	678	610	1,288	275	219	494	–	–	–
Total Without Mental Disorder	535	243	778	–	2	2	16	42	58	82	9	91	437	190	627
Grand Total	1,809	1,244	3,053	321	174	495	694	652	1,346	357	228	585	437	190	627

TABLE 212. — *Mental Disorders of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Condition on Discharge and Sex*

MENTAL DISORDERS	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	4	19	1	–	1	9	2	11	5	2	7	–	–	–
With other forms of syphilis	2	3	5	–	1	1	2	2	4	–	–	–	–	–	–
With epidemic encephalitis	1	1	2	–	–	–	–	1	1	1	–	1	–	–	–
With other infectious diseases	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	116	13	129	48	2	50	62	9	71	6	2	8	–	–	–
Due to drugs, etc.	4	5	9	4	3	7	–	1	1	–	1	1	–	–	–
Traumatic psychoses	7	2	9	–	–	–	6	1	7	1	1	2	–	–	–
With cerebral arteriosclerosis	10	11	21	1	–	1	5	7	12	4	4	8	–	–	–
With other disturbances of circulation	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	22	9	31	3	–	3	9	2	11	10	7	17	–	–	–
Senile psychoses	3	3	6	–	–	–	3	2	5	–	1	1	–	–	–
Involutional psychoses	2	10	12	1	–	1	1	9	10	–	1	1	–	–	–
Due to other metabolic diseases, etc.	2	4	6	–	2	2	1	2	3	1	–	1	–	–	–
With organic changes of nervous system	8	5	13	1	1	2	5	3	8	2	1	3	–	–	–
Psychoneuroses	33	41	74	4	10	14	17	27	44	12	4	16	–	–	–
Manic-depressive psychoses	129	198	327	48	63	111	69	120	189	12	15	27	–	–	–
Dementia praecox	137	114	251	8	8	16	94	91	185	35	15	50	–	–	–
Paranoia and paranoid conditions	5	23	28	–	2	2	4	14	18	1	7	8	–	–	–
With psychopathic personality	13	17	30	4	5	9	7	11	18	2	1	3	–	–	–
With mental deficiency	17	20	37	4	4	8	12	11	23	1	5	6	–	–	–
Undiagnosed psychoses	5	7	12	–	–	–	–	6	6	5	1	6	–	–	–
Without psychoses	170	68	238	–	–	–	–	–	–	–	–	–	170	68	238
Primary behavior disorders	5	9	14	–	–	–	2	7	9	3	2	5	–	–	–
Total With Mental Disorder	532	492	1,024	128	103	231	306	321	627	98	68	166	–	–	–
Total Without Mental Disorder	175	77	252	–	–	–	2	7	9	3	2	5	170	68	238
Grand Total	707	569	1,276	128	103	231	308	328	636	101	70	171	170	68	238

TABLE 213. — *Age at Discharge of First Admissions Discharged from Hospitals for Mental Diseases, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	179	151	330	–	1	1	14	6	20	13	10	23	17	16	33	14	10	24	15	10	25	20	11	31	16	11	27
B. Psychopathic	613	349	962	32	22	54	66	50	116	79	44	123	59	50	109	76	40	116	71	41	112	69	30	99	59	28	87
Danvers	193	145	338	2	–	2	10	7	17	19	10	29	9	11	20	25	11	36	18	27	45	22	21	43	21	15	36
Foxborough	45	43	88	–	–	–	2	4	6	10	2	12	2	2	4	1	8	9	8	7	15	8	3	11	3	4	7
Gardner	39	32	71	1	–	1	–	1	1	8	1	9	6	5	11	7	2	9	4	2	6	7	4	11	1	4	5
Grafton	13	3	16	–	1	1	1	–	1	1	1	2	1	–	1	1	–	1	1	–	1	2	1	3	3	–	3
Medfield	39	26	65	–	–	–	1	1	2	7	4	11	5	2	7	5	3	8	5	7	12	–	3	3	5	1	6
Metropolitan	3	4	7	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–
Northampton	177	123	300	–	–	–	1	5	6	17	11	28	11	14	25	17	12	29	18	11	29	13	16	39	25	9	34
Taunton	117	94	211	4	–	4	6	7	13	13	5	18	20	9	29	12	12	24	12	14	26	17	6	23	12	8	20
Westborough	78	80	158	–	–	–	6	3	9	13	3	16	12	7	19	2	7	9	10	8	18	6	8	14	6	7	13
Worcester	173	118	291	3	–	3	9	9	18	14	13	27	21	13	34	23	14	37	20	14	34	13	11	24	18	8	26
Monson	13	9	22	1	1	2	3	2	5	1	–	1	1	2	3	3	2	5	1	1	2	–	1	1	–	–	–
McLean	72	67	139	1	1	2	5	3	8	11	4	15	9	7	16	10	7	17	10	5	15	7	14	21	3	4	7
Bridgewater	21	–	21	–	–	–	–	–	–	2	–	2	3	–	3	7	–	7	2	–	2	–	–	–	5	–	5
Vets. Adm. Fac. No. 107	20	–	20	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	4	–	4	10	–	10	3	–	3
Vets. Adm. Fac. No. 95	14	–	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	–	6	7	–	7	1	–	1
Total	1,809	1,244	3,053	44	26	70	124	98	222	210	108	318	176	139	315	204	128	332	206	147	353	211	129	340	181	99	280

HOSPITALS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	14	7	21	4	11	15	19	15	34	18	11	29	8	20	28	5	6	11	1	5	6	–	–	–	1	1	2
Boston Psychopathic	47	16	63	37	22	59	10	6	16	4	–	4	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
Danvers	16	11	27	12	9	21	14	7	21	12	7	19	4	4	8	4	3	7	3	1	4	–	1	1	2	–	2
Foxborough	3	2	5	1	2	3	–	8	8	4	1	5	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–
Gardner	1	3	4	1	4	5	1	–	1	1	3	4	1	1	2	–	1	1	–	1	1	–	–	–	–	–	–
Grafton	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Medfield	4	1	5	2	1	3	3	–	3	2	–	2	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–
Metropolitan	1	–	1	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Northampton	17	13	30	12	10	22	14	6	20	8	6	14	7	2	9	4	5	9	1	3	4	2	–	2	–	–	–
Taunton	9	10	19	4	6	10	2	8	10	2	1	3	3	3	6	–	3	3	1	–	1	–	1	1	–	1	1
Westborough	3	12	15	6	8	14	6	9	15	1	1	2	6	2	8	1	3	4	–	2	2	–	–	–	–	–	–
Worcester	18	10	28	11	7	18	5	8	13	8	4	12	3	5	8	6	–	6	1	1	2	–	1	1	–	–	–
Monson	–	–	–	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
McLean	8	7	15	–	9	9	3	2	5	1	–	1	3	1	4	1	–	1	–	3	3	–	–	–	–	–	–
Bridgewater	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	43	92	235	92	90	182	80	70	150	62	35	97	40	40	80	23	21	44	8	17	25	2	3	5	3	2	5

TABLE 214. — *Age at Discharge of Readmissions Discharged from Hospitals for Mental Diseases, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	74	88	162	–	–	–	2	5	7	4	7	11	10	8	18	8	9	17	8	5	13	7	8	15	9	6	15
Boston Psychopathic	151	89	240	1	3	4	10	10	20	11	7	18	15	17	32	19	15	34	26	6	32	30	4	34	22	11	33
Danvers	108	57	165	–	–	–	3	2	5	11	4	15	9	7	16	18	8	26	11	8	19	12	6	18	16	10	26
Foxborough	22	22	44	–	–	–	2	1	3	3	–	3	2	4	6	1	2	3	3	3	6	3	2	5	2	3	5
Gardner	14	15	29	2	–	2	1	1	2	–	2	2	1	–	1	3	–	3	–	2	2	2	1	3	3	2	5
Grafton	10	11	21	–	1	1	–	1	1	–	1	1	2	–	2	2	1	3	–	3	3	–	1	1	2	2	4
Medfield	18	22	40	–	–	–	1	1	2	1	4	5	4	2	6	1	2	3	3	5	8	1	1	2	1	1	2
Metropolitan	10	10	20	–	–	–	–	1	1	–	–	–	1	–	1	3	1	4	–	3	3	–	–	–	1	1	2
Northampton	40	51	91	–	–	–	1	–	1	2	4	6	6	1	7	8	2	10	3	5	8	6	9	15	3	11	14
Taunton	38	35	73	–	–	–	1	–	1	1	4	5	5	2	7	7	6	13	8	4	12	2	3	5	6	2	8
Westborough	38	59	97	–	–	–	–	1	1	2	5	7	3	7	10	4	2	6	8	6	14	4	9	13	6	5	11
Worcester	77	70	147	–	–	–	2	3	5	7	8	15	4	10	14	12	9	21	13	6	19	11	10	21	11	4	15
Monson	6	4	10	–	1	1	1	–	1	–	–	–	3	1	4	1	–	1	–	2	2	1	–	1	–	–	–
McLean	36	35	71	–	–	–	2	–	2	5	3	8	4	2	6	1	3	4	2	13	15	4	4	8	4	3	7
Bridgewater	14	–	14	–	–	–	–	–	–	1	–	1	4	–	4	2	–	2	4	–	4	–	–	–	2	–	2
Tewksbury	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Veterans' Adm. Facility No. 107	35	–	35	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	–	6	16	–	16	10	–	10
Veterans' Adm. Facility No. 95	16	–	16	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	6	–	6	5	–	5	3	–	3
Total	707	569	1,276	3	5	8	26	26	52	48	49	97	73	61	134	91	60	151	101	71	172	104	58	162	101	62	163

HOSPITALS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	7	7	14	6	6	12	6	11	17	2	10	12	3	3	6	1	2	3	1	1	2	–	–	–
Boston Psychopathic	9	5	14	4	8	12	2	3	5	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Danvers	11	5	16	2	3	5	5	1	6	5	3	8	–	–	–	2	–	2	–	–	–	3	–	3
Foxborough	2	1	3	3	1	4	1	1	2	–	3	3	–	–	–	–	1	1	–	–	–	–	–	–
Gardner	1	3	4	–	2	2	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grafton	1	–	1	2	–	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Medfield	1	2	3	–	1	1	–	2	2	3	1	4	–	–	–	1	–	1	–	–	–	1	–	1
Metropolitan	1	1	2	3	1	4	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Northampton	3	8	11	6	4	10	1	6	7	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Taunton	3	5	8	1	4	5	3	2	5	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–
Westborough	2	7	9	5	6	11	1	6	7	–	1	1	2	2	4	1	2	3	–	–	–	–	–	–
Worcester	4	6	10	10	6	16	–	4	4	–	2	2	2	–	2	1	2	3	–	–	–	–	–	–
Monson	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
McLean	5	1	6	4	3	7	–	1	1	4	1	5	1	1	2	–	–	–	–	–	–	–	–	–
Bridgewater	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	53	51	104	48	45	93	22	42	64	16	23	39	10	7	17	6	8	14	1	1	2	4	–	4

TABLE 215. — *Length of Hospital Stay during THIS Admission of First Admissions Discharged, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			UNDER 1 MONTH			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years.	195	137	332	125	92	217	16	13	29	8	7	15	9	5	14	4	–	4	6	4	10	4	5	9	2	–	2	1	1	2
20–29 years.	390	256	646	199	123	322	46	26	72	20	15	35	15	8	23	13	13	26	16	8	24	9	13	22	4	9	13	15	8	23
30–39 years.	410	279	689	228	137	365	50	29	79	23	18	41	19	16	35	11	6	17	13	7	20	7	13	20	5	11	16	4	6	10
40–49 years.	382	230	612	212	95	307	41	24	65	28	27	55	20	12	32	8	14	22	9	7	16	5	4	9	3	5	8	7	4	11
50–59 years.	231	179	410	123	69	192	28	18	46	13	13	26	14	10	24	4	9	13	7	6	13	4	5	9	2	1	3	5	3	8
60–69 years.	132	88	220	60	41	101	19	17	36	8	5	13	7	3	10	6	4	10	3	2	5	1	1	2	–	2	2	1	–	1
70–79 years.	58	54	112	27	27	54	12	3	15	7	4	11	3	5	8	1	3	4	1	1	2	3	4	7	1	–	1	–	–	–
80–89 years.	9	19	28	5	10	15	1	4	5	–	2	2	–	–	–	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–
90 years and over .	2	2	4	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total .	1,809	1,244	3,053	981	595	1,576	213	134	347	107	91	198	87	59	146	47	50	97	56	35	91	33	45	78	17	29	46	33	22	55

AGE AT ADMISSION	9 MONTHS			10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years . .	3	4	7	3	–	3	2	1	3	7	2	9	1	1	2	–	–	–	2	–	2	2	1	3	–	1	1	–	–	–	–	–	–
20–29 years . .	6	5	11	1	5	6	3	3	6	19	13	32	9	2	11	4	–	4	1	–	1	6	4	10	2	–	2	1	–	1	1	1	2
30–39 years . .	2	1	3	2	5	7	–	4	4	22	13	35	10	6	16	2	1	3	5	1	6	4	2	6	2	2	4	1	–	1	–	1	1
40–49 years . .	2	1	3	3	4	7	2	1	3	14	15	29	10	4	14	5	4	9	4	2	6	7	5	12	1	2	3	–	–	–	1	–	1
50–59 years . .	3	3	6	5	5	10	2	4	6	10	11	21	4	7	11	2	3	5	–	2	2	4	9	13	1	–	1	–	–	–	–	1	1
60–69 years . .	2	–	2	2	–	2	1	3	4	14	4	18	1	3	4	2	2	4	3	1	4	2	–	2	–	–	–	–	–	–	–	–	–
70–79 years . .	–	–	–	1	–	1	–	–	–	2	1	3	–	3	3	–	1	1	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
80–89 years . .	1	–	1	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
90 years and over .	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total . . .	19	14	33	17	19	36	10	17	27	88	60	148	36	26	62	15	11	26	15	6	21	25	23	48	6	5	11	2	–	2	2	3	5

TABLE 216. — *Length of Hospital Stay during THIS Admission of Readmissions Discharged, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			UNDER 1 MONTH			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	35	37	72	19	14	33	3	8	11	3	2	5	1	2	3	3	3	6	1	1	2	–	1	1	1	–	1	–	–	–
20–29 years	138	124	262	42	32	74	16	9	25	12	16	28	11	6	17	6	8	14	3	15	18	6	–	6	8	6	14	2	2	4
30–39 years	189	129	318	83	38	121	23	10	33	9	13	22	9	11	20	9	8	17	10	9	19	8	3	11	4	3	7	1	3	4
40–49 years	199	121	320	83	30	113	24	11	35	11	11	22	10	6	16	12	11	23	6	4	10	3	4	7	5	5	10	7	1	8
50–59 years	92	97	189	34	15	49	11	10	21	9	14	23	6	5	11	4	2	6	3	4	7	3	3	6	3	5	8	–	–	–
60–69 years	36	50	86	14	17	31	4	3	7	1	6	7	2	8	10	1	2	3	1	1	2	4	2	6	–	–	–	–	1	1
70–79 years	13	11	24	2	3	5	2	1	3	2	1	3	1	–	1	2	–	2	1	–	1	–	–	–	–	1	1	–	1	1
80–89 years	5	–	5	3	–	3	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total	707	569	1,276	280	149	429	83	52	135	47	63	110	41	38	79	37	34	71	26	34	60	24	13	37	21	20	41	10	8	18

AGE AT ADMISSION	9 MONTHS			10 MONTHS			11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	–	–	–	–	–	–	1	–	1	3	3	6	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
20–29 years	4	2	6	1	9	10	3	2	5	9	6	15	2	4	6	3	5	8	2	2	4	6	–	6	–	–	–	1	–	1	1	–	1
30–39 years	3	4	7	3	–	3	1	2	3	6	12	18	9	4	13	3	–	3	4	–	4	3	5	8	1	4	5	–	–	–	–	–	–
40–49 years	5	3	8	4	3	7	–	3	3	16	13	29	2	3	5	3	1	4	2	1	3	5	4	9	–	1	1	1	2	3	–	4	4
50–59 years	1	1	2	2	3	5	3	3	6	6	14	20	4	9	13	1	1	2	1	1	2	1	3	4	–	1	1	–	2	2	–	1	1
60–69 years	–	1	1	1	1	2	2	–	2	2	3	5	–	2	2	2	1	3	1	–	1	1	1	2	–	1	1	–	–	–	–	–	–
70–79 years	–	–	–	–	–	–	1	–	1	2	1	3	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
80–89 years	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	13	11	24	11	16	27	11	10	21	44	52	96	17	24	41	12	11	23	10	4	14	16	14	30	1	7	8	2	4	6	1	5	6

TABLE 217. — *Mental Disorders of First Admissions and Readmissions who Died in Hospitals for Mental Diseases, 1937, by Form of Admission and Sex*

MENTAL DISORDERS	FIRST ADMISSIONS															READMISSIONS														
	TOTAL			REGULAR COMMITMENT			TEMPORARY CARE			OBSERVATION			VOLUNTARY			TOTAL			REGULAR COMMITMENT			TEMPORARY CARE			OBSERVATION			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	74	15	89	72	13	85	–	1	1	1	1	2	1	–	1	10	1	11	9	1	10	1	–	1	–	–	–	–	–	–
With other forms of syphilis	6	6	12	6	6	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	3	1	4	3	1	4	–	–	–	–	–	–	–	–	–	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
With other infectious diseases	7	3	10	3	1	4	3	2	5	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	50	15	65	38	15	53	11	–	11	1	–	1	–	–	–	24	2	26	24	2	26	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	6	1	7	6	1	7	–	–	–	–	–	–	–	–	–	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	340	303	643	300	277	577	23	10	33	17	16	33	–	–	–	44	29	73	42	28	70	1	1	2	1	–	1	–	–	–
With other disturbances of circulation	25	16	41	15	12	27	4	1	5	5	3	8	1	–	1	1	2	3	–	–	–	–	2	2	1	–	1	–	–	–
With convulsive disorders (epilepsy)	20	15	35	12	12	24	–	–	–	–	–	–	8	3	11	11	9	20	8	8	16	1	–	1	–	–	–	2	1	3
Senile psychoses	90	141	231	84	136	220	4	–	4	2	5	7	–	–	–	3	17	20	3	17	20	–	–	–	–	–	–	–	–	–
Involutional psychoses	14	28	42	14	27	41	–	1	1	–	–	–	–	–	–	2	9	11	2	8	10	–	–	–	–	1	1	–	–	–
Due to other metabolic diseases, etc.	17	18	35	11	16	27	2	2	4	4	–	4	–	–	–	3	2	5	2	2	4	1	–	1	–	–	–	–	–	–
Due to new growth	4	3	7	3	2	5	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	18	17	35	15	15	30	2	–	2	1	2	3	–	–	–	1	3	4	1	3	4	–	–	–	–	–	–	–	–	–
Psychoneuroses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	2	2	4	1	2	3	1	–	1	–	–	–	–	–	–
Manic-depressive psychoses	19	24	43	18	23	41	–	–	–	1	1	2	–	–	–	19	31	50	19	31	50	–	–	–	–	–	–	–	–	–
Dementia praecox	104	113	217	103	111	214	–	–	–	1	2	3	–	–	–	57	78	135	57	78	135	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	4	17	21	4	17	21	–	–	–	–	–	–	–	–	–	2	7	9	2	6	8	–	1	1	–	–	–	–	–	–
With psychopathic personality	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–
With mental deficiency	19	9	28	19	9	28	–	–	–	–	–	–	–	–	–	8	6	14	8	6	14	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	2	3	5	1	3	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	5	1	6	4	–	4	1	1	2	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	826	748	1,574	731	697	1,428	51	18	69	34	30	64	10	3	13	192	201	393	183	193	376	5	5	10	2	2	4	2	1	3
Total Without Mental Disorder	5	1	6	4	–	4	1	1	2	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Grand Total	831	749	1,580	735	697	1,432	52	19	71	34	30	64	10	3	13	192	202	394	183	194	377	5	5	10	2	2	4	2	1	3

TABLE 218. — *Mental Disorders of First Admissions who Died in Hospitals for Mental Diseases, 1937, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	74	15	89	–	–	–	–	–	–	1	–	1	1	–	1	4	–	4	5	2	7	6	2	8	7	2	9
With other forms of syphilis	6	6	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	1	1	2
With epidemic encephalitis	3	1	4	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
With other infectious diseases	7	3	10	–	–	–	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–	2	–	2	–	1	1
Alcoholic psychoses	50	15	65	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1	4	1	5	3	3	6	4	1	5
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	6	1	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	340	303	643	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	4	2	6
With other disturbances of circulation	25	16	41	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2	1	3	2	–	2
With convulsive disorders (epilepsy)	20	15	35	1	–	1	2	1	3	2	1	3	1	2	3	–	–	–	3	–	3	2	–	2	1	2	3
Senile psychoses	90	141	231	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	14	28	42	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	3
Due to other metabolic diseases, etc.	17	18	35	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	3	3	2	4	6
Due to new growth	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–
With organic changes of nervous system	18	17	35	–	–	–	–	–	–	–	–	–	2	2	4	–	1	1	2	2	4	2	1	3	–	1	1
Psychoneuroses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	19	24	43	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	4	2	6	–	4	4	3	1	4
Dementia praecox	104	113	217	–	–	–	1	–	1	5	2	7	6	3	9	7	3	10	6	2	8	2	5	7	11	12	23
Paranoia and paranoid conditions	4	17	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–
With psychopathic personality	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	19	9	28	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	2	1	3
Undiagnosed psychoses	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	1	2	–	–	–
Without psychoses	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	–	–	–
Total With Mental Disorder	826	748	1,574	1	–	1	5	1	6	9	3	12	15	11	26	13	5	18	26	12	38	23	27	50	40	30	70
Total Without Mental Disorder	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	–	–	–
Grand Total	831	749	1,580	1	–	1	5	1	6	9	3	12	15	11	26	13	5	18	28	12	40	23	28	51	40	30	70

TABLE 218. — *Mental Disorders of First Admissions who Died in Hospitals for Mental Diseases, 1937, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	17	3	20	14	3	17	7	1	8	4	2	6	6	–	6	2	–	2	–	–	–	–	–	–	–	–	–
With other forms of syphilis . .	–	–	–	1	–	1	3	1	4	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis . .	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases .	1	–	1	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	8	4	12	2	1	3	2	–	2	8	–	8	10	2	12	4	2	6	1	1	2	1	–	1	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	1	–	1	2	–	2	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis. .	3	5	8	15	19	34	36	28	64	55	39	94	91	74	165	77	65	142	40	40	80	15	22	37	3	9	12
With other disturbances of circulation	3	1	4	4	5	9	4	3	7	3	2	5	2	2	4	2	1	3	1	–	1	1	–	1	–	–	–
With convulsive disorders (epilepsy)	2	2	4	1	2	3	2	3	5	1	–	1	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	1	1	3	2	5	8	15	23	12	21	33	23	33	56	20	32	52	16	26	42	8	11	19
Involutional psychoses	3	5	8	2	5	7	4	5	9	3	3	6	–	1	1	1	5	6	–	–	–	–	–	–	–	1	1
Due to other metabolic diseases, etc.	2	3	5	2	3	5	4	3	7	–	2	2	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–
Due to new growth	1	1	2	–	1	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	1	4	3	2	5	3	4	7	1	1	2	2	–	2	–	1	1	–	1	1	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses . .	1	1	2	1	5	6	4	4	8	–	3	3	3	2	5	1	–	1	–	1	1	–	–	–	–	–	–
Dementia praecox	14	9	23	10	12	22	8	14	22	11	18	29	10	10	20	8	12	20	3	7	10	2	4	6	–	–	–
Paranoia and paranoid conditions .	1	1	2	–	2	2	1	2	3	–	5	5	1	1	2	–	3	3	1	1	2	–	–	–	–	–	–
With psychopathic personality .	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency . . .	3	1	4	1	–	1	3	–	3	6	1	7	–	2	2	3	2	5	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses . . .	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	–	–	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder .	64	37	101	57	61	118	91	70	161	103	93	196	140	118	258	125	124	249	68	83	151	35	52	87	11	21	32
Total Without Mental Disorder	–	–	–	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	64	37	101	59	61	120	91	70	161	104	93	197	140	118	258	125	124	249	68	83	151	35	52	87	11	21	32

TABLE 219. — *Mental Disorders of Readmissions who Died in Hospitals for Mental Diseases, 1937, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	1	11	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	2	–	2
With epidemic encephalitis	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–
Alcoholic psychoses	24	2	26	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Due to drugs, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	44	29	73	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With other disturbances of circulation	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With convulsive disorders (epilepsy)	11	9	20	–	–	–	–	–	–	–	–	–	2	1	3	2	–	2	3	–	3	3	1	4	–	1	1
Senile psychoses	3	17	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	2	9	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
Due to other metabolic diseases, etc.	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	1	2
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	3	4	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
Psychoneuroses	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Manic-depressive psychoses	19	31	50	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	1	1	–	–	–	2	5	7
Dementia praecox	57	78	135	–	–	–	–	–	–	–	2	2	3	2	5	2	2	4	1	3	4	4	5	9	5	9	14
Paranoia and paranoid conditions	2	7	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With psychopathic personality	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	8	6	14	–	–	–	–	–	–	–	–	–	1	2	3	1	–	1	–	–	–	1	–	1	1	–	1
Without psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	192	201	393	–	–	–	–	–	–	–	2	2	7	7	14	7	2	9	7	5	12	12	6	18	12	18	30
Total Without Mental Disorder	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	192	202	394	–	–	–	–	–	–	–	2	2	7	7	14	7	2	9	7	5	12	12	6	18	12	18	30

TABLE 219. — *Mental Disorders of Readmissions who Died in Hospitals for Mental Diseases, 1937, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1	–	1	2	–	2	2	–	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	3	1	4	1	–	1	7	1	8	4	–	4	3	–	3	4	–	4	1	–	1	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1	–	1	1	1	2	2	3	5	12	6	18	8	5	13	11	9	20	4	4	8	4	1	5	–	–	–
With other disturbances of circulation	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	–	3	3	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	1	1	–	3	3	–	2	2	1	5	6	1	4	5	1	1	2	–	1	1
Involutional psychoses	–	–	–	1	–	1	1	2	3	–	2	2	–	2	2	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	–	4	4	1	3	4	3	7	10	4	6	10	4	2	6	3	2	5	1	–	1	–	–	–	–	–	–
Dementia praecox	11	11	22	6	7	13	7	10	17	6	4	10	5	10	15	3	9	12	3	3	6	1	–	1	–	1	1
Paranoia and paranoid conditions	–	1	1	–	1	1	–	2	2	1	1	2	–	1	1	–	1	1	–	–	–	1	–	1	–	–	–
With psychopathic personality	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	–	1	–	1	1	–	–	–	1	1	2	–	1	1	1	1	2	–	–	–	1	–	1	–	–	–
Without psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	19	21	40	13	16	29	24	29	53	29	26	55	21	25	46	23	28	51	10	12	22	8	2	10	–	2	2
Total Without Mental Disorder	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	19	22	41	13	16	29	24	29	53	29	26	55	21	25	46	23	28	51	10	12	22	8	2	10	–	2	2

TABLE 220. — *Age at Death of First Admissions who Died in Hospitals for Mental Diseases, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	130	139	269	–	–	–	1	–	1	–	–	–	2	2	4	–	–	–	3	1	4	3	2	5	2	8	10
Boston Psychopathic	19	10	29	–	–	–	1	–	1	–	–	–	3	1	4	2	–	2	2	1	3	4	3	7	2	1	3
Danvers	124	112	236	–	–	–	–	–	–	3	1	4	2	1	3	1	1	2	5	3	8	3	2	5	5	5	10
Foxborough	43	32	75	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	1	2	1	1	2
Gardner	24	21	45	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	2	–	2	–	2	2	–	1	1
Grafton	23	28	51	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2	1	3	–	1	1	1	2	3
Medfield	38	32	70	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	1	1	1	–	1
Metropolitan	3	15	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1
Northampton	82	85	167	–	–	–	–	–	–	2	–	2	2	1	3	3	1	4	3	2	5	3	3	6	4	3	7
Taunton	92	89	181	–	–	–	1	–	1	1	1	2	2	2	4	2	–	2	2	–	2	1	5	6	4	2	6
Westborough	52	71	123	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	5	5	2	1	3
Worcester	136	94	230	–	–	–	–	–	–	1	–	1	2	–	2	2	–	2	4	4	8	3	2	5	8	4	12
Monson	15	10	25	1	–	1	2	1	3	2	1	3	–	2	2	–	–	–	2	–	2	2	–	2	1	1	2
McLean	4	4	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bridgewater	26	–	26	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	3	–	3
Tewksbury	4	7	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	10	–	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	–	2	3	–	3
Veterans' Adm. Facility No. 95	6	–	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	–	3
Total	831	749	1,580	1	–	1	5	1	6	9	3	12	15	11	26	13	5	18	28	12	40	23	28	51	40	30	70

HOSPITALS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	9	7	16	10	10	20	16	15	31	24	20	44	23	16	39	21	23	44	14	14	28	2	15	17	–	6	6
Boston Psychopathic	2	–	2	3	2	5	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	6	4	10	7	9	16	18	8	26	17	12	29	17	22	39	20	23	43	9	13	22	9	6	15	2	2	4
Foxborough	3	4	7	4	1	5	6	5	11	3	2	5	7	5	12	12	5	17	2	5	7	3	–	3	–	2	2
Gardner	2	2	4	1	1	2	1	4	5	4	2	6	2	2	4	7	4	11	1	–	1	3	1	4	–	–	–
Grafton	4	3	7	2	2	4	1	3	4	3	4	7	5	2	7	4	3	7	–	5	5	–	2	2	–	–	–
Medfield	1	1	2	2	1	3	–	5	5	8	7	15	8	5	13	12	3	15	5	7	12	1	–	1	–	–	–
Metropolitan	–	4	4	–	1	1	2	1	3	–	2	2	1	3	4	–	1	1	–	–	–	–	1	1	–	–	–
Northampton	8	3	11	4	7	11	12	11	23	6	10	16	13	12	25	8	14	22	6	9	15	3	6	9	5	3	8
Taunton	4	1	5	7	8	15	10	8	18	14	10	24	15	7	22	15	19	34	10	13	23	4	9	13	–	4	4
Westborough	4	2	6	–	5	5	4	5	9	6	7	13	17	14	31	6	15	21	9	8	17	2	7	9	–	2	2
Worcester	12	4	16	11	12	23	16	4	20	13	13	26	29	23	52	15	14	29	10	7	17	8	5	13	2	2	4
Monson	2	1	3	–	2	2	–	–	–	1	–	1	1	2	3	1	–	1	–	–	–	–	–	–	–	–	–
McLean	–	–	–	–	–	–	1	–	1	–	–	–	–	4	4	–	–	–	1	–	1	–	–	–	2	–	2
Bridgewater	3	–	3	7	–	7	4	–	4	3	–	3	–	–	–	3	–	3	1	–	1	–	–	–	–	–	–
Tewksbury	2	1	3	–	–	–	–	–	–	–	3	3	2	1	3	–	–	–	–	2	2	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	1	–	1	1	–	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Total	64	37	101	59	61	120	91	70	161	104	93	197	140	118	258	125	124	249	68	83	151	35	52	87	11	21	32

TABLE 221. — *Age at Death of Readmissions who Died in Hospitals for Mental Diseases, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	32	24	56	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–	3	–	3	3	–	3	1	2	3
Boston Psychopathic	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1
Danvers	19	22	41	–	–	–	–	–	–	–	2	2	–	2	2	1	–	1	–	1	1	–	1	1	3	1	4
Foxborough	7	8	15	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	2	2	1	1	2
Gardner	9	11	20	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	2	3
Grafton	8	8	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–
Medfield	11	17	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	2
Metropolitan	14	18	32	–	–	–	–	–	–	–	–	–	1	–	1	1	1	2	–	–	–	–	1	1	1	3	4
Northampton	10	18	28	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	3	3
Taunton	10	13	23	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	1	1	2
Westborough	9	25	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	4
Worcester	34	20	54	–	–	–	–	–	–	–	–	–	2	1	3	–	–	–	–	1	1	3	–	3	–	–	–
Monson	6	4	10	–	–	–	–	–	–	–	–	–	2	–	2	2	–	2	1	–	1	1	1	2	–	–	–
McLean	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Bridgewater	7	–	7	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Tewksbury	2	11	13	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Veterans' Adm. Facility No. 107	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	7	–	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	–	3	2	–	2
Total	192	202	394	–	–	–	–	–	–	–	2	2	7	7	14	7	2	9	7	5	12	12	6	18	12	18	30

HOSPITALS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2	3	5	1	1	2	5	2	7	5	4	9	4	4	8	4	4	8	3	2	5	–	–	–	–	–	–
Boston Psychopathic	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	–	2	2	2	–	2	2	4	6	2	3	5	2	3	5	3	2	5	3	1	4	1	–	1	–	–	–
Foxborough	1	1	2	3	1	4	1	–	1	–	2	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Gardner	1	1	2	–	1	1	1	3	4	2	2	4	2	–	2	1	–	1	1	1	2	–	–	–	–	–	–
Grafton	2	1	3	–	–	–	1	–	1	1	3	4	2	2	4	1	1	2	–	–	–	–	–	–	–	–	–
Medfield	2	3	5	–	2	2	–	3	3	4	1	5	–	2	2	1	1	2	2	4	6	–	–	–	–	–	–
Metropolitan	4	2	6	3	4	7	2	3	5	1	1	2	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–
Northampton	2	3	5	–	1	1	2	2	4	3	2	5	2	1	3	1	3	4	–	1	1	–	–	–	–	–	–
Taunton	–	3	3	1	–	1	1	1	2	2	1	3	1	3	4	1	1	2	–	1	1	1	1	2	–	–	–
Westborough	–	2	2	1	2	3	2	4	6	2	1	3	1	5	6	2	6	8	–	1	1	1	–	1	–	–	–
Worcester	4	–	4	–	2	2	6	3	9	5	4	9	4	1	5	6	5	11	–	1	1	4	1	5	–	1	1
Monson	–	–	–	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
McLean	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–
Bridgewater	–	–	–	1	–	1	1	–	1	1	–	1	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
Tewksbury	1	–	1	–	–	–	–	3	3	–	1	1	–	2	2	–	4	4	–	–	–	–	–	–	–	1	1
Veterans' Adm. Facility No. 107	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	19	22	41	13	16	29	24	29	53	29	26	55	21	25	46	23	28	51	10	12	22	8	2	10	–	2	2

TABLE 222. — *Mental Disorders of First Admissions who Died in Hospitals for Mental Diseases, 1937, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	74	15	89	–	–	–	1	–	1	–	–	–	2	–	2	3	1	4	8	1	9	7	4	11	9	1	10
With other forms of syphilis	6	6	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	2	–	2	–	1	1
With epidemic encephalitis	3	1	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
With other infectious diseases	7	3	10	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	–	–	–	1	–	1	–	1	1
Alcoholic psychoses	50	15	65	–	–	–	–	–	–	1	–	1	1	–	1	1	1	2	5	–	5	5	3	8	8	1	9
Due to drugs, etc.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic psychoses	6	1	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	340	303	643	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	4	5	9
With other disturbances of circulation	25	16	41	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	3	1	4	2	–	2
With convulsive disorders (epilepsy)	20	15	35	3	–	3	3	1	4	2	3	5	2	3	5	2	–	2	1	–	1	1	1	2	–	2	2
Senile psychoses	90	141	231	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	14	28	42	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	2	8	10
Due to other metabolic diseases, etc.	17	18	35	–	–	–	–	–	–	1	–	1	2	–	2	–	–	–	–	1	1	–	4	4	2	2	4
Due to new growth	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–
With organic changes of nervous system	18	17	35	–	–	–	1	–	1	1	1	2	2	2	4	–	–	–	–	2	2	2	1	3	2	1	3
Psychoneuroses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	19	24	43	–	–	–	2	–	2	–	–	–	–	1	1	1	–	1	3	3	6	–	3	3	3	3	6
Dementia praecox	104	113	217	–	–	–	4	1	5	19	2	21	13	7	20	11	11	22	22	15	37	8	14	22	9	21	30
Paranoia and paranoid conditions	4	17	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	4	2	3	5
With psychopathic personality	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	19	9	28	–	–	–	–	–	–	–	1	1	2	1	3	4	1	5	2	1	3	–	2	2	3	–	3
Undiagnosed psychoses	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	1	2	–	–	–
Without psychoses	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	1	–	1
Total With Mental Disorder	826	748	1,574	3	–	3	11	3	14	24	7	31	25	15	40	24	15	39	44	29	73	30	39	69	49	49	98
Total Without Mental Disorder	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	1	–	1
Grand Total	831	749	1,580	3	–	3	11	3	14	24	7	31	25	15	40	24	15	39	46	29	75	30	40	70	50	49	99

TABLE 222. — *Mental Disorders of First Admissions who Died in Hospitals for Mental Diseases, 1937, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	19	3	22	10	2	12	6	3	9	4	–	4	5	–	5	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	1	2	1	1	2	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	1	–	1	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	15	4	19	3	4	7	2	1	3	6	–	6	3	–	3	–	1	1	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	1	–	1	3	–	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	7	8	15	19	20	39	36	34	70	65	47	112	92	71	163	66	61	127	33	28	61	16	21	37	1	8	9
With other disturbances of circulation	2	1	3	5	5	10	3	4	7	3	2	5	2	2	4	2	–	2	1	–	1	1	–	1	–	–	–
With convulsive disorders (epilepsy)	3	1	4	1	2	3	–	1	1	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	2	–	2	–	3	3	3	7	10	10	15	25	13	23	36	23	39	62	21	26	47	13	20	33	5	8	13
Involutional psychoses	3	6	9	4	5	9	4	5	9	1	2	3	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	2	4	6	2	3	5	4	3	7	–	1	1	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–
Due to new growth	1	1	2	–	1	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	2	5	2	2	4	3	3	6	1	1	2	1	–	1	–	1	1	–	1	1	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	3	3	6	3	6	9	3	4	7	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Dementia praecox	3	16	19	8	15	23	6	4	10	1	6	7	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Paranoia and paranoid conditions	1	6	7	–	2	2	1	–	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With psychopathic personality	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	5	–	5	1	–	1	1	2	3	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	72	56	128	60	71	131	82	72	154	96	77	173	121	99	220	93	104	197	56	55	111	30	41	71	6	16	22
Total Without Mental Disorder	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	72	56	128	62	71	133	82	72	154	96	77	173	121	99	220	93	104	197	56	55	111	30	41	71	6	16	22

TABLE 223. — *Mental Disorders of Readmissions who Died in Hospitals for Mental Diseases, 1937, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	1	11	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	2	–	2	3	–	3
With epidemic encephalitis	2	–	2	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	24	2	26	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	1	1	2	3	–	3
Due to drugs, etc.	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	44	29	73	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With other disturbances of circulation	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With convulsive disorders (epilepsy)	11	9	20	–	–	–	2	–	2	1	–	1	6	2	8	–	–	–	–	–	–	1	–	1	–	3	3
Senile psychoses	3	17	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	2	9	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3
Due to other metabolic diseases, etc.	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1	–	1
Due to new growth	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With organic changes of nervous system	1	3	4	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–
Psychoneuroses	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Manic-depressive psychoses	19	31	50	–	–	–	–	–	–	–	–	–	–	2	2	1	2	3	1	2	3	–	2	2	3	4	7
Dementia praecox	57	78	135	–	–	–	–	1	1	3	3	6	6	2	8	7	8	15	6	14	20	12	15	27	9	12	21
Paranoia and paranoid conditions	2	7	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With psychopathic personality	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	8	6	14	–	–	–	–	–	–	1	1	2	1	1	2	–	–	–	1	–	1	–	–	–	2	–	2
Without psychoses	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Total With Mental Disorder	192	201	393	–	–	–	2	1	3	6	4	10	15	8	23	10	11	21	10	17	27	18	20	38	21	24	45
Total Without Mental Disorder	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Grand Total	192	202	394	–	–	–	2	1	3	6	4	10	15	8	23	10	11	21	10	18	28	18	20	38	21	24	45

TABLE 223. — *Mental Disorders of Readmissions who Died in Hospitals for Mental Diseases, 1937, by Age at Admission and Sex* — Concluded

MENTAL DISORDERS	50–54 YEARS			55–59 YEARS			60–64 YEARS			65–69 YEARS			70–74 YEARS			75–79 YEARS			80–84 YEARS			85–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1	–	1	1	–	1	2	–	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	7	–	7	2	–	2	8	–	8	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	1	–	1	1	3	4	4	4	8	18	7	25	5	5	10	6	7	13	7	3	10	1	–	1
With other disturbances of circulation	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	–	–	–	–	–	–	–	2	2	1	3	4	1	5	6	–	3	3	1	4	5	–	–	–
Involutional psychoses	1	–	1	–	3	3	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	2	8	10	4	3	7	2	3	5	4	3	7	2	1	3	–	1	1	–	–	–	–	–	–
Dementia praecox	7	8	15	3	6	9	4	4	8	–	2	2	–	1	1	–	2	2	–	–	–	–	–	–
Paranoia and paranoid conditions	–	2	2	2	2	4	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
With psychopathic personality	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	–	1	1	1	2	3	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	21	25	46	16	21	37	23	19	42	27	16	43	8	14	22	6	14	20	8	7	15	1	–	1
Total Without Mental Disorder	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	21	25	46	16	21	37	23	19	42	27	16	43	8	14	22	6	14	20	8	7	15	1	–	1

TABLE 224. — *Length of Hospital Stay during THIS Admission of First Admissions who Died, 1937, by Age at Admission and Sex*

AGE AT ADMISSION YEARS	TOTAL			UNDER 1 MO.			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS			9 MONTHS			10 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19	14	3	17	3	–	3	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–29	49	22	71	6	3	9	–	–	–	1	1	2	3	–	3	–	1	1	–	1	1	1	–	1	–	1	1	–	1	1	–	1	1	–	–	–
30–39	70	44	114	11	6	17	4	1	5	3	2	5	2	2	4	–	1	1	–	–	–	–	–	–	–	2	2	–	–	–	1	–	1	–	–	–
40–49	80	89	169	14	8	22	2	4	6	4	2	6	1	2	3	4	7	11	1	4	5	–	1	1	–	–	–	1	1	2	–	1	1	1	–	1
50–59	134	127	261	24	25	49	3	2	5	10	5	15	5	7	12	1	5	6	2	2	4	1	–	1	1	2	3	6	2	8	2	–	2	2	2	4
60–69	178	149	327	53	27	80	12	7	19	14	4	18	4	5	9	10	3	13	5	3	8	7	3	10	2	5	7	4	3	7	1	6	7	–	1	1
70–79	214	203	417	77	56	133	11	11	22	12	11	23	11	8	19	12	5	17	7	4	11	2	4	6	7	8	15	5	10	15	3	5	8	4	7	11
80–89	86	96	182	39	22	61	6	8	14	5	12	17	4	9	13	3	8	11	5	4	9	1	3	4	2	3	5	–	1	1	1	4	5	2	1	3
90 yrs. & over	6	16	22	2	6	8	3	–	3	1	2	3	–	3	3	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Total	831	749	1,580	229	153	382	41	33	74	51	39	90	32	36	68	30	32	62	20	18	38	12	11	23	12	22	34	16	18	34	8	17	25	9	11	20

AGE AT ADMISSION	11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years	–	–	–	1	1	2	1	–	1	1	–	1	1	–	1	1	1	2	1	–	1	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	–	–	–	3	1	4	–	–	–	1	–	1	1	1	2	7	3	10	3	–	3	6	–	6	1	5	6	5	–	5	3	–	3	3	1	4	5	2	7
30–39 years	–	–	–	4	–	4	3	1	4	1	2	3	1	–	1	5	5	10	8	6	14	8	2	10	4	5	9	2	2	4	8	5	13	4	1	5	1	1	2
40–49 years	–	–	–	4	5	9	6	2	8	3	2	5	8	4	12	11	12	23	6	5	11	2	9	11	4	7	11	4	6	10	2	4	6	2	–	2	–	3	3
50–59 years	–	1	1	9	11	20	4	4	8	7	9	16	7	3	10	16	12	28	10	10	20	12	7	19	6	11	17	5	6	11	1	1	2	–	–	–	–	–	–
60–69 years	2	2	4	17	22	39	12	14	26	7	6	13	3	7	10	15	15	30	6	7	13	3	7	10	–	2	2	1	–	1	–	–	–	–	–	–	–	–	–
70–79 years	5	2	7	22	27	49	15	12	27	5	7	12	5	–	5	10	20	30	–	4	4	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
80–89 years	–	2	2	8	8	16	4	3	7	–	5	5	3	1	4	2	1	3	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
90 years and over	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	7	7	14	68	77	145	45	36	81	25	31	56	29	16	45	67	69	136	35	33	68	33	28	61	16	30	46	17	14	31	14	10	24	9	2	11	6	6	12

TABLE 225. — *Length of Hospital Stay during THIS Admission of Readmissions who Died, 1937, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			UNDER 1 MO.			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS			9 MONTHS			10 MO.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M	F.	T.
0–19 years	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years	21	12	33	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1
30–39 years	20	29	49	2	1	3	–	–	–	1	1	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
40–49 years	39	44	83	4	4	8	1	–	1	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
50–59 years	37	46	83	2	6	8	–	–	–	2	–	2	2	1	3	–	–	–	1	2	3	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–
60–69 years	50	35	85	6	4	10	2	2	4	–	1	1	–	1	1	1	1	2	–	–	–	1	1	2	2	–	2	–	1	1	2	–	2	1	1	2
70–79 years	14	28	42	3	3	6	–	1	1	1	1	2	1	1	2	–	1	1	–	4	4	–	3	3	1	–	1	1	1	2	–	–	–	1	–	1
80–89 years	9	7	16	1	–	1	1	–	1	3	1	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	192	202	394	19	19	38	4	3	7	8	4	12	4	5	9	1	3	4	2	8	10	3	4	7	3	–	3	1	2	3	4	1	5	2	2	4

AGE AT ADMISSION	11 MO.			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–19 years.	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
20–29 years.	–	–	–	1	–	1	–	2	2	1	1	2	1	2	3	7	1	8	4	1	5	1	1	2	1	–	1	–	–	–	1	–	1	1	–	1	–	1	1
30–39 years.	–	–	–	–	2	2	1	–	1	1	–	1	–	–	–	3	3	6	2	4	6	6	3	9	1	2	3	1	4	5	1	1	2	–	3	3	1	2	3
40–49 years.	1	1	2	2	4	6	1	1	2	1	–	1	3	2	5	6	13	19	1	2	3	3	5	8	6	3	9	5	3	8	2	4	6	1	–	1	–	1	1
50–59 years.	–	–	–	1	3	4	–	4	4	–	–	–	6	4	10	6	15	21	3	6	9	5	3	8	3	2	5	3	–	3	–	–	–	–	–	–	–	–	–
60–69 years.	–	–	–	9	6	15	4	4	8	–	1	1	5	1	6	8	7	15	4	2	6	4	2	6	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
70–79 years.	1	–	1	1	3	4	2	3	5	1	2	3	1	2	3	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
80–89 years.	–	–	–	2	2	4	1	1	2	–	1	1	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2	1	3	16	20	36	9	15	24	4	6	10	16	11	27	32	40	72	14	17	31	19	14	33	13	8	21	9	7	16	4	5	9	2	3	5	1	4	5

TABLE 226. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of Cases who Died during 1937, by Sex*

Number of Admissions	Total			Under 1 Month			1 Month			2 Months			3 Months			4 Months			5 Months			6 Months			7 Months			8 Months			9 Months			10 Months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	831	749	1,580	229	153	382	41	33	74	51	39	90	32	36	68	30	32	62	20	18	38	12	11	23	12	22	34	16	18	34	8	17	25	9	11	20
Two	81	73	154	13	9	22	4	1	5	4	2	6	2	–	2	–	1	1	1	5	6	2	4	6	3	–	3	1	1	2	2	–	2	1	2	3
Three	61	87	148	2	9	11	–	1	1	2	1	3	1	3	4	1	1	2	–	2	2	1	–	1	–	–	–	–	1	1	1	1	2	–	–	–
Four	23	27	50	1	–	1	–	1	1	–	–	–	–	2	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Five	11	6	17	2	–	2	–	–	–	–	1	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Six	3	4	7	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Seven	7	1	8	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Eight	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	4	2	6	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	1,023	951	1,974	248	172	420	45	36	81	59	43	102	36	41	77	31	35	66	22	26	48	15	15	30	15	22	37	17	20	37	12	18	30	11	13	24

Number of Admissions	11 Months			1 Year			2 Years			3 Years			4 Years			5–9 Years			10–14 Years			15–19 Years			20–24 Years			25–29 Years			30–34 Years			35–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	7	7	14	68	77	145	45	36	81	25	31	56	29	16	45	67	69	136	35	33	68	33	28	61	16	30	46	17	14	31	14	10	24	9	2	11	6	6	12
Two	–	1	1	8	9	17	5	5	10	3	5	8	6	5	11	8	8	16	5	5	10	4	3	7	4	2	6	3	3	6	2	1	3	–	–	–	–	1	1
Three	2	–	2	4	7	11	3	4	7	1	–	1	5	6	11	14	24	38	3	8	11	8	8	16	5	4	9	4	1	5	1	3	4	2	2	4	1	1	2
Four	–	–	–	2	2	4	–	3	3	–	1	1	2	–	2	5	4	9	3	3	6	4	3	7	3	2	5	1	2	3	–	1	1	–	–	–	–	2	2
Five	–	–	–	–	–	–	1	1	2	–	–	–	2	–	2	–	1	1	3	1	4	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Six	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Seven	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Eight	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Total	9	8	17	84	97	181	54	51	105	29	37	66	45	27	72	99	109	208	49	50	99	52	42	94	29	38	67	26	21	47	18	15	33	11	5	16	7	10	17

TABLE 227. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Cases who Died during 1937, by Sex*

NUMBER OF ADMISSIONS	TOTAL			UNDER 1 MONTH			1 MONTH			2 MONTHS			3 MONTHS			4 MONTHS			5 MONTHS			6 MONTHS			7 MONTHS			8 MONTHS			9 MONTHS			10 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	831	749	1,580	229	153	382	41	33	74	51	39	90	32	36	68	30	32	62	20	18	38	12	11	23	12	22	34	16	18	34	8	17	25	9	11	20
Two	81	73	154	4	3	7	3	–	3	6	1	7	6	2	8	1	–	1	1	4	5	2	2	4	1	4	5	2	1	3	–	1	1	2	–	2
Three	61	87	148	–	–	–	–	–	–	1	1	2	–	2	2	–	2	2	1	–	1	2	1	3	1	–	1	–	–	–	–	3	3	–	–	–
Four	23	27	50	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Five	11	6	17	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Six	3	4	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Seven	7	1	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Eight	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ten or more	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	1,023	951	1,974	233	156	389	44	33	77	58	42	100	38	40	78	31	34	65	22	22	44	16	14	30	14	26	40	18	19	37	9	22	31	11	11	22

NUMBER OF ADMISSIONS	11 MO.			1 YEAR			2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	7	7	14	68	77	145	45	36	81	25	31	56	29	16	45	67	69	136	35	33	68	33	28	61	16	30	46	17	14	31	14	10	24	9	2	11	6	6	12
Two	–	1	1	10	11	21	4	6	10	6	6	12	5	4	9	9	11	20	6	5	11	3	3	6	4	3	7	4	2	6	1	2	3	1	–	1	–	1	1
Three	–	2	2	4	7	11	1	1	2	4	3	7	2	5	7	11	14	25	4	15	19	12	6	18	4	6	10	6	8	14	2	4	6	2	3	5	4	4	8
Four	–	1	1	1	–	1	1	–	1	1	3	4	1	–	1	5	3	8	3	3	6	3	2	5	2	3	5	2	5	7	3	1	4	1	2	3	–	2	2
Five	–	–	–	–	–	–	1	1	2	–	1	1	–	–	–	1	–	1	1	1	2	3	1	4	2	1	3	–	–	–	2	–	2	–	1	1	–	–	–
Six	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	–	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Seven	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	2	–	2	1	–	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Eight	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Nine	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Ten or more	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2
Total	7	11	18	85	95	180	53	44	97	37	45	82	38	25	63	96	98	194	51	61	112	55	40	95	29	43	72	31	31	62	22	17	39	13	8	21	12	14	26

TABLE 228. — *Causes of Death of Patients who Died in Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex*

CAUSES OF DEATH	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			ALCOHOLIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:																								
Typhoid and paratyphoid fever	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Influenza	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Erysipelas	–	6	6	–	6	6	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	1	1
Lethargic encephalitis (epidemic)	4	–	4	4	–	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epidemic cerebro-spinal meningitis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tuberculosis of the meninges	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tuberculosis of the respiratory system	52	31	83	52	31	83	–	–	–	–	–	–	5	–	5	3	–	3	2	4	6	1	1	2
Tuberculosis of other organs	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Disseminated tuberculosis	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis (non-nervous forms)	8	1	9	8	1	9	–	–	–	4	–	4	–	–	–	1	–	1	–	–	–	–	1	1
Purulent infection, septicaemia (non-puerperal)	5	2	7	5	2	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Other infectious diseases	–	3	3	–	3	3	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Cancer and Other Tumors:																								
Cancer and other malignant tumors	29	60	89	28	60	88	1	–	1	–	1	1	4	3	7	3	11	14	–	–	–	2	8	10
Tumor (non-cancerous)	4	3	7	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:																								
Chronic rheumatism, osteoarthritis	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pellagra	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes	5	12	17	5	12	17	–	–	–	–	–	–	–	–	–	4	4	8	–	–	–	–	1	1
Diseases of the thyroid and parathyroid glands	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases	5	1	6	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Blood and Blood-Making Organs:																								
Pernicious anemia	–	1	1	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Leukemias and pseudo-leukemias	1	–	1	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Chronic Poisonings and Intoxications:																								
Alcoholism (acute or chronic)	4	–	4	4	–	4	–	–	–	–	–	–	4	–	4	–	–	–	–	–	–	–	–	–
Diseases of the Nervous System and Organs of Special Sense:																								
Encephalitis (non-epidemic)	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningitis	1	2	3	1	2	3	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases of the spinal cord	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral hemorrhage	36	30	66	35	30	65	1	–	1	–	–	–	3	–	3	21	13	34	–	2	2	–	1	1
Cerebral embolism and thrombosis	4	4	8	4	4	8	–	–	–	–	–	–	–	–	–	2	2	4	–	–	–	–	–	–

General paralysis of the insane	69	10	79	69	10	79	–	–	–	66	9	75	–	–	–	1	–	1	–	–	–	–	–	–
Dementia praecox and other psychoses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	14	9	23	14	9	23	–	–	–	–	–	–	–	–	–	–	–	–	14	8	22	–	–	–
Other diseases of the nervous system	7	6	13	7	6	13	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Diseases of the organs of special sense (eye, ear and mastoid)	–	3	3	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Circulatory System:																								
Acute endocarditis	1	2	3	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic endocarditis (valvular disease)	15	20	35	15	20	35	–	–	–	–	–	–	–	1	1	11	7	18	–	1	1	–	1	1
Diseases of the myocardium	215	246	461	215	246	461	–	–	–	1	–	1	11	3	14	122	101	223	–	1	1	34	74	108
Diseases of the coronary arteries and angina pectoris	23	20	43	23	20	43	–	–	–	–	–	–	3	–	3	9	6	15	–	–	–	–	–	–
Other diseases of the heart	36	32	68	36	32	68	–	–	–	–	–	–	7	–	7	14	15	29	–	–	–	1	2	3
Arteriosclerosis	116	100	216	116	100	216	–	–	–	2	–	2	6	2	8	61	54	115	–	–	–	15	14	29
Gangrene	2	2	4	2	2	4	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	1	1
Other diseases of the arteries	4	1	5	4	1	5	–	–	–	–	–	–	–	–	–	3	1	4	–	–	–	–	–	–
Diseases of the veins	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Other diseases	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–
Diseases of the Respiratory System:																								
Diseases of the larynx	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bronchitis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Bronchopneumonia (including capillary bronchitis)	173	148	321	171	148	319	2	–	2	6	2	8	14	4	18	77	69	146	6	1	7	18	28	46
Lobar pneumonia	58	43	101	57	43	100	1	–	1	2	–	2	8	–	8	14	4	18	3	3	6	4	5	9
Pleurisy	3	4	7	3	4	7	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–
Other diseases (tuberculosis excepted)	5	5	10	5	5	10	–	–	–	1	–	1	–	–	–	1	–	1	–	2	2	–	–	–
Diseases of the Digestive System:																								
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Ulcer of the stomach and duodenum	2	4	6	2	4	6	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Diarrhea and enteritis	1	8	9	1	8	9	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	1	1
Hernia, intestinal obstruction	6	6	12	6	6	12	–	–	–	–	–	–	–	–	–	2	1	3	1	–	1	–	–	–
Other diseases of the intestines	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cirrhosis of the liver	1	3	4	1	3	4	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–
Other diseases of the liver	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Biliary calculi and other diseases of the gall bladder and biliary passages	–	3	3	–	3	3	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
Peritonitis	3	3	6	3	3	6	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Diseases of the Genito-Urinary System:																								
Nephritis (acute, chronic and unspecified)	44	51	95	44	51	95	–	–	–	–	–	–	3	–	3	17	22	39	–	–	–	6	5	11
Other diseases of the kidneys and ureters (puerperal diseases excepted)	4	1	5	4	1	5	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
Calculi of the urinary passages	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Diseases of the bladder (tumors excepted)	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Diseases of the prostate	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Other diseases not specified as venereal	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Skin and Cellular Tissue:	–	4	4	–	4	4	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Diseases of the Bones and Organs of Locomotion:																								
Other diseases of the bones (tuberculosis excepted)	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

TABLE 228. — *Causes of Death of Patients who Died in Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Continued

CAUSES OF DEATH	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			ALCOHOLIC PSYCHOSES			WITH CEREBRAL ARTERIO-SCLEROSIS			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital Malformations:	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Senility:	5	1	6	5	1	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	1	6
Violent and Accidental Deaths:																								
Suicide	7	11	18	7	10	17	–	1	1	–	–	–	1	–	1	2	–	2	–	–	–	–	–	–
Conflagration and accidental burns	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Accidental traumatism	2	3	5	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	3	5
Other external causes	20	24	44	20	24	44	–	–	–	1	1	2	2	–	2	5	8	13	4	1	5	1	9	10
Ill-Defined Causes of Death:	9	4	13	9	4	13	–	–	–	–	–	–	1	1	2	2	–	2	–	–	–	1	–	1
Total	1,023	951	1,974	1,018	949	1,967	5	2	7	84	16	100	74	17	91	384	332	716	31	24	55	93	158	251

TABLE 228. — *Causes of Death of Patients who Died in Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Continued

CAUSES OF DEATH	INVOLU-TIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			WITH MENTAL DEFICIENCY			WITHOUT PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:																					
Typhoid and paratyphoid fever	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	1	1
Lethargic encephalitis (epidemic)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	4
Epidemic cerebro-spinal meningitis	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Tuberculosis of the meninges	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Tuberculosis of the respiratory system	1	3	4	2	–	2	3	1	4	28	18	46	6	2	8	–	–	–	1	2	3
Tuberculosis of other organs	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Disseminated tuberculosis	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
Syphilis (non-nervous forms)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
Purulent infection, septicaemia (non-puerperal)	–	–	–	1	–	1	1	–	1	3	1	4	–	–	–	–	–	–	–	–	–
Other infectious diseases	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Cancer and Other Tumors:																					
Cancer and other malignant tumors	2	1	3	–	2	2	1	6	7	13	20	33	–	–	–	1	–	1	3	8	11
Tumor (non-cancerous)	–	–	–	–	1	1	–	–	–	1	1	2	–	–	–	–	–	–	3	1	4

Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:																					
Chronic rheumatism, osteoarthritis	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pellagra	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes	–	–	–	–	3	3	–	2	2	–	2	2	–	–	–	–	–	–	1	–	1
Diseases of the thyroid and parathyroid glands	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases	1	–	1	1	–	1	1	1	2	1	–	1	1	–	1	–	–	–	–	–	–
Diseases of the Blood and Blood-Making Organs:																					
Pernicious anemia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Leukemias and pseudo-leukemias	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic Poisonings and Intoxications:																					
Alcoholism (acute or chronic)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the Nervous System and Organs of Special Sense:																					
Encephalitis (non-epidemic)	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Meningitis	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	1
Other diseases of the spinal cord	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
Cerebral hemorrhage	–	1	1	1	1	2	1	4	5	5	7	12	1	–	1	1	–	1	3	1	4
Cerebral embolism and thrombosis	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	2	1	3
General paralysis of the insane	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3
Dementia praecox and other psychoses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Other diseases of the nervous system	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	6	4	10
Diseases of the organs of special sense (eye, ear and mastoid)	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	1	1
Diseases of the Circulatory System:																					
Acute endocarditis	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–
Chronic endocarditis (valvular disease)	–	2	2	–	1	1	1	1	2	2	5	7	1	–	1	–	–	–	–	1	1
Diseases of the myocardium	3	9	12	2	2	4	4	10	14	25	31	56	3	3	6	–	–	–	10	12	22
Diseases of the coronary arteries and angina pectoris	–	2	2	–	1	1	3	1	4	4	4	8	–	1	1	–	–	–	4	5	9
Other diseases of the heart	–	1	1	1	–	1	–	–	–	10	5	15	1	2	3	–	–	–	2	7	9
Arteriosclerosis	–	5	5	–	–	–	4	3	7	20	15	35	4	1	5	–	–	–	4	6	10
Gangrene	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Other diseases of the arteries	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the veins	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Diseases of the Respiratory System:																					
Diseases of the larynx	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Bronchitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bronchopneumonia (including capillary bronchitis)	2	3	5	2	2	4	8	8	16	18	23	41	5	1	6	2	–	2	15	7	22
Lobar pneumonia	2	2	4	4	–	4	2	4	6	12	17	29	2	3	5	1	–	1	4	5	9
Pleurisy	–	–	–	–	1	1	–	–	–	2	2	4	–	–	–	–	–	–	–	–	–
Other diseases (tuberculosis excepted)	–	–	–	1	–	1	–	–	–	1	3	4	–	–	–	–	–	–	1	–	1
Diseases of the Digestive System:																					
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1
Ulcer of the stomach and duodenum	–	–	–	1	–	1	–	–	–	–	2	2	–	–	–	–	–	–	1	1	2
Diarrhea and enteritis	–	1	1	–	1	1	1	–	1	–	2	2	–	–	–	–	–	–	–	1	1
Hernia, intestinal obstruction	–	–	–	–	–	–	1	1	2	1	4	5	–	–	–	–	–	–	1	–	1
Other diseases of the intestines	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–
Cirrhosis of the liver	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1

TABLE 228. — *Causes of Death of Patients who Died in Hospitals for Mental Diseases, 1937, by Mental Disorders and Sex* — Concluded

CAUSES OF DEATH	INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			WITH MENTAL DEFICIENCY			WITHOUT PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Other diseases of the liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Biliary calculi and other diseases of the gall bladder and biliary passages	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Peritonitis	–	–	–	–	–	–	1	1	2	1	–	1	–	–	–	–	–	–	–	1	1
Diseases of the Genito-Urinary System:																					
Nephritis (acute, chronic and unspecified)	1	2	3	1	1	2	1	2	3	2	8	10	1	1	2	–	–	–	12	10	22
Other diseases of the kidneys and ureters (puerperal diseases excepted)	–	–	–	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Calculi of the urinary passages	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the bladder (tumors excepted)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diseases of the prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases not specified as venereal	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Diseases of the Skin and Cellular Tissue	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Diseases of the Bones and Organs of Locomotion:																					
Other diseases of the bones (tuberculosis excepted)	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Congenital Malformations:	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senility	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Violent and Accidental Deaths:																					
Suicide	1	3	4	–	–	–	2	4	6	–	2	2	–	–	–	–	1	1	1	1	2
Conflagration and accidental burns	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Accidental traumatism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other external causes	–	–	–	–	–	–	1	1	2	2	3	5	1	–	1	–	–	–	3	1	4
Ill-Defined Causes of Death	–	–	–	–	–	–	–	–	–	3	2	5	–	–	–	–	–	–	2	1	3
Total	16	37	53	20	20	40	38	55	93	161	191	352	27	15	42	5	2	7	90	84	174

TABLE 229. — *Country of Birth of Admissions, Discharges, Deaths, 1937, Resident Population and Cases Out of Institutions on September 30, 1937, First and Readmissions, by Sex*

COUNTRY OF BIRTH	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Australia	1	1	2	–	1	1	2	–	2	–	1	1	1	1	2	–	–	–
Austria	10	7	17	3	2	5	7	4	11	1	1	2	2	1	3	1	–	1
Belgium	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Canada[1]	207	205	412	53	55	108	96	96	192	28	46	74	115	93	208	16	23	39
Central America	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
China	5	–	5	6	–	6	5	1	6	2	–	2	2	–	2	–	–	–
Czecho-Slovakia	–	2	2	–	–	–	–	1	1	–	1	1	–	2	2	–	–	–
Cuba	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Denmark	1	1	2	–	–	–	1	1	2	–	–	–	1	–	1	–	1	1
England	45	60	105	14	12	26	22	17	39	10	9	19	28	38	66	4	5	9
Finland	11	8	19	2	3	5	8	10	18	3	5	8	3	1	4	1	–	1
France	5	3	8	1	1	2	2	2	4	–	1	1	1	3	4	–	1	1
Germany	17	13	30	3	2	5	7	7	14	–	2	2	12	7	19	4	1	5
Greece	16	–	16	4	1	5	12	2	14	1	–	1	3	–	3	–	–	–
Holland	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Hungary	2	–	2	–	1	1	1	1	2	–	1	1	3	1	4	1	–	1
India	2	–	2	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
Ireland	146	187	333	38	51	89	68	94	162	30	39	69	60	98	158	16	30	46
Italy	105	68	173	35	31	66	66	42	108	26	16	42	30	11	41	12	4	16
Japan	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Jugo-Slavia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mexico	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	5	6	11	–	3	3	4	–	4	1	2	3	3	1	4	1	1	2
Philippine Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Poland	53	47	100	12	10	22	38	26	64	10	8	18	12	5	17	3	4	7
Portugal	35	20	55	9	3	12	20	10	30	3	5	8	12	5	17	1	1	2
Rumania	2	1	3	1	–	1	3	1	4	–	1	1	–	–	–	–	–	–
Russia	47	38	85	20	24	44	35	26	61	24	19	43	15	13	28	6	5	11
Scotland	19	24	43	5	3	8	13	10	23	3	2	5	5	13	18	1	1	2
South America	3	2	5	1	2	3	1	1	2	–	–	–	–	–	–	–	2	2
Spain	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Sweden	29	21	50	9	7	16	16	11	27	4	1	5	12	9	21	3	2	5
Switzerland	–	2	2	–	–	–	–	1	1	–	–	–	1	1	2	–	–	–
Turkey in Asia	8	2	10	–	–	–	5	2	7	2	–	2	1	–	1	1	–	1
Turkey in Europe	5	1	6	3	–	3	2	1	3	–	1	1	–	–	–	1	–	1
United States[2]	1,940	1,449	3,389	780	562	1,342	1,348	855	2,203	549	403	952	493	432	925	119	121	240
Wales	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
West Indies[3]	2	4	6	2	–	2	1	2	3	1	1	2	1	4	5	–	–	–
Other countries[4]	42	37	79	9	14	23	25	18	43	9	4	13	9	8	17	1	–	1
Unknown	4	3	7	–	–	–	–	1	1	–	–	–	4	2	6	–	–	–
Total	2,770	2,215	4,985	1,012	789	1,801	1,809	1,244	3,053	707	569	1,276	831	749	1,580	192	202	394

[1] Includes Newfoundland.

[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

[3] Except Cuba Porto Rico and the Virgin Islands.

[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 229. — *Country of Birth of Admissions, Discharges, Deaths, 1937, Resident Population and Cases Out of Insitutions on September 30, 1937, First and Readmissions, by Sex* — Concluded

COUNTRY OF BIRTH	RESIDENT POPULATION						CASES OUT					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	2	2	4	–	2	2	–	–	–	–	–	–
Australia	1	1	2	2	3	5	–	–	–	–	–	–
Austria	75	52	127	33	22	55	4	4	8	2	2	4
Belgium	4	5	9	3	1	4	–	–	–	1	–	1
Canada[1]	523	629	1,152	236	356	592	49	71	120	24	46	70
Central America	–	–	–	2	–	2	–	–	–	–	–	–
China	14	–	14	11	1	12	1	–	1	–	–	–
Czecho-Slovakia	2	4	6	–	3	3	1	1	2	–	–	–
Cuba	1	3	4	–	2	2	–	–	–	–	1	1
Denmark	5	5	10	4	3	7	1	–	1	–	–	–
England	119	182	301	74	95	169	11	18	29	7	9	16
Finland	52	44	96	25	33	58	2	6	8	–	1	1
France	15	11	26	5	13	18	2	2	4	–	3	3
Germany	50	55	105	29	36	65	4	4	8	2	3	5
Greece	60	20	80	39	9	48	6	–	6	2	1	3
Holland	1	1	2	2	–	2	–	–	–	–	–	–
Hungary	4	4	8	3	8	11	–	–	–	–	–	–
India	1	1	2	2	1	3	–	2	2	–	–	–
Ireland	425	717	1,142	251	457	708	37	49	86	14	43	57
Italy	322	192	514	194	120	314	32	24	56	13	19	32
Japan	3	–	3	–	–	–	–	–	–	–	–	–
Jugo-Slavia	2	–	2	2	1	3	–	–	–	–	–	–
Mexico	1	1	2	–	–	–	–	–	–	–	1	1
Norway	17	12	29	10	7	17	–	1	1	–	3	3
Philippine Islands	3	–	3	1	1	2	–	–	–	–	–	–
Poland	242	186	428	103	89	192	25	14	39	9	13	22
Portugal	109	68	177	38	26	64	12	7	19	2	1	3
Rumania	3	3	6	7	1	8	–	–	–	–	1	1
Russia	233	144	377	190	188	378	16	12	28	13	20	33
Scotland	34	62	96	32	29	61	2	11	13	–	2	2
South America	7	4	11	3	–	3	–	2	2	–	–	–
Spain	6	2	8	2	1	3	–	–	–	–	–	–
Sweden	76	89	165	48	61	109	9	12	21	3	5	8
Switzerland	4	3	7	–	2	2	1	1	2	2	–	2
Turkey in Asia	11	2	13	17	8	25	–	1	1	–	–	–
Turkey in Europe	18	3	21	11	5	16	2	–	2	–	–	–
United States[2]	4,272	4,085	8,357	3,321	3,097	6,418	543	631	1,174	360	443	803
Wales	4	3	7	2	–	2	–	–	–	–	–	–
West Indies[3]	12	19	31	18	8	26	–	1	1	–	–	–
Other countries[4]	155	78	233	76	64	140	14	12	26	7	3	10
Unknown	29	16	45	4	10	14	1	1	2	2	–	2
Total	6,917	6,708	13,625	4,800	4,763	9,563	775	887	1,662	463	620	1,083

---

[1] Includes Newfoundland.

[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

[3] Except Cuba, Porto Rico and the Virgin Islands.

[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 230. — *Country of Birth of Patients in Residence in Hospitals for Mental Diseases on September 30, 1937, by Citizenship and Sex*

COUNTRY OF BIRTH	TOTAL			ALIEN			NATURALIZED			CITIZENS BY BIRTH			OTHERS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	2	4	6	1	1	2	1	2	3	–	–	–	–	–	–	–	1	1
Australia	3	4	7	1	2	3	2	2	4	–	–	–	–	–	–	–	–	–
Austria	108	74	182	78	53	131	17	8	25	–	–	–	1	–	1	12	13	25
Belgium	7	6	13	3	4	7	3	2	5	–	–	–	–	–	–	1	–	1
Canada[1]	759	985	1,744	350	442	792	266	310	576	–	–	–	3	19	22	140	214	354
Central America	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
China	25	1	26	23	1	24	1	–	1	–	–	–	1	–	1	–	–	–
Czecho-Slovakia	2	7	9	2	2	4	–	1	1	–	–	–	–	2	2	–	2	2
Cuba	1	5	6	1	3	4	–	1	1	–	–	–	–	1	1	–	–	–
Denmark	9	8	17	5	4	9	2	4	6	–	–	–	–	–	–	2	–	2
England	193	277	470	75	113	188	84	113	197	–	–	–	1	2	3	33	49	82
Finland	77	77	154	55	47	102	12	21	33	–	–	–	–	3	3	10	6	16
France	20	24	44	9	12	21	7	9	16	–	–	–	–	1	1	4	2	6
Germany	79	91	170	24	34	58	35	36	71	–	–	–	–	3	3	20	18	38
Greece	99	29	128	61	22	83	21	2	23	–	–	–	1	–	1	16	5	21
Holland	3	1	4	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–
Hungary	7	12	19	5	6	11	1	2	3	–	–	–	–	–	–	1	4	5
India	3	2	5	1	–	1	2	–	2	–	–	–	–	2	2	–	–	–
Ireland	676	1,174	1,850	265	594	859	287	331	618	–	–	–	5	10	15	119	239	358
Italy	516	312	828	323	207	530	121	62	183	–	–	–	4	–	4	68	43	111
Japan	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Jugo-Slavia	4	1	5	3	1	4	1	–	1	–	–	–	–	–	–	–	–	–
Mexico	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Norway	27	19	46	12	7	19	12	7	19	–	–	–	–	2	2	3	3	6
Philippine Islands	4	1	5	3	1	4	1	–	1	–	–	–	–	–	–	–	–	–
Poland	345	275	620	251	194	445	56	41	97	–	–	–	–	2	2	38	38	76
Portugal	147	94	241	116	72	188	17	10	27	–	–	–	–	1	1	14	11	25
Rumania	10	4	14	5	2	7	5	2	7	–	–	–	–	–	–	–	–	–
Russia	423	332	755	279	201	480	90	65	155	–	–	–	1	1	2	53	65	118
Scotland	66	91	157	19	41	60	34	27	61	–	–	–	–	2	2	13	21	34
South America	10	4	14	6	3	9	3	1	4	–	–	–	–	–	–	1	–	1
Spain	8	3	11	6	2	8	–	1	1	–	–	–	–	–	–	2	–	2
Sweden	124	150	274	51	76	127	57	52	109	–	–	–	–	2	2	16	20	36
Switzerland	4	5	9	3	3	6	–	1	1	–	–	–	–	–	–	1	1	2
Turkey in Asia	28	10	38	16	5	21	7	2	9	–	–	–	–	–	–	5	3	8
Turkey in Europe	29	8	37	19	6	25	7	1	8	–	–	–	–	–	–	3	1	4
United States[2]	7,593	7,182	14,775	–	–	–	–	–	–	7,593	7,182	14,775	–	–	–	–	–	–
Wales	6	3	9	4	2	6	2	–	2	–	–	–	–	–	–	–	1	1
West Indies[3]	30	27	57	20	12	32	7	8	15	–	–	–	1	–	1	2	7	9
Other countries[4]	231	142	373	149	105	254	46	22	68	–	–	–	3	1	4	33	14	47
Unknown	33	26	59	5	2	7	–	2	2	–	–	–	–	2	2	28	20	48
Total	11,717	11,471	23,188	2,255	2,283	4,538	1,210	1,149	2,359	7,593	7,182	14,775	21	56	77	638	801	1,439

[1] Includes Newfoundland.
[2] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.
[3] Except Cuba, Porto Rico and the Virgin Islands.
[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 231. — *Admission Age and Present Age of First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	402	118	520	5	3	8	2	3	5	17	12	29	9	7	16
With other forms of syphilis	61	25	86	1	–	1	–	–	–	1	2	3	1	2	3
With epidemic encephalitis	30	20	50	6	7	13	3	4	7	10	3	13	8	4	12
With other infectious diseases	6	7	13	–	1	1	–	1	1	1	–	1	1	–	1
Alcoholic psychoses	746	122	868	–	–	–	–	–	–	35	7	42	11	1	12
Due to drugs, etc.	7	6	13	–	–	–	–	–	–	–	2	2	–	1	1
Traumatic psychoses	38	8	46	–	–	–	–	–	–	5	1	6	3	1	4
With cerebral arteriosclerosis	532	524	1,056	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	11	13	24	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	264	293	557	50	57	107	26	21	47	54	75	129	41	43	84
Senile psychoses	182	352	534	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	120	270	390	–	–	–	–	–	–	–	1	1	–	1	1
Due to other metabolic diseases, etc.	33	46	79	1	–	1	–	–	–	5	6	11	2	4	6
Due to new growth	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–
With organic changes of nervous system	91	56	147	5	5	10	3	4	7	12	6	18	8	4	12
Psychoneuroses	43	59	102	2	1	3	1	–	1	5	6	11	5	4	9
Manic-depressive psychoses	315	567	882	10	16	26	3	7	10	45	83	128	36	58	94
Dementia praecox	3,231	3,385	6,616	175	131	306	42	34	76	1,225	772	1,997	373	271	644
Paranoia and paranoid conditions	142	281	423	–	–	–	–	–	–	6	2	8	3	1	4
With psychopathic personality	51	47	98	5	3	8	4	2	6	12	11	23	8	8	16
With mental deficiency	535	473	1,008	59	54	113	15	12	27	175	114	289	75	46	121
Undiagnosed psychoses	6	4	10	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	66	29	95	14	4	18	6	4	10	16	7	23	7	2	9
Primary behavior disorders	4	2	6	–	1	1	–	1	1	–	–	–	–	–	–
Total With Mental Disorder	6,847	6,677	13,524	319	278	597	99	88	187	1,608	1,104	2,712	584	456	1,040
Total Without Mental Disorder	70	31	101	14	5	19	6	5	11	16	7	23	7	2	9
Grand Total	6,917	6,708	13,625	333	283	616	105	93	198	1,624	1,111	2,735	591	458	1,049

Table 231. — *Admission Age and Present Age of First Admissions in Residence in Hospitals for Mental Diseases on September 30 1937, by Mental Disorders and Sex* — Continued

Mental Disorders	30–39 Years						40–49 Years						50–59 Years					
	admission age			present age			admission age			present age			admission age			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	116	29	145	75	15	90	149	40	189	138	45	183	86	25	111	125	25	150
With other forms of syphilis	15	7	22	3	3	6	20	8	28	21	4	25	16	7	23	19	10	29
With epidemic encephalitis	6	6	12	6	4	10	8	2	10	7	5	12	–	2	2	6	3	9
With other infectious diseases	3	2	5	1	1	2	1	3	4	1	2	3	1	1	2	2	3	5
Alcoholic psychoses	165	21	186	56	10	66	239	39	278	130	14	144	215	36	251	249	32	281
Due to drugs, etc.	–	–	–	–	–	–	3	2	5	3	1	4	4	1	5	4	2	6
Traumatic psychoses	5	1	6	4	–	4	14	3	17	8	2	10	8	–	8	10	2	12
With cerebral arteriosclerosis	–	–	–	–	–	–	6	12	18	1	5	6	84	79	163	50	35	85
With other disturbances of circulation	–	2	2	–	–	–	2	7	9	–	7	7	4	2	6	3	1	4
With convulsive disorders (epilepsy)	71	52	123	50	47	97	47	62	109	52	59	111	28	32	60	47	64	111
Senile psychoses	–	2	2	–	1	1	1	2	3	1	–	1	7	22	29	3	8	11
Involutional psychoses	1	6	7	–	2	2	23	97	120	14	55	69	69	142	211	50	138	188
Due to other metabolic diseases, etc.	6	4	10	7	4	11	5	11	16	7	7	14	9	13	22	7	16	23
Due to new growth	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	1	–	1
With organic changes of nervous system	11	7	18	10	6	16	29	7	36	23	8	31	20	17	37	27	15	42
Psychoneuroses	11	19	30	9	16	25	14	21	35	14	20	34	9	7	16	9	11	20
Manic-depressive psychoses	75	151	226	48	96	144	80	157	237	72	155	227	60	110	170	74	125	199
Dementia praecox	1,096	1,075	2,171	679	502	1,181	540	862	1,402	866	817	1,683	164	430	594	723	819	1,542
Paranoia and paranoid conditions	30	27	57	14	7	21	50	106	156	40	58	98	39	93	132	42	89	131
With psychopathic personality	14	10	24	12	4	16	11	14	25	12	13	25	7	8	15	6	7	13
With mental deficiency	121	134	255	95	96	191	102	114	216	118	149	267	61	45	106	142	98	240
Undiagnosed psychoses	–	1	1	–	1	1	4	–	4	4	–	4	2	3	5	2	3	5
Without psychoses	14	7	21	17	6	23	14	7	21	15	5	20	5	1	6	14	6	20
Primary behavior disorders	2	1	3	2	1	3	1	–	1	1	–	1	1	–	1	1	–	1
Total With Mental Disorder	1,746	1,556	3,302	1,069	815	1,884	1,348	1,569	2,917	1,532	1,427	2,959	894	1,075	1,969	1,601	1,506	3,107
Total Without Mental Disorder	16	8	24	19	7	26	15	7	22	16	5	21	6	1	7	15	6	21
Grand Total	1,762	1,564	3,326	1,088	822	1,910	1,363	1,576	2,939	1,548	1,432	2,980	900	1,076	1,976	1,616	1,512	3,128

TABLE 231. — *Admission Age and Present Age of First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	60–69 YEARS						70–79 YEARS						80–89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	25	9	34	43	17	60	3	–	3	9	6	15	1	–	1	1	–	1	–	–	–	–	–	–
With other forms of syphilis	7	1	8	13	4	17	1	–	1	4	1	5	–	–	–	–	1	1	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	85	14	99	194	45	239	7	5	12	94	19	113	–	–	–	12	1	13	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	5	1	6	10	1	11	–	2	2	2	2	4	1	–	1	1	–	1	–	–	–	–	–	–
With cerebral arteriosclerosis	220	204	424	204	196	400	182	186	368	206	219	425	40	39	79	67	63	130	–	4	4	4	6	10
With other disturbances of circulation	5	2	7	6	3	9	–	–	–	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	11	10	21	32	39	71	3	5	8	16	18	34	–	–	–	–	2	2	–	–	–	–	–	–
Senile psychoses	77	112	189	42	74	116	68	150	218	86	176	262	25	60	85	42	87	129	4	4	8	8	6	14
Involutional psychoses	27	24	51	47	61	108	–	–	–	9	12	21	–	–	–	–	1	1	–	–	–	–	–	–
Due to other metabolic diseases, etc.	6	11	17	9	14	23	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	11	12	23	13	15	28	3	2	5	7	4	11	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	2	5	7	4	6	10	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	40	46	86	55	89	144	5	4	9	23	33	56	–	–	–	4	4	8	–	–	–	–	–	–
Dementia praecox	30	109	139	417	626	1,043	1	6	7	118	275	393	–	–	–	12	41	53	–	–	–	1	–	1
Paranoia and paranoid conditions	14	37	51	27	76	103	3	16	19	13	41	54	–	–	–	3	8	11	–	–	–	–	1	1
With psychopathic personality	2	1	3	7	9	16	–	–	–	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	15	12	27	69	60	129	2	–	2	15	10	25	–	–	–	6	1	7	–	–	–	–	1	1
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	2	2	4	5	4	9	1	1	2	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	582	611	1,193	1,193	1,337	2,530	279	377	656	608	825	1,433	67	99	166	148	209	357	4	8	12	13	14	27
Total Without Mental Disorder	2	2	4	5	4	9	1	1	2	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	584	613	1,197	1,198	1,341	2,539	280	378	658	610	827	1,437	67	99	166	148	209	357	4	8	12	13	14	27

TABLE 232. — *Admission Age and Present Age of First Admissions Out (Visits, etc.) of Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS						30–39 YEARS						40–49 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	50	18	68	1	1	2	–	1	1	3	–	3	2	–	2	13	5	18	12	5	17	22	8	30	22	5	27
With other forms of syphilis	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	1	2	2	1	3	2	1	3
With epidemic encephalitis	4	2	6	3	–	3	3	–	3	–	1	1	–	1	1	1	–	1	1	–	1	–	1	1	–	1	1
With other infectious diseases	3	1	4	1	–	1	1	–	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	124	21	145	–	–	–	–	–	–	7	2	9	6	2	8	34	6	40	31	4	35	47	5	52	43	6	49
Due to drugs, etc.	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	1	2	3	1	2	3
Traumatic psychoses	5	5	10	–	2	2	–	–	–	–	–	–	–	1	1	1	–	1	1	1	2	1	1	2	–	1	1
With cerebral arteriosclerosis	70	58	128	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1
With other disturbances of circulation	5	13	18	–	–	–	–	–	–	–	1	1	–	1	1	1	–	1	1	–	1	1	4	5	1	3	4
With convulsive disorders (epilepsy)	24	25	49	8	8	16	7	5	12	5	8	13	4	8	12	5	3	8	6	3	9	3	5	8	3	7	10
Senile psychoses	14	33	47	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Involutional psychoses	26	63	89	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	32	35	3	24	27
Due to other metabolic diseases, etc.	6	19	25	–	1	1	–	1	1	–	8	8	–	8	8	2	4	6	2	4	6	1	2	3	–	1	1
Due to new growth	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	12	13	25	2	–	2	1	–	1	4	–	4	4	–	4	2	1	3	3	1	4	1	4	5	1	3	4
Psychoneuroses	16	39	55	1	1	2	1	1	2	1	5	6	1	5	6	5	14	19	4	11	15	5	8	13	6	9	15
Manic-depressive psychoses	125	169	294	16	19	35	10	9	19	26	40	66	29	44	73	28	34	62	30	31	61	27	35	62	19	39	58
Dementia praecox	211	311	522	31	26	57	16	17	33	82	87	169	76	86	162	60	99	159	64	67	131	23	59	82	26	53	79
Paranoia and paranoid conditions	18	28	46	–	–	–	–	–	–	1	1	2	1	–	1	4	5	9	4	5	9	6	10	16	4	7	11
With psychopathic personality	13	14	27	3	–	3	2	–	2	5	4	9	4	3	7	4	5	9	4	5	9	–	1	1	1	2	3
With mental deficiency	30	36	66	3	5	8	1	–	1	9	11	20	7	11	18	11	9	20	11	5	16	5	2	7	5	6	11
Undiagnosed psychoses	2	4	6	1	1	2	1	1	2	–	1	1	–	–	–	1	1	2	1	2	3	–	1	1	–	1	1
Without psychoses	10	8	18	3	1	4	2	–	2	2	1	3	3	1	4	3	2	5	1	–	1	2	2	4	4	4	8
Total With Mental Disorder	765	879	1,644	70	64	134	43	35	78	143	170	313	134	171	305	174	187	361	177	145	322	148	183	331	137	172	309
Total Without Mental Disorder	10	8	18	3	1	4	2	–	2	2	1	3	3	1	4	3	2	5	1	–	1	2	2	4	4	4	8
Grand Total	775	887	1,662	73	65	138	45	35	80	145	171	316	137	172	309	177	189	366	178	145	323	150	185	335	141	176	317

TABLE 232. — *Admission Age and Present Age of First Admissions Out (Visits, etc.) of Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–59 YEARS						60–69 YEARS						70–79 YEARS						80–89 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	4	14	12	6	18	1	–	1	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	1	–	1	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	25	3	28	29	3	32	11	5	16	14	6	20	–	–	–	1	–	1	–	–	–	–	–	–
Due to drugs, etc.	–	1	1	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	2	5	4	1	5	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	12	12	24	12	10	22	33	23	56	31	23	54	21	19	40	21	21	42	4	3	7	6	3	9
With other disturbances of circulation	2	3	5	2	4	6	1	2	3	1	2	3	–	3	3	–	3	3	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	2	1	3	1	1	2	–	1	1	1	–	1	2	–	2	–	–	–	–	–	–
Senile psychoses	–	1	1	–	–	–	5	11	16	5	10	15	5	16	21	4	18	22	4	4	8	5	5	10
Involutional psychoses	16	27	43	11	27	38	7	4	11	11	11	22	–	–	–	1	1	2	–	–	–	–	–	–
Due to other metabolic diseases, etc.	1	3	4	2	4	6	2	1	3	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	5	5	–	4	4	2	3	5	2	5	7	1	–	1	1	–	1	–	–	–	–	–	–
Psychoneuroses	3	8	11	3	9	12	1	3	4	1	4	5	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	19	30	49	26	28	54	7	9	16	9	15	24	2	2	4	2	2	4	–	–	–	–	1	1
Dementia praecox	12	32	44	18	48	66	3	7	10	7	29	36	–	1	1	4	8	12	–	–	–	–	3	3
Paranoia and paranoid conditions	6	9	15	5	9	14	1	3	4	4	6	10	–	–	–	–	–	–	–	–	–	–	1	1
With psychopathic personality	–	4	4	–	2	2	1	–	1	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	2	8	10	5	9	14	–	1	1	1	5	6	–	–	–	–	–	–	–	–	–	–	–	–
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	–	1	1	–	–	–	–	1	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	113	153	266	132	167	299	78	74	152	94	123	217	31	41	72	37	53	90	8	7	15	11	13	24
Total Without Mental Disorder	–	1	1	–	–	–	–	1	1	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
Grand Total	113	154	267	132	167	299	78	75	153	94	126	220	31	41	72	37	53	90	8	7	15	11	13	24

TABLE 233. — *Admission Age and Present Age of Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0–19 YEARS						20–29 YEARS					
				ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	155	46	201	2	1	3	2	–	2	5	5	10	4	3	7
With other forms of syphilis	23	8	31	–	–	–	–	–	–	1	–	1	1	–	1
With epidemic encephalitis	32	13	45	6	5	11	2	4	6	10	3	13	9	3	12
With other infectious diseases	–	2	2	–	1	1	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	384	76	460	–	–	–	–	–	–	8	–	8	4	–	4
Due to drugs, etc.	5	3	8	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	25	2	27	–	1	1	–	1	1	7	–	7	1	–	1
With cerebral arteriosclerosis	96	114	210	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	4	4	8	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	230	192	422	21	24	45	6	8	14	61	61	122	37	27	64
Senile psychoses	30	48	78	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	46	119	165	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	6	16	22	–	1	1	–	–	–	1	4	5	1	2	3
Due to new growth	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	44	26	70	10	5	15	7	3	10	8	2	10	5	3	8
Psychoneuroses	39	42	81	1	–	1	–	–	–	3	10	13	4	8	12
Manic-depressive psychoses	417	680	1,097	5	5	10	1	3	4	52	64	116	28	31	59
Dementia praecox	2,684	2,695	5,379	72	38	110	17	10	27	748	480	1,228	220	137	357
Paranoia and paranoid conditions	74	161	235	–	–	–	–	–	–	–	1	1	–	–	–
With psychopathic personality	60	57	117	4	10	14	1	4	5	16	12	28	13	14	27
With mental deficiency	405	436	841	45	39	84	8	12	20	127	121	248	57	64	121
Undiagnosed psychoses	7	2	9	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	29	19	48	1	3	4	–	1	1	8	5	13	2	4	6
Primary behavior disorders	3	–	3	1	–	1	1	–	1	1	–	1	1	–	1
Total With Mental Disorder	4,768	4,744	9,512	166	130	296	44	46	90	1,047	763	1,810	384	292	676
Total Without Mental Disorder	32	19	51	2	3	5	1	1	2	9	5	14	3	4	7
Grand Total	4,800	4,763	9,563	168	133	301	45	47	92	1,056	768	1,824	387	296	683

TABLE 233. — *Admission Age and Present Age of Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex* — Continued

MENTAL DISORDERS	30–39 YEARS						40–49 YEARS						50–59 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	44	14	58	18	8	26	72	13	85	70	16	86	26	11	37	48	9	57
With other forms of syphilis	3	3	6	1	–	1	5	1	6	7	3	10	10	4	14	3	4	7
With epidemic encephalitis	9	4	13	11	3	14	6	1	7	4	2	6	–	–	–	4	1	5
With other infectious diseases	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Alcoholic psychoses	70	12	82	24	2	26	116	20	136	69	13	82	133	34	167	129	26	155
Due to drugs, etc.	2	–	2	–	–	–	3	1	4	1	1	2	–	2	2	2	1	3
Traumatic psychoses	4	–	4	5	–	5	7	1	8	7	–	7	5	–	5	7	–	7
With cerebral arteriosclerosis	1	1	2	–	–	–	1	4	5	2	3	5	20	29	49	6	16	22
With other disturbances of circulation	–	–	–	–	–	–	1	3	4	–	1	1	2	1	3	3	1	4
With convulsive disorders (epilepsy)	65	55	120	44	47	91	56	34	90	70	40	110	23	14	37	47	40	87
Senile psychoses	–	–	–	–	–	–	–	1	1	–	–	–	2	1	3	1	1	2
Involutional psychoses	–	1	1	–	–	–	6	35	41	2	16	18	26	61	87	22	55	77
Due to other metabolic diseases, etc.	1	1	2	–	3	3	3	4	7	2	1	3	1	2	3	–	3	3
Due to new growth	1	1	2	1	1	2	1	–	1	–	–	–	–	1	1	1	–	1
With organic changes of nervous system	8	6	14	6	2	8	8	7	15	11	7	18	9	4	13	9	6	15
Psychoneuroses	17	12	29	11	10	21	9	7	16	10	7	17	8	6	14	9	7	16
Manic-depressive psychoses	71	153	224	51	110	161	113	190	303	92	145	237	109	161	270	105	163	268
Dementia praecox	1,036	838	1,874	650	453	1,103	563	768	1,331	885	712	1,597	223	434	657	538	722	1,260
Paranoia and paranoid conditions	11	18	29	3	12	15	22	48	70	19	27	46	26	58	84	19	48	67
With psychopathic personality	15	19	34	11	14	25	11	11	22	12	14	26	10	3	13	11	7	18
With mental deficiency	108	120	228	114	87	201	90	107	197	110	123	233	26	41	67	79	83	162
Undiagnosed psychoses	4	1	5	4	1	5	2	1	3	2	1	3	–	–	–	–	–	–
Without psychoses	5	5	10	6	3	9	8	2	10	11	3	14	4	1	5	6	4	10
Primary behavior disorders	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	1,470	1,260	2,730	954	753	1,707	1,095	1,257	2,352	1,375	1,133	2,508	659	867	1,526	1,043	1,193	2,236
Total Without Mental Disorder	6	5	11	7	3	10	8	2	10	11	3	14	4	1	5	6	4	10
Grand Total	1,476	1,265	2,741	961	756	1,717	1,103	1,259	2,362	1,386	1,136	2,522	663	868	1,531	1,049	1,197	2,246

TABLE 233. — *Admission Age and Present Age of Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	60–69 YEARS						70–79 YEARS						80–89 YEARS						90 YEARS AND OVER					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	2	8	13	9	22	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	3	–	3	9	1	10	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	50	7	57	104	25	129	7	3	10	46	9	55	–	–	–	8	1	9	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	2	–	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	2	–	2	4	1	5	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	53	52	105	48	49	97	17	24	41	30	39	69	4	2	6	10	5	15	–	2	2	–	2	2
With other disturbances of circulation	–	–	–	–	2	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	3	4	7	18	22	40	1	–	1	8	7	15	–	–	–	–	1	1	–	–	–	–	–	–
Senile psychoses	16	23	39	10	10	20	10	14	24	14	23	37	1	8	9	4	11	15	1	1	2	1	3	4
Involutional psychoses	14	21	35	18	38	56	–	1	1	4	6	10	–	–	–	–	4	4	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	2	2	2	4	6	–	2	2	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	2	2	5	3	8	1	–	1	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	1	6	7	4	9	13	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	57	87	144	91	138	229	9	17	26	42	69	111	1	3	4	7	20	27	–	–	–	–	1	1
Dementia praecox	37	126	163	276	470	746	5	11	16	86	160	246	–	–	–	12	30	42	–	–	–	–	1	1
Paranoia and paranoid conditions	11	31	42	21	51	72	4	4	8	11	19	30	–	1	1	1	3	4	–	–	–	–	1	1
With psychopathic personality	3	2	5	8	–	8	1	–	1	2	3	5	–	–	–	2	1	3	–	–	–	–	–	–
With mental deficiency	9	8	17	27	49	76	–	–	–	8	16	24	–	–	–	2	2	4	–	–	–	–	–	–
Undiagnosed psychoses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	3	2	5	4	2	6	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	267	373	640	663	882	1,545	57	77	134	258	359	617	6	14	20	46	78	124	1	3	4	1	8	9
Total Without Mental Disorder	3	2	5	4	2	6	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Grand Total	270	375	645	667	884	1,551	57	78	135	258	360	618	6	14	20	46	78	124	1	3	4	1	9	10

Table 234. — *Admission Age and Present Age of Readmitted Cases Out (Visits, etc.) of Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex*

Mental Disorders	Total			0–19 Years						20–29 Years						30–39 Years						40–49 Years					
				Admission Age			Present Age			Admission Age			Present Age			Admission Age			Present Age			Admission Age			Present Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	8	18	–	–	–	–	–	–	1	–	1	1	–	1	2	1	3	1	1	2	3	3	6	4	2	6
With other forms of syphilis	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	2	3	1	1	2
With epidemic encephalitis	1	5	6	1	–	1	–	–	–	–	3	3	1	2	3	–	1	1	–	2	2	–	–	–	–	–	–
Alcoholic psychoses	54	10	64	–	–	–	–	–	–	1	–	1	1	–	1	9	–	9	7	–	7	20	5	25	16	4	20
Due to drugs, etc.	2	1	3	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	2	–	2
With cerebral arteriosclerosis	12	19	31	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other disturbances of circulation	1	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
With convulsive disorders (epilepsy)	17	12	29	1	2	3	1	–	1	6	3	9	6	4	10	5	5	10	5	4	9	3	2	5	3	3	6
Senile psychoses	2	8	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Involutional psychoses	5	18	23	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	9	–	9	9
Due to other metabolic diseases, etc.	–	4	4	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	2	2	–	1	1	–	1	1
Due to new growth	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	4	8	12	–	–	–	–	–	–	1	2	3	–	2	2	3	–	3	4	–	4	–	4	4	–	3	3
Psychoneuroses	20	26	46	2	–	2	1	–	1	4	6	10	4	5	9	5	11	16	6	10	16	3	3	6	2	4	6
Manic-depressive psychoses	118	205	323	4	6	10	3	4	7	21	38	59	17	31	48	25	43	68	23	43	66	29	47	76	32	52	84
Dementia praecox	168	204	372	13	5	18	10	4	14	57	38	95	47	34	81	55	60	115	43	38	81	34	53	87	43	42	85
Paranoia and paranoid conditions	7	19	26	–	–	–	–	–	–	–	1	1	–	–	–	1	1	2	1	2	3	2	8	10	2	4	6
With psychopathic personality	11	20	31	1	2	3	1	1	2	3	6	9	3	5	8	5	7	12	5	8	13	2	3	5	2	4	6
With mental deficiency	18	37	55	3	5	8	2	2	4	5	9	14	5	8	13	4	8	12	3	9	12	4	9	13	4	6	10
Undiagnosed psychoses	–	6	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	7	5	12	1	–	1	1	–	1	1	1	2	–	–	–	2	2	4	1	2	3	2	1	3	3	1	4
Total With Mental Disorder	456	615	1,071	25	20	45	18	11	29	100	106	206	86	91	177	115	139	254	98	119	217	103	150	253	111	135	246
Total Without Mental Disorder	7	5	12	1	–	1	1	–	1	1	1	2	–	–	–	2	2	4	1	2	3	2	1	3	3	1	4
Grand Total	463	620	1,083	26	20	46	19	11	30	101	107	208	86	91	177	117	141	258	99	121	220	105	151	256	114	136	250

TABLE 234. — *Admission Age and Present Age of Readmitted Cases Out (Visits, etc.) of Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex* — Concluded

MENTAL DISORDERS	50–59 YEARS						60–69 YEARS						70–79 YEARS						80–89 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	4	7	3	4	7	1	–	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
With other forms of syphilis	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	13	5	18	19	4	23	11	–	11	9	2	11	–	–	–	2	–	2	–	–	–	–	–	–
Due to drugs, etc.	–	–	–	–	–	–	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	4	6	10	4	3	7	3	10	13	1	12	13	5	3	8	7	4	11	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	–	1	1	1	2	3	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	1	–	1	1	1	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Senile psychoses	1	1	2	–	–	–	–	4	4	1	2	3	–	3	3	–	6	6	1	–	1	1	–	1
Involutional psychoses	3	9	12	3	6	9	2	–	2	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	–	2	2	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychoneuroses	5	3	8	6	2	8	1	2	3	1	4	5	–	1	1	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	21	51	72	21	48	69	17	14	31	15	17	32	1	6	7	6	9	15	–	–	–	1	1	2
Dementia praecox	7	34	41	20	44	64	2	12	14	5	29	34	–	1	1	–	11	11	–	1	1	–	2	2
Paranoia and paranoid conditions	4	6	10	3	4	7	–	2	2	1	6	7	–	1	1	–	3	3	–	–	–	–	–	–
With psychopathic personality	–	2	2	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With mental deficiency	1	5	6	1	7	8	1	1	2	3	3	6	–	–	–	–	2	2	–	–	–	–	–	–
Undiagnosed psychoses	–	2	2	–	2	2	–	3	3	–	2	2	–	1	1	–	2	2	–	–	–	–	–	–
Without psychoses	1	–	1	1	1	2	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
Total With Mental Disorder	65	132	197	84	131	215	41	51	92	42	86	128	6	16	22	15	39	54	1	1	2	2	3	5
Total Without Mental Disorder	1	–	1	1	1	2	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–
Grand Total	66	132	198	85	132	217	41	52	93	43	86	129	6	16	22	15	40	55	1	1	2	2	3	5

TABLE 235. — *Age at Admission of First Admissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	636	823	1,459	45	27	72	139	135	274	117	144	261	97	199	296
Boston Psychopathic	32	18	50	3	3	6	4	1	5	10	10	20	6	1	7
Danvers	702	775	1,477	45	38	83	174	134	308	134	163	297	121	165	286
Foxborough	382	431	813	16	26	42	84	83	167	95	100	195	83	83	166
Gardner	518	329	847	8	9	17	129	54	183	183	111	294	105	78	183
Grafton	398	396	794	7	8	15	102	50	152	113	117	230	78	122	200
Medfield	484	615	1,099	7	5	12	104	88	192	130	209	339	110	173	283
Metropolitan	157	193	350	2	–	2	21	10	31	31	32	63	45	66	111
Northampton	680	739	1,419	31	28	59	155	123	278	146	148	294	128	166	294
Taunton	576	590	1,166	34	17	51	125	89	214	130	120	250	106	127	233
Westborough	381	505	886	24	13	37	84	76	160	79	106	185	56	103	159
Worcester	719	742	1,461	33	38	71	159	131	290	162	180	342	163	181	344
Monson	165	209	374	46	52	98	36	61	97	34	32	66	21	35	56
McLean	43	76	119	4	1	5	5	9	14	13	12	25	3	11	14
Bridgewater	636	–	636	24	–	24	241	–	241	214	–	214	108	–	108
Tewksbury	67	267	334	4	18	22	11	67	78	19	80	99	17	66	83
Veterans' Adm. Facility No. 107	194	–	194	–	–	–	21	–	21	81	–	81	79	–	79
Veterans' Adm. Facility No. 95	147	–	147	–	–	–	30	–	30	71	–	71	37	–	37
Total	6,917	6,708	13,625	333	283	616	1,624	1,111	2,735	1,762	1,564	3,326	1,363	1,576	2,939

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	97	144	241	82	86	168	50	75	125	9	12	21	–	1	1
Boston Psychopathic	9	2	11	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	102	124	226	82	72	154	38	59	97	5	18	23	1	2	3
Foxborough	53	63	116	33	49	82	17	18	35	1	9	10	–	–	–
Gardner	55	39	94	25	21	46	9	16	25	4	1	5	–	–	–
Grafton	63	72	135	28	24	52	6	2	8	1	1	2	–	–	–
Medfield	65	83	148	46	31	77	15	19	34	6	6	12	1	1	2
Metropolitan	40	40	80	15	23	38	3	17	20	–	5	5	–	–	–
Northampton	95	126	221	74	81	155	40	52	92	9	15	24	2	–	2
Taunton	81	102	183	56	74	130	34	45	79	10	15	25	–	1	1
Westborough	66	102	168	38	66	104	27	30	57	7	9	16	–	–	–
Worcester	92	115	207	67	51	118	31	36	67	12	7	19	–	3	3
Monson	15	21	36	9	4	13	4	4	8	–	–	–	–	–	–
McLean	3	20	23	8	19	27	5	3	8	2	1	3	–	–	–
Bridgewater	37	–	37	11	–	11	–	–	–	1	–	1	–	–	–
Tewksbury	12	23	35	4	11	15	–	2	2	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	8	–	8	4	–	4	1	–	1	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	7	–	7	2	–	2	–	–	–	–	–	–	–	–	–
Total	900	1,076	1,976	584	613	1,197	280	378	658	67	99	166	4	8	12

TABLE 236. — *Age at Admission of Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	394	515	909	25	13	38	124	109	233	92	136	228	74	124	198
Boston Psychopathic	11	10	21	–	–	–	2	6	8	2	3	5	7	1	8
Danvers	376	461	837	17	13	30	86	81	167	108	113	221	79	124	203
Foxborough	224	305	529	10	24	34	53	64	117	64	92	156	46	53	99
Gardner	286	263	549	9	5	14	57	37	94	102	57	159	76	63	139
Grafton	337	311	648	14	10	24	68	45	113	113	94	207	81	88	169
Medfield	315	498	813	10	11	21	75	81	156	78	165	243	80	137	217
Metropolitan	644	751	1,395	16	4	20	97	74	171	166	181	347	181	230	411
Northampton	220	308	528	9	4	13	51	49	100	44	72	116	51	86	137
Taunton	249	255	504	9	8	17	53	44	97	72	70	142	53	59	112
Westborough	248	348	596	7	12	19	55	46	101	73	80	153	47	98	145
Worcester	423	450	873	17	6	23	113	61	174	102	124	226	72	138	210
Monson	87	103	190	11	18	29	29	38	67	19	24	43	20	16	36
McLean	33	53	86	–	–	–	9	8	17	6	12	18	7	10	17
Bridgewater	251	–	251	13	–	13	72	–	72	81	–	81	39	–	39
Tewksbury	18	132	150	1	5	6	4	25	29	6	42	48	5	32	37
Veterans' Adm. Facility No. 107	491	–	491	–	–	–	55	–	55	245	–	245	154	–	154
Veterans' Adm. Facility No. 95	193	–	193	–	–	–	53	–	53	103	–	103	31	–	31
Total	4,800	4,763	9,563	168	133	301	1,056	768	1,824	1,476	1,265	2,741	1,103	1,259	2,362

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	52	88	140	21	37	58	5	7	12	1	1	2	–	–	–
Boston Psychopathic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	50	76	126	27	40	67	7	13	20	2	1	3	–	–	–
Foxborough	30	45	75	17	20	37	4	3	7	–	2	2	–	2	2
Gardner	24	65	89	12	34	46	5	2	7	–	–	–	1	–	1
Grafton	40	50	90	18	20	38	3	4	7	–	–	–	–	–	–
Medfield	46	59	105	23	43	66	3	1	4	–	1	1	–	–	–
Metropolitan	149	202	351	32	49	81	3	11	14	–	–	–	–	–	–
Northampton	41	64	105	18	27	45	5	5	10	1	1	2	–	–	–
Taunton	45	39	84	13	27	40	4	4	8	–	4	4	–	–	–
Westborough	33	67	100	28	30	58	4	13	17	1	2	3	–	–	–
Worcester	71	71	142	38	36	74	9	12	21	1	1	2	–	1	1
Monson	6	6	12	1	1	2	1	–	1	–	–	–	–	–	–
McLean	5	14	19	4	5	9	2	3	5	–	1	1	–	–	–
Bridgewater	35	–	35	9	–	9	2	–	2	–	–	–	–	–	–
Tewksbury	2	22	24	–	6	6	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	28	–	28	9	–	9	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	6	–	6	–	–	–	–	–	–	–	–	–	–	–	–
Total	663	868	1,531	270	375	645	57	78	135	6	14	20	1	3	4

TABLE 237. — *Present Age of First Admissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	636	823	1,459	9	8	17	56	47	103	107	94	201	114	168	282
Boston Psychopathic	32	18	50	3	3	6	4	1	5	10	10	20	6	1	7
Danvers	702	775	1,477	17	16	33	89	62	151	118	106	224	145	157	302
Foxborough	382	431	813	8	10	18	42	43	85	73	62	135	79	94	173
Gardner	518	329	847	1	1	2	21	14	35	61	28	89	128	78	206
Grafton	398	396	794	4	–	4	13	10	23	36	35	71	89	85	174
Medfield	484	615	1,099	2	1	3	26	21	47	54	60	114	74	138	212
Metropolitan	157	193	350	1	–	1	7	9	16	34	15	49	35	57	92
Northampton	680	739	1,419	5	7	12	72	63	135	134	102	236	140	164	304
Taunton	576	590	1,166	13	6	19	55	44	99	91	85	176	111	108	219
Westborough	381	505	886	9	7	16	43	40	83	65	62	127	56	107	163
Worcester	719	742	1,461	4	13	17	76	58	134	111	103	214	139	182	321
Monson	165	209	374	25	21	46	32	36	68	29	33	62	23	37	60
McLean	43	76	119	3	–	3	3	5	8	8	7	15	2	9	11
Bridgewater	636	–	636	1	–	1	49	–	49	100	–	100	149	–	149
Tewksbury	67	267	334	–	–	–	1	5	6	3	20	23	12	47	59
Veterans' Adm. Facility No. 107	194	–	194	–	–	–	1	–	1	28	–	28	139	–	139
Veterans' Adm. Facility No. 95	147	–	147	–	–	–	1	–	1	26	–	26	107	–	107
Total	6,917	6,708	13,625	105	93	198	591	458	1,049	1,088	822	1,910	1,548	1,432	2,980

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	123	193	316	128	169	297	85	120	205	14	23	37	–	1	1
Boston Psychopathic	9	2	11	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	132	155	287	125	139	264	61	99	160	14	38	52	1	3	4
Foxborough	93	96	189	53	78	131	30	32	62	4	16	20	–	–	–
Gardner	164	118	282	98	58	156	32	29	61	13	3	16	–	–	–
Grafton	127	95	222	85	108	193	38	52	90	6	11	17	–	–	–
Medfield	146	150	296	112	130	242	57	98	155	10	16	26	3	1	4
Metropolitan	47	48	95	29	38	67	4	21	25	–	5	5	–	–	–
Northampton	129	139	268	123	142	265	58	95	153	15	27	42	4	–	4
Taunton	125	114	239	97	116	213	65	90	155	17	24	41	2	3	5
Westborough	89	100	189	59	99	158	43	72	115	16	16	32	1	2	3
Worcester	181	159	340	117	131	248	67	74	141	23	18	41	1	4	5
Monson	29	44	73	17	29	46	9	8	17	1	1	2	–	–	–
McLean	4	18	22	10	26	36	7	9	16	5	2	7	1	–	1
Bridgewater	164	–	164	118	–	118	46	–	46	9	–	9	–	–	–
Tewksbury	24	81	105	21	77	98	5	28	33	1	9	10	–	–	–
Veterans' Adm. Facility No. 107	19	–	19	4	–	4	3	–	3	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	11	–	11	2	–	2	–	–	–	–	–	–	–	–	–
Total	1,616	1,512	3,128	1,198	1,341	2,539	610	827	1,437	148	209	357	13	14	27

TABLE 238.— *Present Age of Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	394	515	909	8	3	11	52	33	85	86	97	183	75	112	187
Boston Psychopathic	11	10	21	–	–	–	2	6	8	2	3	5	7	1	8
Danvers	376	461	837	3	5	8	36	33	69	86	77	163	80	117	197
Foxborough	224	305	529	4	10	14	20	30	50	51	63	114	51	77	128
Gardner	286	263	549	2	1	3	13	11	24	40	26	66	84	56	140
Grafton	337	311	648	3	3	6	19	13	32	42	32	74	95	58	153
Medfield	315	498	813	5	6	11	26	27	53	51	84	135	62	119	181
Metropolitan	644	751	1,395	5	3	8	50	35	85	145	126	271	159	211	370
Northampton	220	308	528	1	2	3	28	20	48	40	44	84	35	72	107
Taunton	249	255	504	2	3	5	28	21	49	57	44	101	47	64	111
Westborough	248	348	596	1	4	5	21	27	48	67	48	115	46	72	118
Worcester	423	450	873	6	2	8	49	16	65	85	70	155	81	121	202
Monson	87	103	190	3	5	8	16	16	32	19	26	45	20	23	43
McLean	33	53	86	–	–	–	3	5	8	5	8	13	8	7	15
Bridgewater	251	–	251	2	–	2	23	–	23	44	–	44	67	–	67
Tewksbury	18	132	150	–	–	–	1	3	4	1	8	9	5	26	31
Veterans' Adm. Facility No. 107	491	–	491	–	–	–	–	–	–	100	–	100	329	–	329
Veterans' Adm. Facility No. 95	193	–	193	–	–	–	–	–	–	40	–	40	135	–	135
Total	4,800	4,763	9,563	45	47	92	387	296	683	961	756	1,717	1,386	1,136	2,522

HOSPITALS	50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	87	134	221	64	96	160	19	33	52	3	5	8	–	2	2
Boston Psychopathic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Danvers	83	99	182	54	86	140	27	35	62	7	9	16	–	–	–
Foxborough	54	59	113	29	38	67	14	18	32	1	8	9	–	2	2
Gardner	80	91	171	51	60	111	11	13	24	4	5	9	1	–	1
Grafton	85	82	167	59	70	129	30	40	70	4	12	16	–	1	1
Medfield	74	106	180	60	102	162	35	49	84	2	4	6	–	1	1
Metropolitan	187	235	422	89	121	210	9	18	27	–	2	2	–	–	–
Northampton	59	83	142	33	60	93	20	21	41	4	6	10	–	–	–
Taunton	56	49	105	44	48	92	12	21	33	3	4	7	–	1	1
Westborough	49	84	133	43	66	109	17	36	53	4	10	14	–	1	1
Worcester	92	103	195	65	82	147	37	49	86	8	6	14	–	1	1
Monson	18	22	40	8	8	16	3	3	6	–	–	–	–	–	–
McLean	7	13	20	5	10	15	3	7	10	2	3	5	–	–	–
Bridgewater	55	–	55	38	–	38	18	–	18	4	–	4	–	–	–
Tewksbury	3	37	40	5	37	42	3	17	20	–	4	4	–	–	–
Veterans' Adm. Facility No. 107	46	–	46	16	–	16	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	14	–	14	4	–	4	–	–	–	–	–	–	–	–	–
Total	1,049	1,197	2,246	667	884	1,551	258	360	618	46	78	124	1	9	10

TABLE 239. — *Age at Admission of First Admissions Out (Visits, etc.) of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	73	114	187	7	10	17	14	15	29	15	23	38	12	20	32	12	17	29	7	18	25	6	10	16	–	1	1
Boston Psychopathic	24	9	33	–	–	–	2	4	6	5	2	7	8	1	9	9	1	10	–	1	1	–	–	–	–	–	–
Danvers	89	124	213	10	9	19	23	29	52	20	17	37	14	28	42	9	23	32	7	11	18	3	6	9	3	1	4
Foxborough	37	38	75	1	3	4	6	8	14	8	10	18	6	7	13	7	6	13	7	2	9	2	2	4	–	–	–
Gardner	29	75	104	1	–	1	8	6	14	5	24	29	7	18	25	5	19	24	2	6	8	1	1	2	–	1	1
Grafton	6	13	19	1	–	1	1	1	2	1	3	4	3	3	6	–	4	4	–	2	2	–	–	–	–	–	–
Medfield	39	37	76	9	4	13	5	4	9	11	8	19	5	6	11	2	8	10	5	5	10	2	2	4	–	–	–
Metropolitan	3	11	14	–	–	–	–	5	5	3	1	4	–	2	2	–	1	1	–	–	–	–	1	1	–	1	1
Northampton	125	120	245	13	10	23	24	25	49	27	28	55	26	27	53	22	16	38	9	8	17	2	5	7	2	1	3
Taunton	63	79	142	5	13	18	12	19	31	14	14	28	12	15	27	11	11	22	7	3	10	2	4	6	–	–	–
Westborough	90	88	178	8	5	13	17	19	36	19	16	35	23	19	42	11	17	28	7	8	15	5	3	8	–	1	1
Worcester	138	144	282	7	6	13	23	23	46	34	37	71	20	33	53	21	28	49	23	10	33	7	6	13	3	1	4
Monson	20	15	35	10	5	15	5	6	11	2	1	3	1	2	3	1	–	1	1	1	2	–	–	–	–	–	–
McLean	24	18	42	1	–	1	5	6	11	5	5	10	7	3	10	3	3	6	2	–	2	1	1	2	–	–	–
Tewksbury	–	2	2	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	9	–	9	–	–	–	–	–	–	6	–	6	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	6	–	6	–	–	–	–	–	–	2	–	2	3	–	3	–	–	–	1	–	1	–	–	–	–	–	–
Total	775	887	1,662	73	65	138	145	171	316	177	189	366	150	185	335	113	154	267	78	75	153	31	41	72	8	7	15

TABLE 240. — *Age at Admission of Readmissions Out (Visits, etc.) of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	48	69	117	6	4	10	13	15	28	3	11	14	12	19	31	8	13	21	4	5	9	2	2	4	–	–	–
Boston Psychopathic	–	4	4	–	–	–	–	3	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	56	82	138	3	7	10	15	12	27	12	20	32	8	21	29	9	16	25	8	5	13	1	–	1	–	1	1
Foxborough	20	29	49	–	1	1	2	5	7	7	6	13	5	8	13	4	7	11	1	2	3	1	–	1	–	–	–
Gardner	15	72	87	2	–	2	3	7	10	4	20	24	1	15	16	2	17	19	3	12	15	–	1	1	–	–	–
Grafton	6	17	23	1	1	2	1	2	3	–	4	4	2	6	8	1	3	4	1	–	1	–	1	1	–	–	–
Medfield	24	36	60	–	1	1	6	9	15	5	13	18	7	5	12	3	6	9	2	1	3	–	1	1	1	–	1
Metropolitan	19	26	45	2	1	3	3	7	10	7	4	11	3	10	13	3	4	7	1	–	1	–	–	–	–	–	–
Northampton	42	59	101	3	–	3	7	7	14	13	13	26	10	16	26	5	16	21	3	4	7	1	3	4	–	–	–
Taunton	34	30	64	3	3	6	9	8	17	8	7	15	7	4	11	3	3	6	3	3	6	1	2	3	–	–	–
Westborough	48	62	110	1	–	1	15	10	25	11	13	24	5	15	20	10	18	28	6	4	10	–	2	2	–	–	–
Worcester	92	115	207	4	–	4	16	20	36	19	23	42	30	27	57	15	27	42	8	15	23	–	3	3	–	–	–
Monson	13	7	20	1	2	3	4	2	6	4	2	6	3	1	4	1	–	1	–	–	–	–	–	–	–	–	–
McLean	11	12	23	–	–	–	3	–	3	4	5	9	2	4	6	1	1	2	1	1	2	–	1	1	–	–	–
Bridgewater	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	25	–	25	–	–	–	3	–	3	14	–	14	8	–	8	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	8	–	8	–	–	–	–	–	–	6	–	6	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Total	463	620	1,083	26	20	46	101	107	208	117	141	258	105	151	256	66	132	198	41	52	93	6	16	22	1	1	2

TABLE 241. — *Present Age of First Admissions Out (Visit, etc.) of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	73	114	187	3	5	8	16	16	32	16	19	35	8	25	33	16	17	33	8	21	29	5	9	14	1	2	3
Boston Psychopathic	24	9	33	–	–	–	1	4	5	6	2	8	8	1	9	9	1	10	–	1	1	–	–	–	–	–	–
Danvers	89	124	213	6	4	10	22	30	52	20	17	37	16	26	42	12	23	35	7	14	21	3	8	11	3	2	5
Foxborough	37	38	75	–	2	2	6	8	14	8	8	16	6	8	14	5	7	12	9	3	12	3	2	5	–	–	–
Gardner	29	75	104	–	–	–	6	2	8	5	2	7	2	13	15	8	25	33	6	26	32	2	5	7	–	2	2
Grafton	6	13	19	1	–	1	–	1	1	2	1	3	2	1	3	1	4	5	–	3	3	–	2	2	–	1	1
Medfield	39	37	76	7	1	8	6	7	13	12	7	19	3	6	9	4	8	12	5	4	9	2	4	6	–	–	–
Metropolitan	3	11	14	–	–	–	–	4	4	3	2	5	–	2	2	–	1	1	–	–	–	–	1	1	–	1	1
Northampton	125	120	245	6	7	13	20	26	46	35	22	57	23	28	51	24	21	45	12	9	21	2	5	7	3	2	5
Taunton	63	79	142	4	8	12	13	21	34	12	14	26	12	17	29	11	10	21	9	5	14	2	4	6	–	–	–
Westborough	90	88	178	7	1	8	13	20	33	22	17	39	22	18	40	12	11	23	8	14	22	6	5	11	–	2	2
Worcester	138	144	282	2	4	6	25	22	47	27	28	55	19	23	42	25	34	59	26	25	51	10	7	17	4	1	5
Monson	20	15	35	9	3	12	4	5	9	4	1	5	1	5	6	1	–	1	–	1	1	1	–	1	–	–	–
McLean	24	18	42	–	–	–	5	6	11	3	5	8	8	3	11	4	3	7	3	–	3	1	1	2	–	–	–
Tewksbury	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 107	9	–	9	–	–	–	–	–	–	2	–	2	7	–	7	–	–	–	–	–	–	–	–	–	–	–	–
Veterans' Adm. Fac. No. 95	6	–	6	–	–	–	–	–	–	1	–	1	4	–	4	–	–	–	1	–	1	–	–	–	–	–	–
Total	775	887	1,662	45	35	80	137	172	309	178	145	323	141	176	317	132	167	299	94	126	220	37	53	90	11	13	24

TABLE 242. — *Present Age of Readmissions Out (Visit, etc.) of Hospitals for Mental Diseases, September 30, 1937, by Hospital and Sex*

HOSPITALS	TOTAL			0–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60–69 YEARS			70–79 YEARS			80–89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	48	69	117	3	2	5	12	12	24	6	13	19	12	17	29	8	16	24	4	6	10	3	3	6	–	–	–
Boston Psychopathic	–	4	4	–	–	–	–	3	3	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Danvers	56	82	138	3	4	7	13	14	27	11	17	28	11	19	30	8	17	25	7	7	14	3	2	5	–	2	2
Foxborough	20	29	49	–	–	–	2	5	7	6	6	12	4	6	10	3	6	9	4	4	8	1	2	3	–	–	–
Gardner	15	72	87	2	–	2	3	4	7	3	7	10	1	11	12	2	18	20	4	20	24	–	12	12	–	–	–
Grafton	6	17	23	1	1	2	1	2	3	–	1	1	1	3	4	1	4	5	1	3	4	1	3	4	–	–	–
Medfield	24	36	60	–	–	–	4	8	12	6	15	21	5	2	7	6	6	12	2	4	6	–	1	1	1	–	1
Metropolitan	19	26	45	2	1	3	2	4	6	5	7	12	4	7	11	4	6	10	1	1	2	1	–	1	–	–	–
Northampton	42	59	101	1	–	1	7	7	14	10	11	21	13	17	30	7	13	20	2	7	9	2	4	6	–	–	–
Taunton	34	30	64	3	3	6	9	7	16	8	5	13	6	7	13	4	3	7	2	3	5	2	2	4	–	–	–
Westborough	48	62	110	–	–	–	11	9	20	10	13	23	5	12	17	13	15	28	7	8	15	1	4	5	1	1	2
Worcester	92	115	207	3	–	3	15	13	28	19	21	40	25	28	53	21	25	46	8	22	30	1	6	7	–	–	–
Monson	13	7	20	1	–	1	4	3	7	4	2	6	3	2	5	1	–	1	–	–	–	–	–	–	–	–	–
McLean	11	12	23	–	–	–	3	–	3	3	3	6	1	5	6	3	2	5	1	1	2	–	1	1	–	–	–
Bridgewater	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Tewksbury	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 107	25	–	25	–	–	–	–	–	–	6	–	6	17	–	17	2	–	2	–	–	–	–	–	–	–	–	–
Veterans' Adm. Facility No. 95	8	–	8	–	–	–	–	–	–	2	–	2	5	–	5	1	–	1	–	–	–	–	–	–	–	–	–
Total	463	620	1,083	19	11	30	86	91	177	99	121	220	114	136	250	85	132	217	43	86	129	15	40	55	2	3	5

TABLE 243. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	557	164	721	58	9	67	27	13	40	45	13	58	56	21	77	73	22	95	58	16	74
With other forms of syphilis	84	33	117	10	1	11	2	1	3	2	2	4	9	3	12	7	3	10	5	6	11
With epidemic encephalitis	62	33	95	1	–	1	2	–	2	5	–	5	7	4	11	3	4	7	5	1	6
With other infectious diseases	6	9	15	1	2	3	–	–	–	1	1	2	–	1	1	1	1	2	–	2	2
Alcoholic psychoses	1,130	198	1,328	78	14	92	42	4	46	61	11	72	87	21	108	75	18	93	63	6	69
Due to drugs, etc.	12	9	21	3	3	6	–	–	–	1	–	1	2	1	3	1	–	1	1	–	1
Traumatic psychoses	63	10	73	13	1	14	1	–	1	5	1	6	7	–	7	6	2	8	–	2	2
With cerebral arteriosclerosis	628	638	1,266	90	79	169	52	56	108	73	98	171	120	112	232	81	49	130	69	56	125
With other disturbances of circulation	15	17	32	1	1	2	2	–	2	1	1	2	3	3	6	5	2	7	1	1	2
With convulsive disorders (epilepsy)	494	485	979	18	14	32	10	8	18	47	17	64	32	34	66	30	35	65	34	24	58
Senile psychoses	212	400	612	24	52	76	15	39	54	15	52	67	32	65	97	24	42	66	27	26	53
Involutional psychoses	166	389	555	12	30	42	8	26	34	10	41	51	22	60	82	19	39	58	19	35	54
Due to other metabolic diseases, etc.	39	62	101	3	10	13	5	5	10	3	4	7	4	4	8	5	3	8	2	8	10
Due to new growth	3	3	6	1	–	1	–	–	–	1	–	1	–	–	–	–	2	2	–	–	–
With organic changes of nervous system	135	82	217	12	10	22	8	7	15	10	6	16	25	11	36	15	5	20	10	8	18
Psychoneuroses	82	101	183	18	13	31	5	11	16	10	9	19	11	18	29	9	10	19	6	6	12
Manic-depressive psychoses	732	1,247	1,979	57	106	163	52	86	138	53	78	131	89	147	236	69	118	187	56	69	125
Dementia praecox	5,915	6,080	11,995	162	179	341	124	132	256	213	168	381	346	361	707	304	384	688	253	284	537
Paranoia and paranoid conditions	216	442	658	16	9	25	9	21	30	8	34	42	34	52	86	24	49	73	10	31	41
With psychopathic personality	111	104	215	10	7	17	8	4	12	14	8	22	10	13	23	6	13	19	10	7	17
With mental deficiency	940	909	1,849	24	17	41	23	30	53	24	33	57	78	70	148	49	64	113	54	56	110
Undiagnosed psychoses	13	6	19	11	4	15	–	–	–	1	1	2	1	–	1	–	–	–	–	1	1
Without psychoses:																					
Alcoholism	14	4	18	12	4	16	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Disorders due to epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Psychopathic personality:																					
With pathological sexuality	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	4	3	7	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	5	1	6	4	–	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Epilepsy	2	1	3	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1
Mental deficiency:																					
Idiot	6	2	8	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Imbecile	18	13	31	–	1	1	1	–	1	1	1	2	1	1	2	–	1	1	2	–	2
Moron	26	13	39	3	5	8	1	–	1	–	–	–	1	1	2	2	–	2	–	–	–
Other non-psychotic diseases or conditions	12	7	19	5	1	6	1	–	1	–	1	1	1	2	3	–	–	–	1	–	1
No other condition	6	3	9	3	2	5	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Primary behavior disorders	7	2	9	5	2	7	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
Total With Mental Disorder	11,615	11,421	23,036	623	561	1,184	395	443	838	603	578	1,181	975	1,001	1,976	806	865	1,671	683	645	1,328
Total Without Mental Disorder	102	50	152	37	18	55	5	–	5	2	3	5	8	5	13	2	1	3	5	–	5
Grand Total	11,717	11,471	23,188	660	579	1,239	400	443	843	605	581	1,186	983	1,006	1,989	808	866	1,674	688	645	1,333

TABLE 243. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Concluded

MENTAL DISORDERS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–29 YEARS			30–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	36	8	44	132	34	166	54	14	68	13	8	21	3	6	9	2	–	2	–	–	–
With other forms of syphilis	9	1	10	25	7	32	12	3	15	3	2	5	–	4	4	–	–	–	–	–	–
With epidemic encephalitis	4	5	9	22	16	38	10	2	12	2	1	3	1	–	1	–	–	–	–	–	–
With other infectious diseases	–	–	–	1	–	1	–	2	2	1	–	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	49	9	58	292	44	336	118	18	136	86	19	105	133	30	163	40	4	44	6	–	6
Due to drugs, etc.	–	–	–	2	2	4	–	1	1	–	–	–	2	2	4	–	–	–	–	–	–
Traumatic psychoses	2	–	2	16	1	17	2	2	4	5	–	5	5	1	6	1	–	1	–	–	–
With cerebral arteriosclerosis	38	50	88	75	94	169	25	35	60	5	4	9	–	5	5	–	–	–	–	–	–
With other disturbances of circulation	–	2	2	1	3	4	–	2	2	–	2	2	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	31	13	44	117	109	226	73	73	146	48	66	114	47	74	121	7	17	24	–	1	1
Senile psychoses	14	20	34	46	65	111	9	26	35	6	10	16	–	2	2	–	1	1	–	–	–
Involutional psychoses	10	16	26	54	80	134	7	32	39	4	13	17	1	17	18	–	–	–	–	–	–
Due to other metabolic diseases, etc.	6	6	12	8	12	20	–	5	5	2	3	5	–	2	2	1	–	1	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	9	8	17	28	17	45	15	6	21	2	1	3	–	2	2	1	1	2	–	–	–
Psychoneuroses	4	5	9	13	15	28	4	11	15	2	1	3	–	2	2	–	–	–	–	–	–
Manic-depressive psychoses	46	64	110	174	285	459	66	130	196	27	70	97	31	72	103	6	19	25	6	3	9
Dementia praecox	257	235	492	1,529	1,502	3,031	851	955	1,806	631	699	1,330	836	855	1,691	338	269	607	71	57	128
Paranoia and paranoid conditions	17	27	44	53	102	155	21	61	82	14	25	39	6	21	27	2	10	12	2	–	2
With psychopathic personality	6	2	8	19	20	39	18	18	36	6	6	12	3	4	7	1	2	3	–	–	–
With mental deficiency	37	36	73	260	258	518	135	113	248	92	104	196	115	99	214	40	23	63	9	6	15
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Disorders due to epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological sexuality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With pathological emotionality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mental deficiency:																					
Idiot	2	–	2	–	–	–	2	1	3	–	1	1	–	–	–	1	–	1	–	–	–
Imbecile	–	–	–	2	4	6	5	–	5	1	1	2	4	2	6	1	2	3	–	–	–
Moron	–	–	–	5	1	6	3	1	4	3	1	4	7	4	11	1	–	1	–	–	–
Other non-psychotic diseases or conditions	–	–	–	1	1	2	1	–	1	–	1	1	1	1	2	1	–	1	–	–	–
No other condition	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	575	507	1,082	2,867	2,666	5,533	1,421	1,509	2,930	949	1,035	1,984	1,185	1,198	2,383	439	346	785	94	67	161
Total Without Mental Disorder	2	2	4	10	6	16	11	2	13	4	4	8	12	7	19	4	2	6	–	–	–
Grand Total	577	509	1,086	2,877	2,672	5,549	1,432	1,511	2,943	953	1,039	1,992	1,197	1,205	2,402	443	348	791	94	67	161

TABLE 244. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MOS.			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	402	118	520	43	8	51	22	9	31	34	11	45	45	14	59	49	15	64	49	11	60
With other forms of syphilis	61	25	86	5	1	6	–	1	1	2	2	4	7	1	8	6	1	7	4	6	10
With epidemic encephalitis	30	20	50	–	–	–	–	–	–	4	–	4	2	2	4	3	2	5	3	–	3
With other infectious diseases	6	7	13	1	2	3	–	–	–	1	–	1	–	1	1	1	1	2	–	2	2
Alcoholic psychoses	746	122	868	50	12	62	27	2	29	34	7	41	61	11	72	46	7	53	48	5	53
Due to drugs, etc.	7	6	13	3	2	5	–	–	–	1	–	1	1	1	2	1	–	1	1	–	1
Traumatic psychoses	38	8	46	10	1	11	1	–	1	1	1	2	5	–	5	4	2	6	–	1	1
With cerebral arteriosclerosis	532	524	1,056	83	68	151	45	43	88	65	86	151	102	93	195	63	40	103	58	46	104
With other disturbances of circulation	11	13	24	–	1	1	1	–	1	1	1	2	3	2	5	4	1	5	1	1	2
With convulsive disorders (epilepsy)	264	293	557	9	6	15	4	7	11	20	12	32	20	20	40	22	24	46	12	14	26
Senile psychoses	182	352	534	21	46	67	12	39	51	15	46	61	28	63	91	21	38	59	19	20	39
Involutional psychoses	120	270	390	11	22	33	6	18	24	7	31	38	18	47	65	10	30	40	13	18	31
Due to other metabolic diseases, etc.	33	46	79	2	10	12	4	5	9	3	2	5	4	4	8	5	1	6	2	6	8
Due to new growth	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	91	56	147	11	8	19	6	5	11	6	6	12	20	10	30	11	2	13	8	8	16
Psychoneuroses	43	59	102	11	8	19	4	5	9	7	8	15	4	11	15	3	7	10	2	3	5
Manic-depressive psychoses	315	567	882	19	48	67	29	35	64	20	39	59	45	70	115	25	53	78	31	37	68
Dementia praecox	3,231	3,385	6,616	79	105	184	50	75	125	113	84	197	184	181	365	167	199	366	139	133	272
Paranoia and paranoid conditions	142	281	423	12	5	17	6	13	19	4	17	21	22	36	58	18	30	48	9	17	26
With psychopathic personality	51	47	98	4	2	6	5	2	7	7	5	12	6	4	10	2	5	7	5	3	8
With mental deficiency	535	473	1,008	12	7	19	18	15	33	11	15	26	40	33	73	27	27	54	30	30	60
Undiagnosed psychoses	6	4	10	4	4	8	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	12	4	16	11	4	15	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological sexuality	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	4	1	5	4	1	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Mental deficiency:																					
Idiot	6	1	7	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Imbecile	12	12	24	–	1	1	1	–	1	–	1	1	1	1	2	–	1	1	1	–	1
Moron	15	5	20	2	3	5	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Other non-psychotic diseases or conditions	7	3	10	2	–	2	1	–	1	–	–	–	1	2	3	–	–	–	–	–	–
No other condition	5	3	8	3	2	5	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Primary behavior disorders	4	2	6	4	2	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	6,847	6,677	13,524	390	366	756	240	274	514	358	373	731	618	604	1,222	488	485	973	434	361	795
Total Without Mental Disorder	70	31	101	30	13	43	3	–	3	–	1	1	4	3	7	1	1	2	2	–	2
Grand Total	6,917	6,708	13,625	420	379	799	243	274	517	358	374	732	622	607	1,229	489	486	975	436	361	797

Table 244. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST ADMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Concluded

Mental Disorders	4 Years			5–9 Years			10–14 Years			15–19 Years			20–29 Years			30–39 Years			40 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	21	6	27	84	26	110	46	9	55	5	4	9	2	5	7	2	–	2	–	–	–
With other forms of syphilis	4	1	5	20	3	23	11	3	14	2	2	4	–	4	4	–	–	–	–	–	–
With epidemic encephalitis	–	4	4	11	10	21	5	1	6	1	1	2	1	–	1	–	–	–	–	–	–
With other infectious diseases	–	–	–	1	–	1	–	1	1	1	–	1	1	–	1	–	–	–	–	–	–
Alcoholic psychoses	37	5	42	171	21	192	81	12	93	53	12	65	99	25	124	35	3	38	4	–	4
Due to drugs, etc.	–	–	–	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Traumatic psychoses	2	–	2	8	1	9	1	2	3	2	–	2	3	–	3	1	–	1	–	–	–
With cerebral arteriosclerosis	33	41	74	59	72	131	21	28	49	3	3	6	–	4	4	–	–	–	–	–	–
With other disturbances of circulation	–	2	2	–	2	2	–	2	2	–	1	1	1	–	1	–	–	–	–	–	–
With convulsive disorders (epilepsy)	23	4	27	53	61	114	39	48	87	33	41	74	24	43	67	5	12	17	–	1	1
Senile psychoses	14	15	29	38	52	90	8	21	29	6	10	16	–	1	1	–	1	1	–	–	–
Involutional psychoses	8	9	17	36	55	91	6	23	29	4	8	12	1	9	10	–	–	–	–	–	–
Due to other metabolic diseases, etc.	6	3	9	6	9	15	–	3	3	1	2	3	–	1	1	–	–	–	–	–	–
Due to new growth	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	6	6	12	14	6	20	7	3	10	1	–	1	–	1	1	1	1	2	–	–	–
Psychoneuroses	2	2	4	6	5	11	3	8	11	1	1	2	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	18	27	45	71	131	202	34	61	95	9	25	34	11	30	41	2	9	11	1	2	3
Dementia praecox	133	143	276	623	692	1,315	470	581	1,051	393	398	791	590	559	1,149	234	191	425	56	44	100
Paranoia and paranoid conditions	12	19	31	23	62	85	18	43	61	10	15	25	4	17	21	2	7	9	2	–	2
With psychopathic personality	4	–	4	5	6	11	8	10	18	3	5	8	2	4	6	–	1	1	–	–	–
With mental deficiency	23	20	43	123	130	253	82	67	149	55	56	111	75	57	132	33	13	46	6	3	9
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological sexuality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mental deficiency:																					
Idiot	2	–	2	–	–	–	2	–	2	–	1	1	–	–	–	1	–	1	–	–	–
Imbecile	–	–	–	2	3	5	2	–	2	–	1	1	4	2	6	1	2	3	–	–	–
Moron	–	–	–	2	1	3	1	–	1	3	–	3	5	1	6	1	–	1	–	–	–
Other non-psychotic diseases or conditions	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–
No other condition	–	1	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	346	307	653	1,352	1,345	2,697	840	927	1,767	583	585	1,168	814	762	1,576	315	238	553	69	50	119
Total Without Mental Disorder	2	1	3	6	4	10	6	–	6	3	3	6	9	3	12	4	2	6	–	–	–
Grand Total	348	308	656	1,358	1,349	2,707	846	927	1,773	586	588	1,174	823	765	1,588	319	240	559	69	50	119

TABLE 245. — *Mental Disorders and Net Time in Institution during THIS Admission, READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MO.			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	155	46	201	15	1	16	5	4	9	11	2	13	11	7	18	24	7	31	9	5	14
With other forms of syphilis	23	8	31	5	–	5	2	–	2	–	–	–	2	2	4	1	2	3	1	–	1
With epidemic encephalitis	32	13	45	1	–	1	2	–	2	1	–	1	5	2	7	–	2	2	2	1	3
With other infectious diseases	–	2	2	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	384	76	460	28	2	30	15	2	17	27	4	31	26	10	36	29	11	40	15	1	16
Due to drugs, etc.	5	3	8	–	1	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Traumatic psychoses	25	2	27	3	–	3	–	–	–	4	–	4	2	–	2	2	–	2	–	1	1
With cerebral arteriosclerosis	96	114	210	7	11	18	7	13	20	8	12	20	18	19	37	18	9	27	11	10	21
With other disturbances of circulation	4	4	8	1	–	1	1	–	1	–	–	–	–	1	1	1	1	2	–	–	–
With convulsive disorders (epilepsy)	230	192	422	9	8	17	6	1	7	27	5	32	12	14	26	8	11	19	22	10	32
Senile psychoses	30	48	78	3	6	9	3	–	3	–	6	6	4	2	6	3	4	7	8	6	14
Involutional psychoses	46	119	165	1	8	9	2	8	10	3	10	13	4	13	17	9	9	18	6	17	23
Due to other metabolic diseases, etc.	6	16	22	1	–	1	1	–	1	–	2	2	–	–	–	–	2	2	–	2	2
Due to new growth	2	2	4	1	–	1	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–
With organic changes of nervous system	44	26	70	1	2	3	2	2	4	4	–	4	5	1	6	4	3	7	2	–	2
Psychoneuroses	39	42	81	7	5	12	1	6	7	3	1	4	7	7	14	6	3	9	4	3	7
Manic-depressive psychoses	417	680	1,097	38	58	96	23	51	74	33	39	72	44	77	121	44	65	109	25	32	57
Dementia praecox	2,684	2,695	5,379	83	74	157	74	57	131	100	84	184	162	180	342	137	185	322	114	151	265
Paranoia and paranoid conditions	74	161	235	4	4	8	3	8	11	4	17	21	12	16	28	6	19	25	1	14	15
With psychopathic personality	60	57	117	6	5	11	3	2	5	7	3	10	4	9	13	4	8	12	5	4	9
With mental deficiency	405	436	841	12	10	22	5	15	20	13	18	31	38	37	75	22	37	59	24	26	50
Undiagnosed psychoses	7	2	9	7	–	7	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
Without psychoses:																					
Alcoholism	2	–	2	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Disorders due to epidemic encephalitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Psychopathic personality:																					
With pathological emotionality	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	2	1	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Epilepsy	1	1	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Mental deficiency:																					
Idiot	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Imbecile	6	1	7	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Moron	11	8	19	1	2	3	1	–	1	–	–	–	1	1	2	1	–	1	–	–	–
Other non-psychotic diseases or conditions	5	4	9	3	1	4	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
No other condition	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	3	–	3	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
Total With Mental Disorder	4,768	4,744	9,512	233	195	428	155	169	324	245	205	450	257	397	754	318	380	698	249	284	533
Total Without Mental Disorder	32	19	51	7	5	12	2	–	2	2	2	4	4	2	6	1	–	1	3	–	3
Grand Total	4,800	4,763	9,563	240	200	440	157	169	326	247	207	454	361	399	760	319	380	699	252	284	536

TABLE 245. — *Mental Disorders and Net Time in Institution during THIS Admission, READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Concluded

MENTAL DISORDERS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–29 YEARS			30–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	15	2	17	48	8	56	8	5	13	8	4	12	1	1	2	–	–	–	–	–	–
With other forms of syphilis	5	–	5	5	4	9	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	4	1	5	11	6	17	5	1	6	1	–	1	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	12	4	16	121	23	144	37	6	43	33	7	40	34	5	39	5	1	6	2	–	2
Due to drugs, etc.	–	–	–	2	1	3	–	–	–	–	–	–	2	1	3	–	–	–	–	–	–
Traumatic psychoses	–	–	–	8	–	8	1	–	1	3	–	3	2	1	3	–	–	–	–	–	–
With cerebral arteriosclerosis	5	9	14	16	22	38	4	7	11	2	1	3	–	1	1	–	–	–	–	–	–
With other disturbances of circulation	–	–	–	1	1	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	9	17	64	48	112	34	25	59	15	25	40	23	31	54	2	5	7	–	–	–
Senile psychoses	–	5	5	8	13	21	1	5	6	–	–	–	–	1	1	–	–	–	–	–	–
Involutional psychoses	2	7	9	18	25	43	1	9	10	–	5	5	–	8	8	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	3	3	2	3	5	–	2	2	1	1	2	–	1	1	1	–	1	–	–	–
Due to new growth	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	3	2	5	14	11	25	8	3	11	1	1	2	–	1	1	–	–	–	–	–	–
Psychoneuroses	2	3	5	7	10	17	1	3	4	1	–	1	–	1	1	–	–	–	–	–	–
Manic-depressive psychoses	28	37	65	103	154	257	32	69	101	18	45	63	20	42	62	4	10	14	5	1	6
Dementia praecox	124	92	216	906	810	1,716	381	374	755	238	301	539	246	296	542	104	78	182	15	13	28
Paranoia and paranoid conditions	5	8	13	30	40	70	3	18	21	4	10	14	2	4	6	–	3	3	–	–	–
With psychopathic personality	2	2	4	14	14	28	10	8	18	3	1	4	1	–	1	1	1	2	–	–	–
With mental deficiency	14	16	30	137	128	265	53	46	99	37	48	85	40	42	82	7	10	17	3	3	6
Undiagnosed psychoses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses:																					
Alcoholism	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diorders due to epidemic encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Psychopathic personality:																					
With pathological emotionality	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With asocial or amoral trends	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mixed types	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mental deficiency																					
Idiot	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Imbecile	–	–	–	–	1	1	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–
Moron	–	–	–	3	–	3	2	1	3	–	1	1	2	3	5	–	–	–	–	–	–
Other non-psychotic diseases or conditions	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
No other condition	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Primary behavior disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	229	200	429	1,515	1,321	2,836	581	582	1,163	366	450	816	371	436	807	124	108	232	25	17	42
Total Without Mental Disorder	–	1	1	4	2	6	5	2	7	1	1	2	3	4	7	–	–	–	–	–	–
Grand Total	229	201	430	1,519	1,323	2,842	586	584	1,170	367	451	818	374	440	814	124	108	232	25	17	42

TABLE 246. — *Mental Disorders and Net Time in Institution during PREVIOUS Admissions, READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	155	46	201	31	18	49	32	7	39	23	1	24	23	5	28	15	3	18	10	3	13
With other forms of syphilis	23	8	31	5	3	8	3	–	3	7	1	8	1	1	2	4	–	4	–	–	–
With epidemic encephalitis	32	13	45	14	7	21	2	1	3	4	2	6	3	1	4	2	–	2	1	1	2
With other infectious diseases	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	384	76	460	109	13	122	41	2	43	43	11	54	38	10	48	31	6	37	14	7	21
Due to drugs, etc.	5	3	8	1	–	1	–	–	–	1	2	3	–	–	–	1	–	1	–	–	–
Traumatic psychoses	25	2	27	8	–	8	6	–	6	4	–	4	2	–	2	2	1	3	2	–	2
With cerebral arteriosclerosis	96	114	210	44	47	91	16	11	27	6	14	20	7	16	23	7	6	13	5	4	9
With other disturbances of circulation	4	4	8	2	2	4	–	1	1	–	–	–	1	–	1	1	1	2	–	–	–
With convulsive disorders (epilepsy)	230	192	422	75	47	122	33	26	59	29	29	58	27	16	43	13	14	27	11	9	20
Senile psychoses	30	48	78	10	21	31	2	6	8	2	2	4	6	5	11	4	3	7	2	2	4
Involutional psychoses	46	119	165	12	44	56	5	15	20	10	17	27	10	16	26	2	12	14	2	1	3
Due to other metabolic diseases, etc.	6	16	22	2	4	6	2	–	2	–	4	4	–	5	5	–	2	2	–	–	–
Due to new growth	2	2	4	1	–	1	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
With organic changes of nervous system	44	26	70	17	9	26	3	1	4	4	–	4	7	3	10	4	3	7	3	2	5
Psychoneuroses	39	42	81	18	19	37	6	5	11	5	7	12	7	4	11	1	1	2	–	4	4
Manic-depressive psychoses	417	680	1,097	87	108	195	50	82	132	58	118	176	75	102	177	34	58	92	30	41	71
Dementia praecox	2,684	2,695	5,379	404	410	814	199	211	410	343	288	631	365	357	722	235	213	448	188	149	337
Paranoia and paranoid conditions	74	161	235	22	46	68	8	11	19	6	20	26	10	18	28	4	14	18	6	11	17
With psychopathic personality	60	57	117	16	22	38	10	5	15	3	4	7	13	6	19	3	2	5	4	6	10
With mental deficiency	405	436	841	69	58	127	22	22	44	32	41	73	40	44	84	26	27	53	30	25	55
Undiagnosed psychoses	7	2	9	1	1	2	–	–	–	1	–	1	1	–	1	1	–	1	2	–	2
Without psychoses	29	19	48	5	2	7	4	2	6	3	1	4	–	1	1	2	2	4	1	1	2
Primary behavior disorders	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Total With Mental Disorder	4,768	4,744	9,512	948	881	1,829	440	407	847	581	561	1,142	637	609	1,246	390	366	756	310	265	575
Total Without Mental Disorder	32	19	51	6	2	8	4	2	6	3	1	4	–	1	1	3	2	5	1	1	2
Grand Total	4,800	4,763	9,563	954	883	1,837	444	409	853	584	562	1,146	637	610	1,247	393	368	761	311	266	577

TABLE 246. — *Mental Disorders and Net Time in Institution during PREVIOUS Admissions, READMISSIONS in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Concluded

MENTAL DISORDERS	4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–29 YEARS			30–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	2	8	10	5	15	4	2	6	1	–	1	–	–	–	–	–	–	–	–	–
With other forms of syphilis	1	–	1	1	3	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With epidemic encephalitis	1	–	1	3	1	4	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With other infectious diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	18	6	24	55	13	68	16	3	19	8	4	12	8	1	9	3	–	3	–	–	–
Due to drugs, etc.	–	–	–	–	1	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	3	4	7	6	8	14	1	3	4	–	–	–	–	1	1	1	–	1	–	–	–
With other disturbances of circulation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	8	14	22	15	24	39	10	8	18	6	3	9	1	2	3	2	–	2	–	–	–
Senile psychoses	3	2	5	–	4	4	–	2	2	–	1	1	1	–	1	–	–	–	–	–	–
Involutional psychoses	2	2	4	3	9	12	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–
Due to other metabolic diseases, etc.	–	–	–	2	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Due to new growth	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	1	–	1	5	5	10	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–
Psychoneuroses	–	–	–	2	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	16	27	43	49	87	136	14	37	51	3	11	14	1	7	8	–	2	2	–	–	–
Dementia praecox	145	125	270	434	446	880	187	227	414	98	145	243	64	98	162	18	24	42	4	2	6
Paranoia and paranoid conditions	5	7	12	4	22	26	7	6	13	1	3	4	1	3	4	–	–	–	–	–	–
With psychopathic personality	2	3	5	6	9	15	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–
With mental deficiency	15	26	41	53	76	129	51	46	97	28	38	66	34	24	58	5	9	14	–	–	–
Undiagnosed psychoses	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	2	3	5	6	4	10	4	1	5	2	2	4	–	–	–	–	–	–	–	–	–
Primary behavior disorders	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	227	219	446	649	718	1,367	297	338	635	146	207	353	110	136	246	29	35	64	4	2	6
Total Without Mental Disorder	3	3	6	6	4	10	4	1	5	2	2	4	–	–	–	–	–	–	–	–	–
Grand Total	230	222	452	655	722	1,377	301	339	640	148	209	357	110	136	246	29	35	64	4	2	6

TABLE 247. — *Color of Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			WHITE			BLACK[1]			MULATTO[2]			YELLOW[3]			OTHERS[4]		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	557	164	721	530	153	683	15	7	22	7	3	10	–	–	–	5	1	6
With other forms of syphilis	84	33	117	74	31	105	5	2	7	2	–	2	2	–	2	1	–	1
With epidemic encephalitis	62	33	95	61	32	93	1	1	2	–	–	–	–	–	–	–	–	–
With other infectious diseases	6	9	15	6	9	15	–	–	–	–	–	–	–	–	–	–	–	–
Alcoholic psychoses	1,130	198	1,328	1,104	189	1,293	20	9	29	3	–	3	1	–	1	2	–	2
Due to drugs, etc.	12	9	21	12	9	21	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic psychoses	63	10	73	62	10	72	1	–	1	–	–	–	–	–	–	–	–	–
With cerebral arteriosclerosis	628	638	1,266	613	615	1,228	11	22	33	1	–	1	1	–	1	2	1	3
With other disturbances of circulation	15	17	32	15	16	31	–	1	1	–	–	–	–	–	–	–	–	–
With convulsive disorders (epilepsy)	494	485	979	483	477	960	7	6	13	2	1	3	–	–	–	2	1	3
Senile psychoses	212	400	612	210	394	604	1	5	6	–	1	1	1	–	1	–	–	–
Involutional psychoses	166	389	555	166	387	553	–	–	–	–	1	1	–	–	–	–	1	1
Due to other metabolic diseases, etc.	39	62	101	38	61	99	1	1	2	–	–	–	–	–	–	–	–	–
Due to new growth	3	3	6	3	2	5	–	1	1	–	–	–	–	–	–	–	–	–
With organic changes of nervous system	135	82	217	133	80	213	2	2	4	–	–	–	–	–	–	–	–	–
Psychoneuroses	82	101	183	82	101	183	–	–	–	–	–	–	–	–	–	–	–	–
Manic-depressive psychoses	732	1,247	1,979	719	1,212	1,931	5	29	34	3	5	8	1	–	1	4	1	5
Dementia praecox	5,915	6,080	11,995	5,744	5,936	11,680	108	101	209	25	28	53	16	1	17	22	14	36
Paranoia and paranoid conditions	216	442	658	211	432	643	4	10	14	–	–	–	1	–	1	–	–	–
With psychopathic personality	111	104	215	106	100	206	4	3	7	–	1	1	–	–	–	1	–	1
With mental deficiency	940	909	1,849	917	885	1,802	19	19	38	2	2	4	–	–	–	2	3	5
Undiagnosed psychoses	13	6	19	13	6	19	–	–	–	–	–	–	–	–	–	–	–	–
Without psychoses	95	48	143	92	47	139	3	1	4	–	–	–	–	–	–	–	–	–
Primary behavior disorders	7	2	9	7	2	9	–	–	–	–	–	–	–	–	–	–	–	–
Total With Mental Disorder	11,615	11,421	23,036	11,302	11,137	22,439	204	219	423	45	42	87	23	1	24	41	22	63
Total Without Mental Disorder	102	50	152	99	49	148	3	1	4	–	–	–	–	–	–	–	–	–
Grand Total	11,717	11,471	23,188	11,401	11,186	22,587	207	220	427	45	42	87	23	1	24	41	22	63

[1] African black.
[2] African part black or mulatto.
[3] Chinese and Japanese.
[4] Includes Portuguese Brava and all others.

TABLE 248. — *Color in Admissions, Discharges, Deaths, Resident Population and Patients Out, 1937, First and Readmissions, by Sex*

	TOTAL			WHITE			BLACK[1]			MULATTO[2]			YELLOW[3]			OTHERS[4]			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admissions:																					
First admissions	2,770	2,215	4,985	2,697	2,159	4,856	48	44	92	2	1	3	8	–	8	15	11	26	–	–	–
Readmissions	1,012	789	1,801	985	769	1,754	10	17	27	4	2	6	5	–	5	8	1	9	–	–	–
Discharges:																					
First admissions	1,809	1,244	3,053	1,765	1,210	2,975	27	28	55	–	1	1	7	–	7	10	5	15	–	–	–
Readmissions	707	569	1,276	695	554	1,249	7	10	17	2	2	4	2	–	2	1	3	4	–	–	–
Deaths:																					
First admissions	831	749	1,580	806	719	1,525	16	26	42	2	3	5	4	–	4	3	1	4	–	–	–
Readmissions	192	202	394	187	199	386	4	2	6	–	1	1	–	–	–	1	–	1	–	–	–
Resident Population:																					
First admissions	6,917	6,708	13,625	6,716	6,552	13,268	135	114	249	30	26	56	13	–	13	23	16	39	–	–	–
Readmissions	4,800	4,763	9,563	4,685	4,634	9,319	72	106	178	15	16	31	10	1	11	18	6	24	–	–	–
Patients Out:																					
First admissions	775	887	1,662	758	875	1,633	12	9	21	3	1	4	1	–	1	1	2	3	–	–	–
Readmissions	463	620	1,083	454	613	1,067	6	6	12	1	–	1	–	–	–	2	–	2	–	1	1

[1] African black.
[2] African part black or mulatto.
[3] Chinese and Japanese.
[4] Includes Portuguese Brava and all others.

TABLE 249. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out of Institutions on September 30, 1937, by Status of Admission and Sex*

MENTAL DISORDERS	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	137	30	167	32	10	42	63	17	80	15	4	19	74	15	89	10	1	11
With other forms of syphilis	13	6	19	5	1	6	5	3	8	2	3	5	6	6	12	–	–	–
With epidemic encephalitis	6	1	7	4	–	4	3	2	5	1	1	2	3	1	4	2	–	2
With other infectious diseases	15	8	23	1	1	2	8	10	18	1	1	2	7	3	10	–	–	–
Alcoholic psychoses	386	67	453	138	17	155	323	53	376	116	13	129	50	15	65	24	2	26
Due to drugs, etc.	18	14	32	4	6	10	13	11	24	4	5	9	1	–	1	–	1	1
Traumatic psychoses	21	3	24	12	1	13	12	–	12	7	2	9	6	1	7	2	–	2
With cerebral arteriosclerosis	458	395	853	47	46	93	97	88	185	10	11	21	340	303	643	44	29	73
With other disturbances of circulation	28	28	56	3	2	5	5	11	16	–	1	1	25	16	41	1	2	3
With convulsive disorders (epilepsy)	51	45	96	37	17	54	29	30	59	22	9	31	20	15	35	11	9	20
Senile psychoses	95	207	302	8	16	24	12	32	44	3	3	6	90	141	231	3	17	20
Involutional psychoses	40	106	146	5	23	28	21	44	65	2	10	12	14	28	42	2	9	11
Due to other metabolic diseases, etc.	30	42	72	3	3	6	16	27	43	2	4	6	17	18	35	3	2	5
Due to new growth	8	2	10	1	1	2	4	–	4	–	–	–	4	3	7	–	1	1
With organic changes of nervous system	43	42	85	8	5	13	15	11	26	8	5	13	18	17	35	1	3	4
Psychoneuroses	131	135	266	49	35	84	127	130	257	33	41	74	1	–	1	2	2	4
Manic-depressive psychoses	198	273	471	158	251	409	163	211	374	129	198	327	19	24	43	19	31	50
Dementia praecox	364	382	746	259	197	456	236	208	444	137	114	251	104	113	217	57	78	135
Paranoia and paranoid conditions	50	57	107	14	30	44	23	26	49	5	23	28	4	17	21	2	7	9
With psychopathic personality	34	24	58	23	20	43	29	17	46	13	17	30	2	–	2	1	1	2
With mental deficiency	49	54	103	28	30	58	27	32	59	17	20	37	19	9	28	8	6	14
Undiagnosed psychoses	47	47	94	7	6	13	43	38	81	5	7	12	2	3	5	–	–	–
Without psychoses	450	193	643	160	62	222	437	190	627	170	68	238	5	1	6	–	1	1
Primary behavior disorders	98	54	152	6	9	15	98	53	151	5	9	14	–	–	–	–	–	–
Total With Mental Disorder	2,222	1,968	4,190	846	718	1,564	1,274	1,001	2,275	532	492	1,024	826	748	1,574	192	201	393
Total Without Mental Disorder	548	247	795	166	71	237	535	243	778	175	77	252	5	1	6	–	1	1
Grand Total	2,770	2,215	4,985	1,012	789	1,801	1,809	1,244	3,053	707	569	1,276	831	749	1,580	192	202	394

NOTE: — Admissions and discharges do not include transfers.

TABLE 249. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out of Institutions on September 30, 1937, by Status of Admission and Sex* — Concluded

MENTAL DISORDERS	RESIDENT POPULATION						CASES OUT OF INSTITUTION					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	402	118	520	155	146	201	50	18	68	10	8	18
With other forms of syphilis	61	25	86	23	8	31	4	3	7	2	2	4
With epidemic encephalitis	30	20	50	32	13	45	4	2	6	1	5	6
With other infectious diseases	6	7	13	–	2	2	3	1	4	–	–	–
Alcoholic psychoses	746	122	868	384	76	460	124	21	145	54	10	64
Due to drugs, etc.	7	6	13	5	3	8	2	4	6	2	1	3
Traumatic psychoses	38	8	46	25	2	27	5	5	10	3	–	3
With cerebral arteriosclerosis	532	524	1,056	96	114	210	70	58	128	12	19	31
With other disturbances of circulation	11	13	24	4	4	8	5	13	18	1	3	4
With convulsive disorders (epilepsy)	264	293	557	230	192	422	24	25	49	17	12	29
Senile psychoses	182	352	534	30	48	78	14	33	47	2	8	10
Involutional psychoses	120	270	390	46	119	165	26	63	89	5	18	23
Due to other metabolic diseases, etc.	33	46	79	6	16	22	6	19	25	–	4	4
Due to new growth	1	1	2	2	2	4	1	–	1	1	–	1
With organic changes of nervous system	91	56	147	44	26	70	12	13	25	4	8	12
Psychoneuroses	43	59	102	39	42	81	16	39	55	20	26	46
Manic-depressive psychoses	315	567	882	417	680	1,097	125	169	294	118	205	323
Dementia praecox	3,231	3,385	6,616	2,684	2,695	5,379	211	311	522	168	204	372
Paranoia and paranoid conditions	142	281	423	74	161	235	18	28	46	7	19	26
With psychopathic personality	51	47	98	60	57	117	13	14	27	11	20	31
With mental deficiency	535	473	1,008	405	436	841	30	36	66	18	37	55
Undiagnosed psychoses	6	4	10	7	2	9	2	4	6	–	6	6
Without psychoses	66	29	95	29	19	48	10	8	18	7	5	12
Primary behavior disorders	4	2	6	3	–	3	–	–	–	–	–	–
Total With Mental Disorder	6,847	6,677	13,524	4,768	4,744	9,512	765	879	1,644	456	615	1,071
Total Without Mental Disorder	70	31	101	32	19	51	10	8	18	7	5	12
Grand Total	6,917	6,708	13,625	4,800	4,763	9,563	775	887	1,662	463	620	1,083

NOTE: — Admissions and discharges do not include tranfers.

Table 250. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out on September 30, 1937, by Status of Admission and Sex*

	Mental Disorders	Admissions						Discharges						Deaths					
		first admissions			readmissions			first admissions			readmissions			first admissions			readmissions		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I.	*Psychoses Due to or Associated with Infection:*	171	45	216	42	12	54	79	32	111	19	9	28	90	25	115	12	1	13
	Syphilis of the Centfal Nervous System:																		
	Meningo encephalitic type (general paresis)	137	30	167	32	10	42	63	17	80	15	4	19	74	15	89	10	1	11
	Meningo-vascular type (cerebral syphilis)	5	1	6	3	–	3	2	3	5	1	1	2	5	2	7	–	–	–
	With intracranial gumma	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Other types	8	5	13	2	1	3	3	–	3	1	2	3	1	4	5	–	–	–
	With epidemic encephalitis	6	1	7	4	–	4	3	2	5	1	1	2	3	1	4	2	–	2
	With tuberculous meningitis	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
	With meningitis (unspecified)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	With acute chorea (Sydenham's)	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
	With other infectious disease	9	5	14	1	–	1	4	6	10	1	–	1	4	2	6	–	–	–
	Post-infectious psychoses	6	2	8	–	–	–	4	3	7	–	1	1	3	–	3	–	–	–
II.	*Psychoses Due to Intoxication:*	404	81	485	142	23	165	336	64	400	120	18	138	51	15	66	24	3	27
	Due to Alcohol:																		
	Pathological intoxication	15	6	21	7	2	9	25	6	31	4	–	4	2	–	2	1	–	1
	Delirium tremens	148	13	161	44	4	48	136	14	150	42	3	45	9	–	9	–	–	–
	Korsakow's psychosis	29	14	43	5	2	7	10	3	13	2	2	4	11	6	17	2	1	3
	Acute hallucinosis	70	14	84	15	3	18	73	15	88	25	2	27	4	–	4	1	–	1
	Other types	124	20	144	67	6	73	79	15	94	43	6	49	24	9	33	20	1	21
	Due to Drugs or Other Exogenous Poisons:																		
	Due to metals	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Due to gases	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Due to opium and derivatives	2	–	2	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–
	Due to other drugs	14	14	28	3	6	9	12	11	23	3	4	7	1	–	1	–	1	1
III.	*Psychoses Due to Trauma:*	21	3	24	12	1	13	12	–	12	7	2	9	6	1	7	2	–	2
	Traumatic delirium	5	2	7	–	–	–	3	–	3	–	–	–	–	–	–	1	–	1
	Post-traumatic personality disorders	5	–	5	5	–	5	3	–	3	2	–	2	–	–	–	1	–	1
	Post-traumatic mental deterioration	6	1	7	3	1	4	4	–	4	3	2	5	5	1	6	–	–	–
	Other types	5	–	5	4	–	4	2	–	2	2	–	2	1	–	1	–	–	–
IV.	*Psychoses Due to Disturbances of Circulation:*	486	423	909	50	48	98	102	99	201	10	12	22	365	319	684	45	31	76
	With cerebral arteriosclerosis	458	395	853	47	46	93	97	88	185	10	11	21	340	303	643	44	29	73
	With cerebral embolism	–	2	2	1	–	1	–	2	2	–	–	–	1	1	2	–	–	–
	With cardio-renal disease	19	15	34	1	1	2	3	3	6	–	1	1	15	13	28	1	1	2
	Other types	9	11	20	1	1	2	2	6	8	–	–	–	9	2	11	–	1	1
V.	*Psychoses Due to Convulsive Disorders (Epilepsy):*	51	45	96	37	17	54	29	30	59	22	9	31	20	15	35	11	9	20
	Epileptic deterioration	38	30	68	24	8	32	19	15	34	10	6	16	16	14	30	10	7	17
	Epileptic clouded states	8	14	22	11	8	19	8	11	19	11	3	14	2	1	3	1	2	3
	Other epileptic types	5	1	6	2	1	3	2	4	6	1	–	1	2	–	2	–	–	–
VI.	*Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:*	165	355	520	16	42	58	49	103	152	7	17	24	121	187	308	8	28	36
	Senile Psychoses:																		
	Simple deterioration	58	121	179	3	5	8	6	20	26	1	–	1	58	95	153	2	8	10

TABLE 250. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out on September 30, 1937, by Status of Admission and Sex* — Continued

MENTAL DISORDERS	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Presbyophrenic type	4	17	21	–	–	–	1	2	3	1	–	1	9	8	17	1	–	1
Delirious and confused types	4	8	12	–	3	3	–	3	3	–	1	1	6	8	14	–	2	2
Depressed and agitated types	7	15	22	2	4	6	1	1	2	–	–	–	5	7	12	–	4	4
Paranoid types	22	46	68	3	4	7	4	6	10	1	2	3	12	23	35	–	3	3
Involutional psychoses:																		
Melancholia	34	64	98	3	17	20	18	34	52	1	8	9	11	25	36	1	8	9
Paranoid types	4	32	36	1	6	7	2	6	8	–	2	2	3	3	6	1	1	2
Other types	2	10	12	1	–	1	1	4	5	1	–	1	–	–	–	–	–	–
With diseases of the endocrine glands	1	3	4	–	1	1	2	2	4	2	1	3	2	1	3	–	1	1
Exhaustion delirium	1	2	3	–	–	–	1	3	4	–	–	–	–	–	–	–	–	–
Alzheimer's disease	2	4	6	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–
With pellagra	1	1	2	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–
With other somatic diseases	25	32	57	3	2	5	13	22	35	–	3	3	13	13	26	3	1	4
VII. *Psychoses Due to New Growth:*	8	2	10	1	1	2	4	–	4	–	–	–	4	3	7	–	1	1
With intracranial neoplasms	5	–	5	1	–	1	3	–	3	–	–	–	2	1	3	–	–	–
With other neoplasms	3	2	5	–	1	1	1	–	1	–	–	–	2	2	4	–	1	1
VIII. *Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:*	43	42	85	8	5	13	15	11	26	8	5	13	18	17	35	1	3	4
With multiple sclerosis	3	2	5	–	1	1	1	–	1	1	–	1	–	–	–	–	1	1
With paralysis agitans	1	2	3	–	–	–	–	1	1	1	–	1	2	–	2	–	1	1
With Huntington's chorea	4	3	7	–	–	–	1	–	1	–	–	–	3	5	8	1	–	1
With other brain or nervous diseases	35	35	70	8	4	12	13	10	23	6	5	11	13	12	25	–	1	1
IX. *Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:*	826	925	1,751	531	563	1,094	605	624	1,229	334	413	747	149	163	312	89	125	214
Psychoneuroses:																		
Anxiety hysteria	5	5	10	–	4	4	5	7	12	1	3	4	–	–	–	–	–	–
Conversion hysteria:																		
Anesthetic type	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paralytic type	–	2	2	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–
Hyperkinetic type	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Paresthetic type	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Autonomic type	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Amnesic type	6	1	7	2	2	4	6	2	8	1	2	3	–	–	–	–	–	–
Mixed hysterical psychoneurosis	6	5	11	3	3	6	6	5	11	1	6	7	–	–	–	–	–	–
Psychasthenia or compulsive states:																		
Obsession	6	4	10	4	1	5	6	8	14	3	4	7	–	–	–	–	–	–
Compulsive tics and spasms	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Phobia	2	1	3	1	–	1	2	2	4	1	–	1	–	–	–	–	–	–
Mixed compulsive states	1	3	4	2	1	3	1	3	4	2	–	2	–	–	–	–	–	–
Neurasthenia	5	4	9	4	4	8	5	7	12	5	3	8	–	–	–	1	1	2
Hypochondriasis	15	12	27	2	6	8	16	7	23	2	6	8	–	–	–	–	–	–
Reactive depression	47	65	112	10	6	16	46	60	106	7	10	17	–	–	–	–	1	1
Anxiety state	5	1	6	1	1	2	7	3	10	–	1	1	–	–	–	–	–	–

Mixed psychoneurosis	31	31	62	19	7	26	24	24	48	10	6	16	1	–	1	–	–	–
Manic-depressive Psychoses:																		
Manic type	72	93	165	85	120	205	56	63	119	66	88	154	7	6	13	8	14	22
Depressive type	100	133	233	53	86	139	90	116	206	47	87	134	9	17	26	6	11	17
Circular type	–	–	–	–	–	–	–	1	1	2	2	4	1	–	1	2	3	5
Mixed type	18	30	48	11	23	34	8	13	21	7	15	22	2	1	3	2	2	4
Perplexed type	3	2	5	–	5	5	–	4	4	1	–	1	–	–	–	–	–	–
Stuperous type	–	5	5	1	4	5	4	8	12	2	1	3	–	–	–	–	1	1
Other types	5	10	15	8	13	21	5	6	11	4	5	9	–	–	–	1	–	1
Dementia praecox (schizophrenia):																		
Simple type	20	14	34	20	5	25	15	11	26	15	3	18	4	3	7	3	–	3
Hebephrenic type	63	49	112	52	31	83	35	21	56	24	16	40	33	22	55	19	22	41
Catatonic type	106	112	218	70	77	147	78	72	150	46	48	94	26	18	44	8	19	27
Paranoid type	134	173	307	84	71	155	72	82	154	38	39	77	35	65	100	26	29	55
Other types	41	34	75	33	13	46	36	22	58	14	8	22	6	5	11	1	8	9
Paranoia	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
Paranoid conditions	49	57	106	14	30	44	23	26	49	5	23	28	2	17	19	2	7	9
With psychopathic personality	34	24	58	23	20	43	29	17	46	13	17	30	2	–	2	1	1	2
With mental deficiency:																		
Idiot	3	5	8	2	1	3	–	–	–	–	–	–	2	1	3	2	2	4
Imbecile	8	14	22	8	8	16	6	9	15	4	4	8	9	2	11	3	2	5
Moron	32	29	61	17	19	36	16	21	37	13	15	28	6	4	10	3	2	5
Unknown	6	6	12	1	2	3	5	2	7	–	1	1	2	2	4	–	–	–
X. *Undiagnosed Psychoses:*	47	47	94	7	6	13	43	38	81	5	7	12	2	3	5	–	–	–
XI. *Without Psychoses:*	450	193	643	160	62	222	437	190	627	170	68	238	5	1	6	–	1	1
Alcoholism	179	46	225	66	17	83	173	42	215	68	20	88	1	–	1	–	–	–
Drug addiction	1	5	6	3	1	4	1	6	7	4	–	4	–	–	–	–	–	–
Disorders due to epidemic encephalitis	6	–	6	–	–	–	6	–	6	–	–	–	–	–	–	–	–	–
Psychopathic personality:																		
With pathological sexuality	12	–	12	1	1	2	11	–	11	1	1	2	–	–	–	–	–	–
With pathological emotionality	11	19	30	4	7	11	13	24	37	4	8	12	–	–	–	–	–	–
With asocial or amoral trends	38	14	52	18	11	29	34	13	47	19	10	29	–	–	–	–	–	–
Mixed types	25	3	28	15	1	16	23	5	28	16	1	17	–	–	–	–	–	–
Epilepsy	12	8	20	8	–	8	11	7	18	9	–	9	–	–	–	–	–	–
Mental deficiency:																		
Idiot	1	2	3	–	–	–	1	1	2	–	1	1	1	–	1	–	–	–
Imbecile	8	5	13	1	3	4	7	4	11	2	4	6	1	–	1	–	1	1
Moron	34	33	67	8	7	15	34	31	65	11	7	18	–	–	–	–	–	–
Other non-psychotic diseases or conditions	63	32	95	22	8	30	63	33	96	22	9	31	2	–	2	–	–	–
No other condition	60	26	86	14	6	20	60	24	84	14	7	21	–	1	1	–	–	–
XII. *Primary Behavior Disorders:*	98	54	152	6	9	15	98	53	151	5	9	14	–	–	–	–	–	–
Simple adult maladjustment	66	27	93	6	7	13	62	26	88	5	7	12	–	–	–	–	–	–
Primary behavior disorders in children:																		
Habit disturbance	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Conduct disturbance	32	26	58	–	2	2	36	26	62	–	2	2	–	–	–	–	–	–
Neurotic traits	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
XIII. Grand Total	2,770	2,215	4,985	1,012	789	1,801	1,809	1,244	3,053	707	569	1,276	831	749	1,580	192	202	394

Note: — Admissions and discharges do not include transfers.

TABLE 250. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out on September 30, 1937, by Status of Admission and Sex* — Continued

Mental Disorders	Resident Population						Patients Out on Visit, Etc.					
	First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I. *Psychoses Due to or Associated with Infection:* —	499	170	669	210	69	279	61	24	85	13	15	28
Syphilis of the Central Nervous System:												
Meningo-encephalitic type (general paresis)	402	118	520	155	46	201	50	18	68	10	8	18
Meningo-vascular type (cerebral syphilis)	43	16	59	17	6	23	2	1	3	1	1	2
With intracranial gumma	2	1	3	–	–	–	–	–	–	1	–	1
Other types	16	8	24	6	2	8	2	2	4	–	1	1
With epidemic encephalitis	30	20	50	32	13	45	4	2	6	1	5	6
With tuberculous meningitis	–	–	–	–	–	–	–	–	–	–	–	–
With meningitis (unspecified)	–	–	–	–	–	–	–	–	–	–	–	–
With acute chorea (Sydenham's)	–	–	–	–	1	1	–	–	–	–	–	–
With other infectious disease	4	7	11	–	1	1	2	1	3	–	–	–
Post-infectious psychoses	2	–	2	–	–	–	1	–	1	–	–	–
II. *Psychoses Due to Intoxication:* —	753	128	881	389	79	468	126	25	151	56	11	67
Due to Alcohol:												
Pathological intoxication	18	2	20	8	4	12	7	1	8	2	1	3
Delirium tremens	14	–	14	10	1	11	24	3	27	3	–	3
Korsakow's psychosis	90	26	116	27	5	32	9	4	13	–	1	1
Acute hallucinosis	85	8	93	20	4	24	31	6	37	17	2	19
Other types	539	86	625	319	62	381	53	7	60	32	6	38
Due to Drugs or Other Exogenous Poisons:												
Due to metals	1	1	2	–	–	–	–	–	–	–	–	–
Due to gases	2	–	2	–	–	–	–	–	–	–	–	–
Due to opium and derivatives	–	2	2	1	–	1	1	–	1	–	–	–
Due to other drugs	4	3	7	4	3	7	1	4	5	2	1	3
III. *Psychoses Due to Trauma:* —	38	8	46	25	2	27	5	5	10	3	–	3
Traumatic delirium	9	1	10	–	1	1	3	2	5	–	–	–
Post-traumatic personality disorders	6	1	7	9	1	10	2	2	4	1	–	1
Post-traumatic mental deterioration	19	6	25	13	–	13	–	1	1	1	–	1
Other types	4	–	4	3	–	3	–	–	–	1	–	1
IV. *Psychoses Due to Disturbance of Circulation:* —	543	537	1,080	100	118	218	75	71	146	13	22	35
With cerebral arteriosclerosis	532	524	1,056	96	114	210	70	58	128	12	19	31
With cerebral embolism	3	4	7	1	2	3	–	1	1	–	–	–
With cardio-renal disease	4	8	12	–	2	2	2	7	9	–	2	2
Other types	4	1	5	3	–	3	3	5	8	1	1	2
V. *Psychoses Due to Convulsive Disorders (Epilepsy):* —	264	293	557	230	192	422	24	25	49	17	12	29
Epileptic deterioration	227	273	500	187	161	348	21	16	37	16	8	24
Epileptic clouded states	26	18	44	37	28	65	1	6	7	1	4	5
Other epileptic types	11	2	13	6	3	9	2	3	5	–	–	–
VI. *Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:*—	335	668	1,003	82	183	265	46	115	161	7	30	37
Senile Psychoses:												
Simple deterioration	80	143	223	14	20	34	7	13	20	2	2	4

Presbyophrenic type	8	28	36	1	1	2	–	1	1	–	–	–
Delirious and confused types	4	4	8	1	1	2	–	1	1	–	1	1
Depressed and agitated types	20	36	56	5	7	12	3	5	8	–	4	4
Paranoid types	70	141	211	9	19	28	4	13	17	–	1	1
Involutional psychoses:												
Melancholia	108	200	308	43	80	123	21	35	56	3	11	14
Paranoid types	5	55	60	1	35	36	2	23	25	2	4	6
Other types	7	15	22	2	4	6	3	5	8	–	3	3
With diseases of the endocrine glands	2	9	11	1	6	7	–	3	3	–	–	–
Exhaustion delirium	2	1	3	–	3	3	3	3	6	–	1	1
Alzheimer's disease	1	8	9	1	1	2	1	–	1	–	–	–
With pellagra	2	2	4	–	1	1	–	–	–	–	–	–
With other somatic diseases	26	26	52	4	5	9	2	13	15	–	3	3
VII. *Psychoses Due to New Growth:* —	1	1	2	2	2	4	1	–	1	1	–	1
With intracranial neoplasms	1	1	2	2	2	4	–	–	–	1	–	1
With other neoplasms	–	–	–	–	–	–	1	–	1	–	–	–
VIII. *Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:*–	91	56	147	44	26	70	12	13	25	4	8	12
With multiple sclerosis	9	6	15	7	2	9	1	1	2	–	3	3
With paralysis agitans	6	3	9	1	4	5	–	–	–	1	–	1
With Huntington's chorea	7	7	14	3	–	3	1	–	1	–	–	–
With other brain or nervous diseases	69	40	109	33	20	53	10	12	22	3	5	8
IX. *Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:* —	4,317	4,812	9,129	3,679	4,071	7,750	413	597	1,010	342	511	853
Psychoneuroses:												
Anxiety hysteria	2	–	2	3	2	5	1	4	5	–	4	4
Conversion hysteria:												
Anesthetic type	–	–	–	–	–	–	–	1	1	–	–	–
Paralytic type	–	2	2	1	–	1	–	–	–	–	–	–
Hyperkinetic type	1	–	1	–	2	2	–	–	–	–	1	1
Paresthetic type	–	–	–	–	–	–	–	–	–	–	–	–
Autonomic type	–	–	–	–	2	2	–	–	–	–	–	–
Amnesic type	2	–	2	1	–	1	–	–	–	–	–	–
Mixed hysterical psychoneurosis	3	4	7	3	–	3	–	–	–	1	1	2
Psychasthenia or compulsive states:												
Obsession	2	6	8	4	2	6	–	4	4	4	1	5
Compulsive tics and spasms	–	1	1	1	–	1	–	–	–	–	–	–
Phobia	3	2	5	1	2	3	1	–	1	–	2	2
Mixed compulsive states	–	2	2	–	4	4	–	3	3	1	–	1
Neurasthenia	6	13	19	9	11	20	3	5	8	2	5	7
Hypochondriasis	–	4	4	6	4	10	2	4	6	2	1	3
Reactive depression	12	12	24	3	6	9	4	10	14	3	3	6
Anxiety state	1	2	3	1	1	2	1	2	3	–	1	1
Mixed psychoneurosis	11	11	22	6	6	12	4	6	10	7	7	14
Manic-depressive Psychoses:												
Manic type	90	181	271	173	323	496	46	62	108	64	109	173
Depressive type	184	269	453	176	235	411	56	75	131	41	66	107
Circular type	5	12	17	19	26	45	–	2	2	1	4	5
Mixed type	16	60	76	34	57	91	15	17	32	6	15	21
Perplexed type	2	2	4	2	7	9	3	3	6	–	1	1
Stuporous type	7	30	37	6	12	18	2	3	5	2	4	6
Other types	11	13	24	7	20	27	3	7	10	4	6	10

TABLE 250. — *Mental Disorders of Admissions, Discharges, Deaths, 1937, Cases in Residence and Cases Out on September 30, 1937, by Status of Admission and Sex* —Concluded

MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox (schizophrenia):												
Simple type	160	96	256	115	77	192	11	22	33	8	11	19
Hebephrenic type	1,083	933	2,016	1,040	875	1,915	45	56	101	42	35	77
Catatonic type	749	798	1,547	581	594	1,175	76	94	170	59	66	125
Paranoid type	1,080	1,432	2,512	823	1,065	1,888	63	116	179	41	71	112
Other types	159	126	285	125	84	209	16	23	39	18	21	39
Paranoia	7	9	16	4	3	7	–	2	2	–	–	–
Paranoid conditions	135	272	407	70	158	228	18	26	44	7	19	26
With psychopathic personality	51	47	98	60	57	117	13	14	27	11	20	31
With mental deficiency:												
Idiot	38	31	69	26	28	54	–	–	–	1	–	1
Imbecile	202	194	396	178	178	356	9	7	16	6	9	15
Moron	278	224	502	191	219	410	20	27	47	11	26	37
Unknown	17	24	41	10	11	21	1	2	3	–	2	2
X. *Undiagnosed Psychoses:* —	6	4	10	7	2	9	2	4	6	–	6	6
XI. *Without Psychosis:* —	66	29	95	29	19	48	10	8	18	7	5	12
Alcoholism	12	4	16	2	–	2	5	1	6	2	2	4
Drug addiction	–	–	–	–	–	–	–	–	–	–	1	1
Disorders due to epidemic encephalitis	–	–	–	1	–	1	–	–	–	–	–	–
Psychopathic personality:												
With pathological sexuality	1	–	1	–	–	–	–	–	–	–	–	–
With pathological emotionality	–	–	–	–	1	1	–	–	–	–	–	–
With asocial or amoral trends	4	1	5	–	2	2	–	1	1	1	–	1
Mixed types	3	–	3	2	1	3	1	–	1	1	–	1
Epilepsy	1	–	1	1	1	2	–	–	–	–	–	–
Mental deficiency:												
Idiot	6	1	7	–	1	1	–	–	–	–	–	–
Imbecile	12	12	24	6	1	7	1	4	5	–	–	–
Moron	15	5	20	11	8	19	1	2	3	2	1	3
Other non-psychotic diseases or conditions	7	3	10	5	4	9	–	–	–	1	1	2
No other condition	5	3	8	1	–	1	2	–	2	–	–	–
XII. *Primary Behavior Disorders:* —	4	2	6	3	–	3	–	–	–	–	–	–
Simple adult maladjustment	4	2	6	2	–	2	–	–	–	–	–	–
Primary behavior disorders in children:												
Habit disturbance	–	–	–	–	–	–	–	–	–	–	–	–
Conduct disturbance	–	–	–	1	–	1	–	–	–	–	–	–
Neurotic traits	–	–	–	–	–	–	–	–	–	–	–	–
XIII. Grand Total	6,917	6,708	13.625	4,800	4,763	9,563	775	887	1,662	463	620	1,083

NOTE: — Admissions and discharges do not include transfers.

TABLE 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex*

COUNTY AND CITY OR TOWN	ADMISSIONS 1937			RESIDENT POPULATION SEPT. 30, 1937		
	M.	F.	T.	M.	F.	T.
Barnstable						
Barnstable	10	8	18	16	13	29
Bourne	–	1	1	5	5	10
Brewster	1	–	1	2	2	4
Chatham	–	–	–	6	4	10
Dennis	3	3	6	6	7	13
Eastham	–	–	–	2	–	2
Falmouth	10	2	12	10	7	17
Harwich	2	1	3	7	8	15
Mashpee	1	–	1	1	–	1
Orleans	2	2	4	5	2	7
Provincetown	1	2	3	3	10	13
Sandwich	3	2	5	2	5	7
Truro	1	1	2	1	2	3
Wellfleet	–	–	–	–	3	3
Yarmouth	5	2	7	5	3	8
Total	39	24	63	71	71	142
Berkshire						
Adams	13	11	24	32	33	65
Alford	1	–	1	–	–	–
Becket	–	1	1	2	2	4
Cheshire	–	–	–	5	2	7
Clarksburg	–	–	–	1	1	2
Dalton	1	2	3	7	11	18
Egremont	2	–	2	2	2	4
Florida	–	1	1	–	1	1
Great Barrington	5	3	8	13	13	26
Hancock	1	–	1	–	1	1
Hinsdale	–	–	–	2	–	2
Lanesborough	1	–	1	3	1	4
Lee	2	4	6	14	7	21
Lenox	1	2	3	10	10	20
Monterey	–	1	1	1	1	2
New Marlborough	1	1	2	4	2	6
North Adams	18	11	29	72	60	132
Otis	–	–	–	3	2	5
Pittsfield	26	26	52	129	99	228
Richmond	–	–	–	1	1	2
Sandisfield	–	–	–	3	2	5
Savoy	–	–	–	1	1	2
Sheffield	2	1	3	5	4	9
Stockbridge	1	–	1	2	6	8
Washington	–	–	–	1	–	1
West Stockbridge	2	1	3	2	1	3
Williamstown	–	2	2	5	15	20
Windsor	–	–	–	2	2	4
Total	77	67	144	322	280	602
Bristol						
Acushnet	1	1	2	12	4	16
Attleboro	24	13	37	70	66	136
Berkley	–	1	1	1	2	3
Dartmouth	8	3	11	15	14	29
Dighton	2	1	3	6	6	12
Easton	3	5	8	8	13	21
Fairhaven	9	8	17	17	25	42
Fall River	46	40	86	287	297	584
Freetown	–	–	–	4	4	8
Mansfield	1	2	3	8	29	37
New Bedford	78	57	135	294	276	570
North Attleborough	9	3	12	27	23	50
Norton	1	–	1	5	2	7
Raynham	1	2	3	3	5	8
Rehoboth	–	1	1	9	3	12
Seekonk	6	4	10	11	6	17
Somerset	1	2	3	6	11	17
Swansea	–	–	–	7	7	14
Taunton	32	22	54	94	98	192
Westport	4	2	6	9	5	14
Total	226	167	393	893	896	1,789

Table 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Continued

County and City or Town	Admissions 1937			Resident Population Sept. 30, 1937		
	M.	F.	T.	M.	F.	T.
Dukes						
Chilmark	–	1	1	–	1	1
Edgartown	1	1	2	4	5	9
Gay Head	–	–	–	1	–	1
Gosnold	–	–	–	1	–	1
Oak Bluffs	1	1	2	7	8	15
Tisbury	–	2	2	2	3	5
West Tisbury	1	–	1	1	–	1
Total	3	5	8	16	17	33
Essex						
Amesbury	6	4	10	22	18	40
Andover	6	5	11	24	30	54
Beverly	10	18	28	47	51	98
Boxford	1	1	2	5	–	5
Danvers	14	9	23	30	29	59
Essex	1	1	2	5	5	10
Georgetown	–	2	2	8	7	15
Gloucester	25	14	39	71	56	127
Groveland	2	–	2	4	4	8
Hamilton	–	–	–	4	5	9
Haverhill	18	21	39	137	116	253
Ipswich	3	6	9	13	22	35
Lawrence	54	46	100	275	226	501
Lynn	86	84	170	297	270	567
Lynnfield	2	2	4	8	2	10
Manchester	1	7	8	1	5	6
Marblehead	7	–	7	12	16	28
Merrimac	1	2	3	5	3	8
Methuen	9	19	28	33	39	72
Middleton	1	1	2	2	3	5
Nahant	2	2	4	2	6	8
Newbury	–	2	2	–	8	8
Newburyport	9	5	14	62	34	96
North Andover	5	1	6	14	16	30
Peabody	22	14	36	68	42	110
Rockport	3	3	6	9	13	22
Rowley	–	1	1	3	2	5
Salem	29	14	43	136	105	241
Salisbury	–	–	–	2	2	4
Saugus	12	8	20	30	26	56
Swampscott	5	7	12	14	16	30
Topsfield	–	–	–	2	1	3
Wenham	–	–	–	2	3	5
West Newbury	–	–	–	1	3	4
Total	334	299	633	1,348	1,184	2,532
Franklin						
Ashfield	–	1	1	–	4	4
Bernardston	–	1	1	2	1	3
Buckland	–	1	1	9	1	10
Charlemont	1	–	1	3	3	6
Colrain	–	–	–	3	–	3
Conway	3	2	5	2	2	4
Deerfield	6	1	7	16	5	21
Erving	–	–	–	1	–	1
Gill	2	–	2	1	1	2
Greenfield	8	6	14	42	23	65
Hawley	–	1	1	–	2	2
Heath	–	–	–	1	1	2
Leverett	–	–	–	2	–	2
Leydon	–	–	–	3	1	4
Monroe	–	–	–	1	–	1
Montague	2	5	7	21	21	42
New Salem	1	–	1	–	–	–
Northfield	–	1	1	6	10	16
Orange	5	7	12	17	19	36
Rowe	1	–	1	2	–	2
Shelbourne	3	–	3	9	6	15
Sunderland	–	–	–	1	1	2
Warwick	1	–	1	1	–	1
Wendell	1	1	2	2	3	5
Whately	–	–	–	4	1	5
Total	34	27	61	149	105	254

Table 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Continued

County and City or Town	Admissions 1937			Resident Population Sept. 30, 1937		
	M.	F.	T.	M.	F.	T.
Hampden						
Agawam	1	3	4	10	10	20
Blandford	–	–	–	1	1	2
Brimfield	–	–	–	1	1	2
Chester	1	–	1	7	6	13
Chicopee	27	17	44	119	94	213
East Longmeadow	2	–	2	5	4	9
Granville	1	–	1	3	–	3
Hampden	1	–	1	3	4	7
Holyoke	36	38	74	178	181	359
Longmeadow	1	2	3	5	7	12
Ludlow	5	3	8	14	14	28
Monson	2	1	3	9	11	20
Montgomery	–	–	–	–	26	26
Palmer	3	6	9	27	27	54
Russell	2	–	2	1	2	3
Southwick	2	2	4	8	7	15
Springfield	108	88	196	410	450	860
Wales	–	–	–	–	3	3
Westfield	12	12	24	57	63	120
West Springfield	8	12	20	19	25	44
Wilbraham	–	3	3	5	7	12
Total	212	187	399	882	943	1,825
Hampshire						
Amherst	4	2	6	16	21	37
Belchertown	3	3	6	15	11	26
Chesterfield	2	–	2	3	–	3
Cummington	–	1	1	2	3	5
Easthampton	8	5	13	35	32	67
Enfield	–	–	–	3	–	3
Goshen	–	–	–	–	1	1
Granby	1	1	2	3	3	6
Greenwich	–	–	–	2	–	2
Hadley	4	–	4	16	5	21
Hatfield	1	1	2	7	4	11
Huntington	3	–	3	2	3	5
Middlefield	1	–	1	3	–	3
Northampton	24	20	44	87	49	136
Pelham	–	–	–	2	1	3
Plainfield	–	–	–	2	–	2
Prescott	–	–	–	–	1	1
Southampton	–	2	2	2	3	5
South Hadley	3	4	7	17	16	33
Ware	6	3	9	26	20	46
Williamsburg	3	1	4	5	5	10
Worthington	1	1	2	1	2	3
Total	64	44	108	249	180	429
Middlesex						
Acton	2	–	2	6	9	15
Arlington	37	20	57	61	66	127
Ashby	–	–	–	1	3	4
Ashland	–	–	–	6	5	11
Ayer	3	4	7	3	7	10
Bedford	3	1	4	2	4	6
Belmont	29	13	42	37	57	94
Billerica	3	4	7	10	5	15
Boxborough	–	–	–	2	–	2
Burlington	2	1	3	4	3	7
Cambridge	151	81	232	409	383	792
Carlisle	–	–	–	2	–	2
Chelmsford	6	3	9	16	17	33
Concord	5	5	10	11	11	22
Dracut	5	4	9	12	15	27
Dunstable	–	–	–	1	–	1
Everett	36	24	60	97	82	179
Framingham	28	23	51	50	74	124
Groton	1	1	2	3	12	15
Holliston	3	1	4	6	8	14
Hopkinton	1	3	4	3	10	13
Hudson	9	4	13	22	19	41
Lexington	6	9	15	20	15	35
Lincoln	–	2	2	3	3	6

TABLE 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Continued

COUNTY AND CITY OR TOWN	ADMISSIONS 1937			RESIDENT POPULATION SEPT. 30, 1937		
	M.	F.	T.	M.	F.	T.
Littletn	1	–	1	6	5	11
Lowello	54	64	118	299	323	622
Malden	45	44	89	122	152	274
Marlborough	18	16	34	49	52	101
Maynard	6	7	13	25	19	44
Medford	41	51	92	98	108	206
Melrose	26	19	45	35	45	80
Natick	11	6	17	26	28	54
Newton	39	42	81	101	130	231
North Reading	3	1	4	6	5	11
Pepperell	–	2	2	5	7	12
Reading	12	6	18	18	16	34
Sherborn	–	–	–	–	6	6
Shirley	4	2	6	6	3	9
Somerville	93	65	158	213	237	450
Stoneham	5	6	11	11	17	28
Stow	2	1	3	3	2	5
Sudbury	1	1	2	5	2	7
Tewksbury	7	4	11	20	19	39
Townsend	1	2	3	3	2	5
Tyngsborough	1	2	3	2	2	4
Wakefield	14	5	19	27	22	49
Waltham	32	30	62	100	130	230
Watertown	27	11	38	56	46	102
Wayland	4	1	5	4	6	10
Westford	2	1	3	4	6	10
Weston	–	7	7	2	5	7
Wilmington	5	2	7	8	8	16
Winchester	5	5	10	13	22	35
Woburn	9	8	17	53	37	90
Total	798	614	1,412	2,107	2,270	4,377
Nantucket						
Nantucket	4	–	4	9	9	18
Total	4	–	4	9	9	18
Norfolk						
Avon	1	1	2	6	12	18
Bellingham	2	–	2	7	4	11
Braintree	18	11	29	30	37	67
Brookline	50	41	91	87	100	187
Canton	6	3	9	22	19	41
Cohasset	2	1	3	4	8	12
Dedham	11	6	17	31	29	60
Dover	–	–	–	2	–	2
Foxborough	8	4	12	21	8	29
Franklin	5	2	7	23	21	44
Holbrook	2	4	6	4	9	13
Medfield	1	–	1	1	6	7
Medway	2	1	3	10	11	21
Millis	1	–	1	5	2	7
Milton	8	10	18	28	34	62
Needham	6	6	12	26	25	51
Norfolk	2	1	3	–	6	6
Norwood	7	8	15	28	26	54
Plainville	–	3	3	2	4	6
Quincy	52	59	111	114	153	267
Randolph	8	7	15	18	12	30
Sharon	1	5	6	7	6	13
Stoughton	9	5	14	28	21	49
Walpole	1	1	2	24	14	38
Wellesley	10	11	21	17	19	36
Westwood	1	2	3	3	6	9
Weymouth	14	13	27	48	50	98
Wrentham	–	–	–	6	14	20
Total	228	205	433	602	656	1,258

Table 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Continued

County and City or Town	Admissions 1937			Resident Population Sept. 30, 1937		
	M.	F.	T.	M.	F.	T.
Plymouth						
Abington	2	1	3	10	9	19
Bridgewater	6	6	12	41	24	65
Brockton	47	33	80	222	157	379
Carver	3	1	4	7	2	9
Duxbury	–	4	4	2	10	12
East Bridgewater	3	5	8	8	11	19
Halifax	–	–	–	4	2	6
Hanover	3	1	4	9	9	18
Hanson	2	2	4	6	6	12
Hingham	4	4	8	13	10	23
Hull	3	5	8	6	4	10
Kingston	4	1	5	4	7	11
Lakeville	2	2	4	3	1	4
Marion	–	4	4	4	5	9
Marshfield	4	5	9	5	6	11
Mattapoisett	1	–	1	7	1	8
Middleborough	8	10	18	21	20	41
Norwell	–	1	1	3	5	8
Pembroke	1	2	3	7	5	12
Plymouth	7	9	16	34	32	66
Plympton	–	–	–	–	1	1
Rochester	1	4	5	5	3	8
Rockland	5	2	7	24	26	50
Scituate	–	2	2	9	4	13
Wareham	6	4	10	13	8	21
West Bridgewater	2	3	5	3	4	7
Whitman	7	3	10	11	19	30
Total	121	114	235	481	391	872
Suffolk						
Boston	1,012	799	1,811	2,872	3,138	6,010
Chelsea	54	40	94	118	100	218
Revere	31	33	64	68	65	133
Winthrop	20	12	32	29	38	67
Total	1,117	884	2,001	3,087	3,341	6,428
Worcester						
Ashburnham	2	–	2	4	6	10
Athol	9	9	18	26	23	49
Auburn	4	1	5	5	9	14
Barre	2	2	4	3	7	10
Berlin	3	–	3	1	2	3
Blackstone	4	2	6	17	8	25
Bolton	3	1	4	3	4	7
Boylston	1	1	2	1	2	3
Brookfield	–	–	–	4	5	9
Charlton	5	–	5	9	5	14
Clinton	6	6	12	29	35	64
Dana	–	–	–	3	1	4
Douglas	1	–	1	5	1	6
Dudley	2	–	2	7	10	17
East Brookfield	–	1	1	1	1	2
Fitchburg	34	29	63	121	108	229
Gardner	17	9	26	49	43	92
Grafton	6	1	7	9	12	21
Hardwick	2	2	4	7	10	17
Harvard	1	1	2	2	1	3
Holden	5	3	8	6	6	12
Hopedale	–	1	1	5	6	11
Hubbardston	–	–	–	2	1	3
Lancaster	1	3	4	4	8	12
Leicester	3	4	7	4	11	15
Leominster	15	15	30	52	35	87
Lunenburg	2	–	2	2	1	3
Mendon	1	1	2	1	1	2
Milford	8	7	15	46	32	78
Millbury	4	3	7	14	8	22
Millville	2	1	3	9	3	12
New Braintree	–	–	–	–	2	2
Northborough	2	2	4	6	8	14
Northbridge	3	5	8	19	14	33
North Brookfield	2	–	2	10	5	15
Oakham	–	–	–	5	1	6
Oxford	2	1	3	8	6	14
Paxton	–	–	–	1	1	2

TABLE 251. — *City or Town and County of Residence of Admissions and Cases in Residence in Hospitals for Mental Diseases on September 30, 1937, by Sex* — Concluded

COUNTY AND CITY OR TOWN	ADMISSIONS 1937			RESIDENT POPULATION SEPT. 30, 1937		
	M.	F.	T.	M.	F.	T.
Petersham	–	–	–	1	2	3
Phillipston	1	2	3	1	–	1
Princeton	–	1	1	1	1	2
Royalston	–	3	3	3	3	6
Rutland	1	–	1	3	2	5
Shrewsbury	4	8	12	12	13	25
Southborough	1	–	1	3	3	6
Southbridge	13	4	17	40	26	66
Spencer	5	6	11	15	14	29
Sterling	–	–	–	1	3	4
Sturbridge	–	3	3	2	3	5
Sutton	3	1	4	5	4	9
Templeton	2	2	4	14	11	25
Upton	1	2	3	2	5	7
Uxbridge	4	5	9	14	9	23
Warren	4	1	5	7	7	14
Webster	8	10	18	32	25	57
Westborough	5	3	8	22	13	35
West Boylston	–	1	1	2	3	5
West Brookfield	1	1	2	1	1	2
Westminster	2	–	2	2	6	8
Winchendon	2	6	8	13	13	26
Worcester	180	131	311	551	469	1,020
Total	389	301	690	1,247	1,078	2,325
Non-residents	115	58	173	128	45	173
Unknown	21	8	29	126	5	131
Total	136	66	202	254	50	304
Grand Total	3,782	3,004	6,786	11,717	11,471	23,188

TABLE 252. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1937*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1936	2,657	2,940	5,597	591	841	1,432	1,132	885	2,017	934	1,214	2,148
Cases Admitted during Year												
Regular Commitment Cases:												
First admissions	80	96	176	16	46	62	48	11	59	16	39	55
Readmissions	10	7	17	1	3	4	5	1	6	4	3	7
Total	90	103	193	17	49	66	53	12	65	20	42	62
Voluntary Admission Cases:												
First admissions	192	85	277	28	12	40	107	22	129	57	51	108
Readmissions	11	4	15	1	2	3	8	2	10	2	–	2
Total	203	89	292	29	14	43	115	24	139	59	51	110
Observation Admission Cases:												
First Admissions	–	–	–	–	–	–	–	–	–	–	–	–
Readmissions	–	2	2	–	–	–	–	1	1	–	1	1
Total	–	2	2	–	–	–	–	1	1	–	1	1
Total cases admitted by transfer	6	3	9	2	1	3	2	1	3	2	1	3
Total cases admitted	299	197	496	48	64	112	170	38	208	81	95	176
Total cases under treatment	2,956	3,137	6,093	639	905	1,544	1,302	923	2,225	1,015	1,309	2,324
Cases Discharged during Year												
Regular Commitment Cases:												
Capable of self-support	35	32	67	5	11	16	22	5	27	8	16	24
Capable of partial self-support	28	36	64	11	16	27	12	12	24	5	8	13
Incapable of productive work	16	23	39	3	6	9	11	8	19	2	9	11
Died	11	13	24	5	3	8	4	6	10	2	4	6
Total	90	104	194	24	36	60	49	31	80	17	37	54
Voluntary Admission Cases:												
Capable of self-support	6	6	12	1	3	4	1	1	2	4	2	6
Capable of partial self-support	16	5	21	5	2	7	8	2	10	3	1	4
Incapable of productive work	34	27	61	6	9	15	14	7	21	14	11	25
Died	27	18	45	1	2	3	8	6	14	18	10	28
Total	83	56	139	13	16	29	31	16	47	39	24	63

TABLE 252. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1937* — Concluded

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Admission Cases:												
Capable of self-support	–	–	–	–	–	–	–	–	–	–	–	–
Capable of partial self-support	–	–	–	–	–	–	–	–	–	–	–	–
Incapable of productive work	–	2	2	–	–	–	–	1	1	–	1	1
Died	–	–	–	–	–	–	–	–	–	–	–	–
Total	–	2	2	–	–	–	–	1	1	–	1	1
Total cases discharged by transfer	6	3	9	–	–	–	4	1	5	2	2	4
Total cases discharged	179	165	344	37	52	89	84	49	133	58	64	122
Patients on books September 30, 1937	2,777	2,972	5,749	602	853	1,455	1,218	874	2,092	957	1,245	2,202
Total number of patients actually in schools September 30, 1937	2,570	2,674	5,244	548	753	1,301	1,163	799	1,962	859	1,122	1,981
Averages												
Daily average population (including patients on visit, escape or parole)	2,719.75	2,951.27	5,671.02	598.25	851.48	1,449.73	1,190.3	881.3	2,071.6	931.20	1,218.49	2,149.69
Daily average population (excluding patients on visit, escape or parole)	2,469.25	2,624.94	5,094.19	541.00	744.58	1,285.58	1,106.3	790.6	1,896.9	821.95	1,089.76	1,911.71
Rated capacity of schools on September 30, 1937	1,983	2,018	4,001	440	660	1,100	906	634	1,540	637	724	1,361
Number of patients on visit on September 30, 1937	79	66	145	10	18	28	21	10	31	48	38	86
Daily average number of patients on visit during year	126.74	104.49	231.23	19.79	34.61	54.40	47.8	26.9	74.7	59.15	42.98	102.13
Number of patients on escape on September 30, 1937	15	8	23	8	7	15	6	–	6	1	1	2
Daily average number of patients on escape during year	20.36	10.14	30.50	8.77	6.75	15.52	7.7	1.4	9.1	3.89	1.99	5.88
Number of patients on parole on September 30, 1937	113	224	337	36	75	111	28	65	93	49	84	133
Daily average number of patients on parole during year	103.38	211.69	315.07	28.69	65.54	94.23	28.5	62.4	90.9	46.19	83.75	129.94
Support of patient population (exclusive of patients on visit, escape or parole):												
Supported by the State	2,452	2,589	5,041	527	733	1,260	1,109	762	1,871	816	1,094	1,910
Reimbursing and private	118	85	203	21	20	41	54	37	91	43	28	71

Number of patients not mentally defective actually in schools on September 30, 1937:												
Insane	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic	–	–	–	–	–	–	–	–	–	–	–	–
Others	57	56	113	13	15	28	15	15	30	29	26	55
Total	57	56	113	13	15	28	15	15	30	29	26	55

TABLE 253. — *Nativity and Parentage of First Admissions to State Schools, 1937, by Age and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN															FOREIGN BORN		
				TOTAL			PARENTAGE														
							BOTH PARENTS FOREIGN			ONE PARENT NATIVE ONE PARENT FOREIGN			BOTH PARENTS NATIVE			UNKNOWN					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	17	50	33	17	50	6	1	7	6	2	8	19	14	33	2	–	2	–	–	–
5–9 years	88	40	128	86	39	125	24	7	31	25	7	32	34	22	56	3	3	6	2	1	3
10–14 years	90	43	133	90	42	132	27	11	38	19	4	23	39	21	60	5	6	11	–	1	1
15–19 years	45	59	104	44	57	101	19	10	29	5	10	15	19	28	47	1	9	10	1	2	3
20–24 years	9	8	17	8	7	15	5	2	7	–	1	1	3	3	6	–	1	1	1	1	2
25–29 years	4	3	7	4	3	7	1	1	2	1	1	2	2	–	2	–	1	1	–	–	–
30–34 years	–	2	2	–	2	2	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
35–39 years	2	4	6	1	3	4	–	–	–	1	2	3	–	1	1	–	–	–	1	1	2
40 years and over	1	5	6	1	4	5	1	1	2	–	–	–	–	3	3	–	–	–	–	1	1
Total	272	181	453	267	174	441	83	33	116	57	28	85	116	93	209	11	20	31	5	7	12
Average Age	11.5	14.5	12.7	11.3	14.2	12.5	12.8	14.6	13.3	10.5	15.7	12.2	10.8	13.3	11.9	9.9	15.2	13.3	18.5	22.5	20.8

TABLE 254. — *Country of Birth of First Admissions to State Schools, 1937, by Parentage and Sex*

NATIVITY	PARENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States[1]	267	174	441	142	154	116	107	121	93
Africa	–	–	–	–	–	–	1	–	–
Austria	–	–	–	–	1	–	–	–	–
Belgium	–	–	–	1	–	–	–	–	–
Canada[2]	2	3	5	36	36	19	13	21	8
England	2	1	3	2	4	1	1	2	1
Finland	–	–	–	2	1	1	–	–	–
France	–	–	–	–	1	–	1	–	–
Germany	–	–	–	1	1	1	–	–	–
Greece	–	1	1	8	8	8	4	3	3
Hungary	–	–	–	–	–	–	–	1	–
Ireland	–	1	1	11	13	7	4	3	3
Italy	–	–	–	27	23	21	11	9	9
Norway	–	–	–	–	1	–	–	–	–
Poland	–	–	–	8	8	7	8	8	8
Portugal	–	–	–	4	3	2	4	2	2
Russia	1	–	1	5	4	4	4	3	3
Scotland	–	1	1	1	1	–	1	1	1
South America	–	–	–	–	1	–	–	–	–
Spain	–	–	–	1	–	–	–	–	–
Sweden	–	–	–	4	3	3	2	2	–
Turkey in Europe	–	–	–	1	1	1	–	–	–
West Indies[3]	–	–	–	1	1	1	–	–	–
Other countries[4]	–	–	–	6	5	5	1	1	1
Unknown	–	–	–	11	2	2	19	4	3
Total	272	181	453	272	272	199	181	181	135

[1] Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

[2] Includes Newfoundland.

[3] Except Cuba, Porto Rico and the Virgin Islands.

[4] Includes Europe and Asia not specified; also, born at sea.

TABLE 255. — *Mental Status of First Admissions and Readmissions to State Schools, 1937, by Age at Admission and Sex*

AGE GROUPS	TOTAL						IDIOT						IMBECILE						MORON						NOT MENTALLY DEFECTIVE					
	First Admissions			Read-missions			First Admissions			Read-missions			First Admissions			Read-missions			First Admissions			Read-missions			First Admissions			Read-missions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	17	50	–	–	–	16	8	24	–	–	–	16	9	25	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
5– 9 years	88	40	128	2	–	2	17	9	26	–	–	–	34	11	45	1	–	1	37	20	57	–	–	–	–	–	–	1	–	1
10–14 years	90	43	133	8	–	8	2	2	4	3	–	3	24	7	31	4	–	4	60	30	90	1	–	1	4	4	8	–	–	–
15–19 years	45	59	104	3	6	9	4	3	7	–	3	3	17	13	30	2	2	4	23	42	65	1	1	2	1	1	2	–	–	–
20–24 years	9	8	17	2	2	4	2	–	2	–	–	–	3	1	4	–	1	1	4	7	11	2	1	3	–	–	–	–	–	–
25–29 years	4	3	7	5	3	8	3	–	3	1	1	2	1	1	2	3	2	5	–	2	2	1	–	1	–	–	–	–	–	–
30–34 years	–	2	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
35–39 years	2	4	6	–	–	–	–	–	–	–	–	–	2	3	5	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
40 years and over	1	5	6	1	2	3	1	1	2	–	–	–	–	2	2	–	1	1	–	2	2	–	1	1	–	–	–	1	–	1
Total	272	181	453	21	13	34	45	23	68	4	4	8	97	48	145	10	6	16	125	105	230	5	3	8	5	5	10	2	–	2

TABLE 256. — *Economic Condition of First Admissions to State Schools, 1937, by Mental Status and Sex*

ECONOMIC CONDITION	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	54	82	136	10	4	14	12	18	30	31	55	86	1	5	6
Marginal	212	94	306	32	17	49	83	28	111	93	49	142	4	–	4
Comfortable	6	3	9	3	2	5	2	1	3	1	–	1	–	–	–
Unknown	–	2	2	–	–	–	–	1	1	–	1	1	–	–	–
Total	272	181	453	45	23	68	97	48	145	125	105	230	5	5	10

TABLE 257. — *Population of Place of Residence of Admissions to State Schools, 1937, by Mental Status and Sex*

MENTAL STATUS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	49	27	76	1	2	3	7	3	10	8	3	11	5	1	6	8	3	11	11	8	19	9	7	16	–	–	–
Imbecile	107	54	161	9	4	13	15	9	24	16	10	26	17	5	22	8	4	12	17	14	31	25	7	32	–	1	1
Moron	130	108	238	10	10	20	15	19	34	32	24	56	18	8	26	15	11	26	20	25	45	20	11	31	–	–	–
Not Mentally Defective	7	5	12	2	–	2	1	–	1	1	3	4	–	–	–	–	–	–	2	1	3	–	–	–	1	1	2
Total	293	194	487	22	16	38	38	31	69	57	40	97	40	14	54	31	18	49	50	48	98	54	25	79	1	2	3

NOTE: — No cases in population group 250,000–499,999.

TABLE 258. — *Clinical Diagnoses of First Admissions to State Schools, 1937, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	34	52	86	3	1	4	10	7	17	14	15	29	6	23	29	1	2	3	–	–	–	–	1	1	–	3	3	–	–	–
Mongolism	29	8	37	8	6	14	17	1	18	2	1	3	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	11	5	16	4	3	7	5	2	7	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	15	5	20	4	–	4	7	4	11	4	–	4	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	11	2	13	2	1	3	2	–	2	4	1	5	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	4	1	5	3	–	3	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	4	5	9	–	–	–	–	1	1	2	1	3	2	–	2	–	1	1	–	–	–	–	1	1	–	–	–	–	1	1
With other organic nervous disease	3	2	5	3	–	3	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	139	93	232	5	6	11	41	21	62	58	23	81	28	30	58	5	5	10	–	3	3	–	–	–	1	1	2	1	4	5
Other forms	19	8	27	–	–	–	4	2	6	5	2	7	6	4	10	3	–	3	–	–	–	–	–	–	1	–	1	–	–	–
Total	272	181	453	33	17	50	88	40	128	90	43	133	45	59	104	9	8	17	4	3	7	–	2	2	2	4	6	1	5	6

TABLE 259. — *Clinical Diagnoses of Readmissions to State Schools, 1937, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			40–44 YEARS			45–49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	3	2	5	–	–	–	–	–	–	–	1	1	2	–	2	1	–	1	–	1	1	–	–	–
Mongolism	3	1	4	–	–	–	2	–	2	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–
With developmental cranial anomalies	2	1	3	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
With congenital cerebral spastic infantile paralyses	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	2	1	3	–	–	–	–	–	–	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–
With epilepsy — symptomatic	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	9	2	11	1	–	1	3	–	3	2	–	2	–	–	–	2	2	4	1	–	1	–	–	–
Other forms	–	4	4	–	–	–	–	–	–	–	1	1	–	2	2	–	1	1	–	–	–	–	–	–
Total	21	13	34	2	–	2	8	–	8	3	6	9	2	2	4	5	3	8	1	1	2	–	1	1

NOTE: — No cases under 5 years or in age groups 30–39 years.

TABLE 260. — *Intelligence Quotient of First Admissions to State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	34	52	86	1	–	1	1	1	2	1	–	1	4	5	9	8	4	12	4	13	17	11	17	28	4	10	14	–	2	2
Mongolism	29	8	37	1	–	1	3	1	4	11	1	12	8	3	11	4	1	5	2	1	3	–	–	–	–	–	–	–	1	1
With developmental cranial anomalies	11	5	16	1	–	1	4	4	8	4	–	4	–	1	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	15	5	20	2	3	5	3	–	3	2	–	2	2	–	2	2	–	2	3	1	4	1	1	2	–	–	–	–	–	–
Post-infectional	11	2	13	1	–	1	3	–	3	–	–	–	1	1	2	1	–	1	2	1	3	3	–	3	–	–	–	–	–	–
Post-traumatic — natal	4	1	5	1	–	1	2	–	2	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	4	5	9	–	–	–	–	1	1	1	1	2	1	1	2	1	1	2	–	1	1	–	–	–	1	–	1	–	–	–
With other organic nervous disease	3	2	5	1	–	1	1	–	1	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	139	93	232	2	2	4	9	9	18	9	5	14	16	9	25	18	10	28	31	24	55	33	24	57	20	10	30	1	–	1
Other forms	19	8	27	–	–	–	2	2	4	1	–	1	1	–	1	3	1	4	10	3	13	2	1	3	–	1	1	–	–	–
Total	272	181	453	11	5	16	29	18	47	32	8	40	33	21	54	37	17	54	53	45	98	51	43	94	25	21	46	1	3	4

TABLE 261. — *Intelligence Quotient of Readmissions to State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .90 and OVER		
	M.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–	2	1	3	–	–	–
Mongolism	3	1	4	–	–	–	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	2	1	3	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Post-infectional	1	1	2	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	2	1	3	–	–	–	–	–	–	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	9	2	11	2	–	2	–	–	–	2	1	3	1	–	1	2	1	3	1	–	1	–	–	–	–	–	–	1	–	1
Other forms	–	4	4	–	–	–	–	–	–	–	–	–	–	1	1	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–
Total	21	13	34	3	2	5	2	1	3	4	2	6	1	2	3	4	3	7	3	1	4	–	1	1	3	1	4	1	–	1

NOTE: — No cases in I.Q. Group .80–.89.

TABLE 262. — *Clinical Diagnoses of Admissions to State Schools, 1937, by School and Sex*[1]

CLINICAL DIAGNOSES	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	37	54	91	15	33	48	10	6	16	12	15	27
Mongolism	32	9	41	6	1	7	15	–	15	11	8	19
With developmental cranial anomalies	13	6	19	2	1	3	5	1	6	6	4	10
With congenital cerebral spastic infantile paralyses	16	5	21	–	–	–	12	2	14	4	3	7
Post-infectional	12	3	15	2	1	3	7	1	8	3	1	4
Post-traumatic — natal	6	2	8	2	–	2	–	–	–	4	2	6
Post-traumatic — post-natal	1	–	1	–	–	–	1	–	1	–	–	–
With epilepsy — symptomatic	–	1	1	–	–	–	–	1	1	–	–	–
With epilepsy — idiopathic	2	–	2	–	–	–	1	–	1	1	–	1
With endocrine disorders	4	5	9	–	–	–	3	4	7	1	1	2
With other organic nervous disease	3	2	5	–	–	–	–	–	–	3	2	5
Undifferentiated	148	95	243	19	26	45	95	16	111	34	53	87
Other forms	19	12	31	–	1	1	19	6	25	–	5	5
Total	293	194	487	46	63	109	168	37	205	79	94	173

[1] Minus transfers.

TABLE 263. — *Mental Status of Patients Discharged from State Schools, 1937, by Age at Discharge and Sex*

AGE AT DISCHARGE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	1	3	1	–	1	1	1	2	–	–	–	–	–	–
5– 9 years	7	8	15	1	–	1	6	6	12	–	2	2	–	–	–
10–14 years	18	5	23	2	–	2	5	2	7	8	2	10	3	1	4
15–19 years	46	22	68	1	1	2	8	5	13	32	15	47	5	1	6
20–24 years	33	34	67	–	2	2	6	6	12	22	21	43	5	5	10
25–29 years	23	27	50	–	2	2	5	4	9	14	16	30	4	5	9
30–34 years	4	15	19	–	–	–	1	2	3	–	12	12	3	1	4
35–39 years	1	6	7	–	–	–	–	1	1	1	5	6	–	–	–
40–44 years	1	6	7	–	–	–	–	1	1	–	1	1	1	4	5
45 years and over	–	7	7	–	–	–	–	1	1	–	4	4	–	2	2
Total	135	131	266	5	5	10	32	29	61	77	78	155	21	19	40

TABLE 264. — *Age at Discharge of Patients Discharged from State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40–44 YEARS			45 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	51	98	–	1	1	–	2	2	2	1	3	13	5	18	20	10	30	9	11	20	2	9	11	1	4	5	–	3	3	–	5	5
Mongolism	5	1	6	1	–	1	2	1	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	2	1	3	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	4	1	5	–	–	–	–	1	1	3	–	3	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	7	5	12	–	–	–	–	–	–	2	–	2	3	–	3	2	3	5	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	1	2	–	–	–	–	–	–	1	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	4	2	6	1	–	1	1	1	2	1	–	1	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	–	5	5	–	–	–	–	–	–	–	1	1	–	1	1	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	50	50	100	–	–	–	2	3	5	6	3	9	19	11	30	9	12	21	11	12	23	2	3	5	–	2	2	1	3	4	–	1	1
Other forms	13	14	27	–	–	–	–	–	–	–	–	–	9	3	12	1	7	8	3	2	5	–	1	1	–	–	–	–	–	–	–	1	1
Total	135	131	266	2	1	3	7	8	15	18	5	23	46	22	68	33	34	67	23	27	50	4	15	19	1	6	7	1	6	7	–	7	7

TABLE 265. — *Intelligence Quotient of Patients Discharged from State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89			I. Q. .90 PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	51	98	–	–	–	–	2	2	–	–	–	–	1	1	5	6	11	10	8	18	19	13	32	8	15	23	5	6	11	–	–	–
Mongolism	5	1	6	–	–	–	1	–	1	3	–	3	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	2	1	3	–	–	–	1	–	1	1	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	4	1	5	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–
Post-infectional	7	5	12	–	–	–	–	1	1	–	–	–	1	–	1	1	1	2	1	1	2	2	1	3	2	1	3	–	–	–	–	–	–
Post-traumatic — natal	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	4	2	6	1	–	1	–	–	–	1	1	2	–	1	1	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	–	5	5	–	–	–	–	1	1	–	1	1	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	50	50	100	–	–	–	–	–	–	2	3	5	2	4	6	9	5	14	11	11	22	6	17	23	15	4	19	4	4	8	1	2	3
Other forms	13	14	27	–	–	–	1	–	1	–	–	–	2	1	3	2	3	5	3	1	4	5	5	10	–	3	3	–	1	1	–	–	–
Total	135	131	266	1	1	2	3	4	7	8	5	13	7	8	15	18	18	36	30	23	53	33	36	69	25	23	48	9	11	20	1	2	3

TABLE 266. — *Capability on Discharge of Patients Discharged from State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	51	98	22	20	42	18	20	38	7	11	18
Mongolism	5	1	6	–	–	–	–	–	–	5	1	6
With developmental cranial anomalies	2	1	3	–	–	–	–	–	–	2	1	3
With congenital cerebral spastic infantile paralyses	4	1	5	–	–	–	–	–	–	4	1	5
Post-infectional	7	5	12	1	1	2	3	2	5	3	2	5
Post-traumatic — natal	2	–	2	–	–	–	–	–	–	2	–	2
With epilepsy — symptomatic	1	1	2	–	–	–	–	–	–	1	1	2
With epilepsy — idiopathic	4	2	6	–	1	1	–	–	–	4	1	5
With endocrine disorders	–	5	5	–	–	–	–	–	–	–	5	5
Undifferentiated	50	50	100	18	16	34	17	15	32	15	19	34
Other forms	13	14	27	–	–	–	6	4	10	7	10	17
Total	135	131	266	41	38	79	44	41	85	50	52	102

TABLE 267. — *Times Out on Visit during THIS Admission, Patients Discharged from State Schools, 1937, by School and Sex*

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT																																					
	TOTAL DISCHARGED			NONE			ONE			TWO			THREE			FOUR			FIVE			SIX			SEVEN			EIGHT			NINE			TEN			ELEVEN AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	31	47	78	5	9	14	7	12	19	1	6	7	3	3	6	6	9	15	3	3	6	3	2	5	1	–	1	1	3	4	–	–	–	1	–	1	–	–	–
W.E.Fernald	68	36	104	13	11	24	13	9	22	8	1	9	7	3	10	6	1	7	5	1	6	2	2	4	4	1	5	2	1	3	1	1	2	2	1	3	5	4	9
Wrentham	36	48	84	1	1	2	9	15	24	4	7	11	6	8	14	5	4	9	3	4	7	3	1	4	1	1	2	–	1	1	2	2	4	1	2	3	1	2	3
Total	135	131	266	19	21	40	29	36	65	13	14	27	16	14	30	17	14	31	11	8	19	8	5	13	6	2	8	3	5	8	3	3	6	4	3	7	6	6	12

TABLE 268. — *Length of School Residence during THIS Admission, Patients Discharged from State Schools, 1937, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE	NET TIME IN RESIDENCE															TIME OUT														
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 3 months	15	11	26	2	2	4	4	7	11	8	2	10	1	–	1	20	9	29	1	–	1	4	–	4	14	8	22	1	1	2
3– 5 months	6	4	10	2	–	2	1	2	3	1	2	3	2	–	2	4	1	5	–	–	–	1	–	1	2	1	3	1	–	1
6– 8 months	3	4	7	–	–	–	–	2	2	2	2	4	1	–	1	6	2	8	–	–	–	3	–	3	3	2	5	–	–	–
9–11 months	2	2	4	–	–	–	1	–	1	1	1	2	–	1	1	3	4	7	–	–	–	–	1	1	1	3	4	2	–	2
1 year	14	12	26	–	–	–	6	3	9	8	8	16	–	1	1	64	52	116	1	2	3	17	12	29	35	32	67	11	6	17
2 years	8	11	19	1	–	1	2	3	5	2	8	10	3	–	3	11	12	23	–	–	–	1	2	3	5	8	13	5	2	7
3 years	6	13	19	–	1	1	2	4	6	4	5	9	–	3	3	4	9	13	–	–	–	1	1	2	3	5	8	–	3	3
4 years	6	9	15	–	–	–	–	2	2	5	6	11	1	1	2	1	5	6	–	–	–	–	–	–	1	3	4	–	2	2
5– 9 years	50	34	84	–	–	–	10	1	11	34	28	62	6	5	11	2	4	6	–	–	–	1	2	3	1	2	3	–	–	–
10–14 years	18	20	38	–	2	2	6	3	9	8	13	21	4	2	6	–	4	4	–	–	–	–	–	–	–	3	3	-	1	1
15–19 years	3	7	10	–	–	–	–	1	1	1	3	4	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
20–24 years	4	2	6	–	–	–	–	–	–	3	–	3	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
25–29 years	–	2	2	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	135	131	266	5	5	10	32	29	61	77	78	155	21	19	40	115	102	217	2	2	4	28	18	46	65	67	132	20	15	35

TABLE 269. — *Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 3 MONTHS			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	51	98	4	–	4	–	3	3	–	–	–	–	–	–	2	4	6
Mongolism	5	1	6	2	–	2	–	–	–	–	1	1	1	–	1	1	–	1
With developmental cranial anomalies	2	1	3	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
With congenital cerebral spastic infantile paralyses	4	1	5	1	–	1	–	–	–	–	–	–	–	–	–	–	1	1
Post-infectional	7	5	12	–	–	–	1	–	1	1	–	1	–	–	–	2	–	2
Post-traumatic — natal	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With epilepsy — symptomatic	1	1	2	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	4	2	6	2	1	3	–	–	–	–	–	–	–	–	–	1	–	1
With endocrine disorders	–	5	5	–	1	1	–	–	–	–	–	–	–	–	–	–	2	2
Undifferentiated	50	50	100	5	6	11	2	1	3	2	2	4	1	2	3	5	4	9
Other forms	13	14	27	1	2	3	1	–	1	–	1	1	–	–	–	2	1	3
Total	135	131	266	15	11	26	6	4	10	3	4	7	2	2	4	14	12	26

TABLE 269. — *Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1937, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	2 YEARS			3 YEARS			4 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	1	6	7	–	4	4	4	3	7	29	15	44	5	9	14	1	4	5	1	3	4
Mongolism	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Post-infectional	–	–	–	–	–	–	–	2	2	2	2	4	1	1	2	–	–	–	–	–	–
Post-traumatic — natal	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
With epilepsy — symptomatic	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With endocrine disorders	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	3	3	6	4	5	9	2	3	5	13	14	27	9	6	15	2	3	5	2	1	3
Other forms	1	1	2	1	2	3	–	1	1	5	2	7	1	4	5	–	–	–	1	–	1
Total	8	11	19	6	13	19	6	9	15	50	34	84	18	20	38	3	7	10	4	4	8

TABLE 270. — *Mental Status of Deaths in State Schools, 1937, by Age at Death and Sex*

AGE AT DEATH	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	5	5	10	4	4	8	1	1	2	–	–	–	–	–	–
5– 9 years	1	5	6	–	2	2	1	1	2	–	2	2	–	–	–
10–14 years	6	2	8	4	–	4	1	1	2	1	1	2	–	–	–
15–19 years	6	5	11	2	2	4	4	2	6	–	1	1	–	–	–
20–24 years	8	2	10	3	–	3	1	2	3	3	–	3	1	–	1
25–29 years	4	3	7	1	1	2	3	1	4	–	1	1	–	–	–
30–34 years	3	1	4	3	–	3	–	–	–	–	1	1	–	–	–
35–39 years	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
45–49 years	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
50–54 years	2	2	4	–	1	1	1	1	2	1	–	1	–	–	–
55–59 years	–	3	3	–	1	1	–	2	2	–	–	–	–	–	–
60 years and over	2	2	4	–	1	1	2	1	3	–	–	–	–	–	–
Total	38	31	69	17	12	29	15	12	27	5	7	12	1	–	1

NOTE: — No deaths in Age Gronp 40–44 Years.

TABLE 271. — *Clinical Diagnoses of Deaths in State Schools, 1937, by Age at Death and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	2	6	–	–	–	–	–	–	2	–	2	1	–	1	1	1	2	–	–	–
Mongolism	4	7	11	–	2	2	1	1	2	–	1	1	–	1	1	–	1	1	–	1	1
With developmental cranial anomalies	3	3	6	2	2	4	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	4	5	9	–	–	–	–	3	3	–	–	–	–	–	–	1	–	1	3	1	4
Post-infectional	3	2	5	–	–	–	–	1	1	1	–	1	–	–	–	1	–	1	–	–	–
Post-traumatic — natal	3	–	3	1	–	1	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–
With epilepsy — idiopathic	3	–	3	1	–	1	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
With endocrine disorders	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–
With familial amaurosis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With other organic nervous disease	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	7	9	16	1	1	2	–	–	–	2	–	2	2	3	5	1	–	1	–	1	1
Other forms	4	2	6	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	–	1
Total	38	31	69	5	5	10	1	5	6	6	2	8	6	5	11	8	2	10	4	3	7

CLINICAL DIAGNOSES	30–34 YEARS			35–39 YEARS			45–49 YEARS			50–54 YEARS			55–59 YEARS			60 YEARS PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Mongolism	2	–	2	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Post-infectional	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1
Post-traumatic — natal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With familial amaurosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Undifferentiated	–	–	–	–	1	1	–	–	–	–	1	1	–	2	2	1	–	1
Other forms	1	1	2	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
Total	3	1	4	–	1	1	1	–	1	2	2	4	–	3	3	2	2	4

NOTE: — No deaths in Age Group 40–44 Years.

TABLE 272. — *Intelligence Quotient of Deaths in State Schools, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	2	6	1	–	1	1	–	1	–	1	1	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Mongolism	4	7	11	1	–	1	1	2	3	1	1	2	–	4	4	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	3	3	6	–	3	3	1	–	1	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	4	5	9	2	2	4	–	1	1	2	–	2	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–
Post-infectional	3	2	5	1	1	2	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	3	–	3	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With epilepsy — idiopathic	3	–	3	–	–	–	1	–	1	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
With endocrine disorders	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With familial amaurosis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Undifferentiated	7	9	16	1	1	2	1	1	2	–	1	1	3	1	4	1	3	4	–	1	1	–	1	1	–	–	–	1	–	1
Other forms	4	2	6	–	–	–	1	–	1	1	–	1	1	–	1	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–
Total	38	31	69	10	8	18	7	4	11	8	3	11	5	7	12	4	5	9	1	2	3	1	1	2	1	1	2	1	–	1

TABLE 273. — *Length of School Residence during All Admissions, Deaths in State Schools, 1937, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 3 months	5	3	8	4	3	7	1	–	1	–	–	–	–	–	–
3– 5 months	1	3	4	1	2	3	–	1	1	–	–	–	–	–	–
6– 8 months	–	2	2	–	–	–	–	1	1	–	1	1	–	–	–
9–11 months	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
1 year	2	1	3	1	1	2	–	–	–	1	–	1	–	–	–
2 years	1	2	3	–	1	1	–	1	1	1	–	1	–	–	–
3 years	2	5	7	–	1	1	2	1	3	–	3	3	–	–	–
4 years	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–
5– 9 years	8	3	11	4	–	4	2	3	5	2	–	2	–	–	–
10–14 years	5	5	10	2	–	2	3	3	6	–	2	2	–	–	–
15–19 years	4	–	4	2	–	2	1	–	1	–	–	–	1	–	1
20–24 years	4	2	6	2	1	3	1	1	2	1	–	1	–	–	–
25–29 years	2	–	2	1	–	1	1	–	1	–	–	–	–	–	–
30–34 years	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
35–39 years	1	2	3	–	1	1	1	1	2	–	–	–	–	–	–
40 years and over	–	2	2	–	2	2	–	–	–	–	–	–	–	–	–
Total	38	31	69	17	12	29	15	12	27	5	7	12	1	–	1

TABLE 274. — *Causes of Death of Patients who Died in State Schools, 1937, by Mental Status and Sex*

CAUSES OF DEATH	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infectious and Parasitic Diseases:															
Whooping cough	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Erysipelas	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Epidemic cerebrospinal meningitis	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Tuberculosis of the respiratory system	10	4	14	3	–	3	6	4	10	1	–	1	–	–	–
Tuberculosis of other organs	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Purulent infection, septicaemia (non-puerperal)	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:															
Diabetes mellitus	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Diseases of the Blood and Blood-Making Organs:															
Other anemias	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Diseases of the Nervous System and of the Organs of Special Sense:															
Other diseases of the spinal cord	1	1	2	–	1	1	1	–	1	–	–	–	–	–	–
Cerebral hemorrhage	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Epilepsy	1	1	2	–	–	–	1	–	1	–	1	1	–	–	–
Other diseases of the nervous system	1	2	3	–	1	1	–	1	1	1	–	1	–	–	–
Diseases of the ear and of the mastoid process	2	–	2	–	–	–	1	–	1	1	–	1	–	–	–
Diseases of the Circulatory System:															
Endocarditis	4	1	5	1	–	1	1	–	1	1	1	2	1	–	1
Myocarditis	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Other diseases of the heart	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–
Diseases of the Respiratory System:															
Diseases of the larynx	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Bronchopneumonia (including capillary bronchitis)	7	6	13	4	5	9	2	1	3	1	–	1	–	–	–
Lobar pneumonia	1	4	5	1	2	3	–	1	1	–	1	1	–	–	–
Other diseases of the respiratory system (tuberculosis excepted)	1	1	2	1	1	2	–	–	–	–	–	–	–	–	–
Diseases of the Digestive System:															
Diseases of the pharynx and tonsils	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Ulcer of the stomach and duodenum	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Diarrhea and enteritis	1	2	3	1	–	1	–	2	2	–	–	–	–	–	–
Appendicitis	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–
Other diseases of the liver	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Diseases of the Bones and Organs of Locomotion:															
Diseases of other organs of locomotion	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
Congenital Malformations:															
Congenital malformations (still-births not included)	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Ill-Defined Causes of Death:	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–
Total	38	31	69	17	12	29	15	12	27	5	7	12	1	–	1

Table 275. — *Admission Age and Present Age of Patients Resident in State Schools on September 30, 1937, by School and Sex*

Age Groups	Total — All Schools						Belchertown					
	age at admission			present age			age at admission			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	184	150	334	37	38	75	33	23	56	4	5	9
5– 9 years	951	597	1,548	233	165	398	155	100	255	49	36	85
10–14 years	831	716	1,547	574	353	927	144	182	326	89	62	151
15–19 years	371	602	973	557	458	1,015	96	202	298	137	149	286
20–24 years	112	276	388	316	467	783	58	88	146	81	178	259
25–29 years	55	140	195	283	308	591	28	65	93	62	92	154
30–34 years	20	87	107	178	280	458	11	28	39	39	70	109
35–39 years	24	55	79	139	202	341	9	28	37	39	60	99
40–44 years	9	29	38	89	167	256	6	21	27	22	42	64
45–49 years	6	11	17	70	109	179	4	8	12	7	27	34
50–54 years	4	9	13	41	63	104	2	6	8	7	16	23
55–59 years	3	2	5	32	29	61	2	2	4	7	4	11
60–64 years	–	–	–	17	23	40	–	–	–	5	7	12
65–69 years	–	–	–	4	7	11	–	–	–	–	3	3
70 years and over	–	–	–	–	5	5	–	–	–	–	2	2
Total	2,570	2,674	5,244	2,570	2,674	5,244	548	753	1,301	548	753	1,301
Average Age	12.17	15.62	13.93	22.23	25.79	24.05	14.95	18.69	17.11	22.81	26.10	24.71

Age Groups	Walter E. Fernald						Wrentham					
	age at admission			present age			age at admission			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	24	57	1	–	1	118	103	221	32	33	65
5– 9 years	437	211	648	75	41	116	359	286	645	109	88	197
10–14 years	457	227	684	242	107	349	230	307	537	243	184	427
15–19 years	163	161	324	246	141	387	112	239	351	174	168	342
20–24 years	33	81	114	137	117	254	21	107	128	98	172	270
25–29 years	17	40	57	133	91	224	10	35	45	88	125	213
30–34 years	8	35	43	83	71	154	1	24	25	56	139	195
35–39 years	11	12	23	66	52	118	4	15	19	34	90	124
40–44 years	–	6	6	57	56	113	3	2	5	10	69	79
45–49 years	2	1	3	55	53	108	–	2	2	8	29	37
50–54 years	2	1	3	31	31	62	–	2	2	3	16	19
55–59 years	–	–	–	21	19	40	1	–	1	4	6	10
60–64 years	–	–	–	12	13	25	–	–	–	–	3	3
65–69 years	–	–	–	4	4	8	–	–	–	–	–	–
70 years and over	–	–	–	–	3	3	–	–	–	–	–	–
Total	1,163	799	1,962	1,163	799	1,962	859	1,122	1,981	859	1,122	1,981
Average Age	12.07	15.25	13.37	24.68	28.05	26.05	10.54	13.84	12.41	18.54	23.97	21.62

Table 276. — *Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1937, by School and Sex*

Age Groups	Total — All Schools						Belchertown					
	age at admission			present age			age at admission			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	2	3	1	1	2	–	–	–	–	–	–
5– 9 years	49	20	69	7	4	11	5	4	9	–	–	–
10–14 years	86	75	161	16	7	23	16	10	26	1	1	2
15–19 years	57	114	171	41	16	57	24	43	67	9	4	13
20–24 years	9	49	58	55	55	110	7	21	28	19	16	35
25–29 years	2	19	21	46	74	120	–	8	8	10	28	38
30–34 years	3	9	12	23	55	78	2	8	10	7	23	30
35–39 years	–	7	7	16	35	51	–	5	5	7	12	19
40–44 years	–	2	2	–	27	27	–	–	–	–	10	10
45–49 years	–	1	1	2	13	15	–	1	1	1	4	5
50–54 years	–	–	–	–	6	6	–	–	–	–	2	2
55–59 years	–	–	–	–	2	2	–	–	–	–	–	–
60–64 years	–	–	–	–	1	1	–	–	–	–	–	–
70 years and over	–	–	–	–	2	2	–	–	–	–	–	–
Total	207	298	505	207	298	505	54	100	154	54	100	154
Average Age	13.52	18.13	16.24	23.76	30.80	27.91	16.30	20.95	19.32	26.11	31.30	29.48

Age Groups	Walter E. Fernald						Wrentham					
	age at admission			present age			age at admission			present age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	–	–	–	–	–	–	1	2	3	1	1	2
5– 9 years	14	7	21	–	1	1	30	9	39	7	3	10
10–14 years	31	15	46	5	1	6	39	50	89	10	5	15
15–19 years	10	23	33	12	–	12	23	48	71	20	12	32
20–24 years	–	19	19	19	9	28	2	9	11	17	30	47
25–29 years	–	8	8	13	24	37	2	3	5	23	22	45
30–34 years	–	–	–	6	10	16	1	1	2	10	22	32
35–39 years	–	1	1	–	7	7	–	1	1	9	16	25
40–44 years	–	2	2	–	9	9	–	–	–	–	8	8
45–49 years	–	–	–	–	5	5	–	–	–	1	4	5
50–54 years	–	–	–	–	4	4	–	–	–	–	–	–
55–59 years	–	–	–	–	2	2	–	–	–	–	–	–
60–64 years	–	–	–	–	1	1	–	–	–	–	–	–
70 years and over	–	–	–	–	2	2	–	–	–	–	–	–
Total	55	75	130	55	75	130	98	123	221	98	123	221
Average Age	12.14	18.83	16.00	22.77	34.98	29.82	12.77	15.40	14.23	23.02	27.83	25.70

Note — There were no figures in the Age Group 65–69 years.

TABLE 277. — *Intelligence Quotient of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0–.09			I.Q. .10–.19			I.Q. .20–.29			I.Q. .30–.39			I.Q. .40–.49			I.Q. .50–.59			I.Q. .60–.69			I.Q. .70–.79			I.Q. .80–.89			I.Q. .90 and OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	608	950	1,558	16	10	26	32	27	59	45	45	90	78	91	169	136	210	346	147	252	399	118	221	339	34	84	118	2	9	11	–	1	1
Mongolism	158	133	291	7	5	12	46	27	73	58	51	109	34	37	71	10	10	20	3	2	5	–	–	–	–	–	–	–	1	1	–	–	–
With developmental cranial anomalies	78	57	135	12	13	25	11	14	25	15	8	23	11	8	19	13	5	18	7	6	13	9	3	12	–	–	–	–	–	–	–	–	–
With congenital spastic infantile paralyses	103	94	197	16	16	32	13	17	30	18	18	36	18	10	28	14	14	28	10	12	22	10	3	13	4	3	7	–	1	1	–	–	–
Post-infectional	132	123	255	6	8	14	18	16	34	16	13	29	18	13	31	16	21	37	27	28	55	21	15	36	10	7	17	–	–	–	–	2	2
Post-traumatic—natal	63	49	112	9	6	15	16	8	24	9	13	22	8	8	16	5	4	9	7	7	14	5	2	7	3	1	4	–	–	–	1	–	1
Post-traumatic—post-natal	13	17	30	1	–	1	2	2	4	2	4	6	1	3	4	–	3	3	5	2	7	1	3	4	1	–	1	–	–	–	–	–	–
With epilepsy — symptomatic	4	16	20	1	1	2	2	3	5	–	3	3	1	2	3	–	4	4	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–
With epilepsy — idiopathic	46	57	103	11	19	30	10	14	24	6	4	10	7	10	17	5	5	10	4	3	7	2	2	4	1	–	1	–	–	–	–	–	–
With endocrine disorders	30	38	68	1	1	2	1	6	7	6	9	15	5	8	13	8	7	15	5	5	10	3	2	5	1	–	1	–	–	–	–	–	–
With familial amaurosis	7	3	10	–	1	1	–	–	–	1	–	1	–	1	1	4	–	4	1	1	2	1	–	1	–	–	–	–	–	–	–	–	–
With tuberous sclerosis	3	–	3	2	–	2	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	12	6	18	1	–	1	1	–	1	2	1	3	–	1	1	1	2	3	3	1	4	3	1	4	1	–	1	–	–	–	–	–	–
Undifferentiated	1,146	982	2,128	53	35	88	123	81	204	134	104	238	166	113	279	251	178	429	207	219	426	147	174	321	60	71	131	4	7	11	1	–	1
Other forms	167	149	316	4	10	14	18	18	36	22	22	44	28	18	46	38	27	65	32	28	60	15	16	31	8	8	16	2	1	3	–	1	1
Total	2,570	2,674	5,244	140	125	265	294	233	527	334	295	629	375	323	698	501	490	991	458	568	1,026	335	442	777	123	175	298	8	19	27	2	4	6

TABLE 278. — *Population of Place of Residence at Time of Admission of Patients Resident in State Schools on September 30, 1937, by Mental Status and Sex*

MENTAL STATUS	TOTAL			0–2,499			2,500–9,999			10,000–24,999			25,000–49,999			50,000–99,999			100,000–249,999			500,000 PLUS			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	421	350	771	17	22	39	51	37	88	67	41	108	51	41	92	39	37	76	115	71	186	80	99	179	1	2	3
Imbecile	1,140	1,076	2,216	70	67	137	152	150	302	180	159	339	137	121	258	103	89	192	223	236	459	271	252	523	4	2	6
Moron	952	1,192	2,144	68	104	172	114	204	318	171	207	378	126	92	218	72	95	167	195	292	487	203	194	397	3	4	7
Not Mentally Defective	57	56	113	11	1	12	16	10	26	4	15	19	5	2	7	4	3	7	10	12	22	6	12	18	1	1	2
Total	2,570	2,674	5,244	166	194	360	333	401	734	422	422	844	319	256	575	218	224	442	543	611	1,154	560	557	1,117	9	9	18

NOTE: — No cases in population group 250,000–499,999.

TABLE 279. — *Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 3 MO.			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	608	950	1,558	6	3	9	12	14	26	5	14	19	11	23	34	40	60	100	42	51	93	45	58	103	50	46	96
Mongolism	158	133	291	5	–	5	9	3	12	7	4	11	9	1	10	23	17	40	19	18	37	13	20	33	11	15	26
With developmental cranial anomalies	78	57	135	2	–	2	–	4	4	3	1	4	5	1	6	4	7	11	7	9	16	13	7	20	3	4	7
With congenital cerebral spastic infantile paralyses	103	94	197	1	2	3	2	–	2	–	1	1	10	–	10	8	7	15	7	9	16	7	6	13	5	7	12
Post-infectional	132	123	255	1	–	1	1	1	2	2	–	2	7	1	8	13	6	19	7	7	14	7	17	24	5	8	13
Post-traumatic — natal	63	49	112	1	–	1	2	–	2	–	–	–	2	2	4	2	3	5	6	5	11	7	4	11	4	4	8
Post-traumatic — post-natal	13	17	30	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	1	3	4	–	4	2	1	3
With epilepsy — symptomatic	4	16	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–
With epilepsy — idiopathic	46	57	103	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	1	1	2	4	4	8	2	4	6
With endocrine disorders	30	38	68	1	2	3	1	–	1	–	–	–	1	2	3	4	3	7	2	2	4	4	5	9	3	5	8
With familial amaurosis	7	3	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	–
With tuberous sclerosis	3	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
With other organic nervous disease	12	6	18	2	–	2	–	1	1	1	1	2	–	–	–	1	–	1	4	–	4	1	–	1	1	1	2
Undifferentiated	1,146	982	2,128	12	14	26	36	29	65	20	12	32	75	36	111	95	85	180	56	47	103	54	59	113	77	66	143
Other forms	167	149	316	5	–	5	3	4	7	2	3	5	7	1	8	8	6	14	3	5	8	7	12	19	14	9	23
Total	2,570	2,674	5,244	36	21	57	67	56	123	40	36	76	127	67	194	198	196	394	156	156	312	168	194	362	177	170	347

TABLE 279. — *Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	180	260	440	149	255	404	32	64	96	21	56	77	11	34	45	3	6	9	–	4	4	1	2	3
Mongolism	23	25	48	28	21	49	7	7	14	2	1	3	–	1	1	1	–	1	1	–	1	–	–	–
With developmental cranial anomalies	12	10	22	12	6	18	8	–	8	3	1	4	4	4	8	1	1	2	1	2	3	–	–	–
With congenital cerebral spastic infantile paralyses	12	13	25	16	22	38	12	9	21	9	4	13	3	7	10	7	3	10	4	2	6	–	2	2
Post-infectional	37	27	64	28	29	57	2	7	9	9	5	14	8	5	13	3	5	8	2	4	6	–	1	1
Post-traumatic — natal	16	8	24	11	12	23	6	6	12	3	1	4	2	2	4	1	1	2	–	1	1	–	–	–
Post-traumatic — post-natal	3	2	5	–	3	3	–	3	3	1	1	2	–	2	2	–	1	1	–	–	–	–	3	3
With epilepsy — symptomatic	–	5	5	1	3	4	1	2	3	–	2	2	–	1	1	–	1	1	1	–	1	1	–	1
With epilepsy — idiopathic	17	11	28	14	11	25	4	9	13	2	8	10	–	3	3	–	2	2	2	1	3	–	1	1
With endocrine disorders	4	5	9	4	6	10	1	4	5	–	–	–	1	2	3	1	2	3	1	–	1	2	–	2
With familial amaurosis	–	1	1	1	1	2	1	–	1	1	–	1	1	–	1	2	–	2	–	–	–	–	–	–
With tuberous sclerosis	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	2	–	2	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	222	226	448	205	169	374	86	89	175	79	68	147	61	65	126	28	8	36	19	6	25	21	3	24
Other forms	20	17	37	38	35	73	15	17	32	9	10	19	12	10	22	10	5	15	4	4	8	10	11	21
Total	549	610	1,159	508	574	1,082	175	218	393	139	157	296	103	137	240	57	35	92	35	24	59	35	23	58

TABLE 280. — *Length of School Residence During THIS Admission, Patients Resident in State Schools on September 30, 1937, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	TOTAL			UNDER 3 MO.			3–5 MONTHS			6–8 MONTHS			9–11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–.09	140	125	265	2	–	2	3	1	4	3	1	4	2	2	4	7	5	12	4	5	9	7	14	21	3	5	8
.10–.19	294	233	527	5	2	7	4	6	10	4	3	7	13	6	19	12	12	24	16	14	30	11	15	26	28	15	43
.20–.29	334	295	629	7	1	8	4	2	6	9	2	11	14	5	19	23	22	45	19	16	35	15	25	40	21	20	41
.30–.39	375	323	698	5	1	6	11	8	19	3	5	8	12	6	18	28	27	55	23	16	39	25	23	48	29	19	48
.40–.49	501	490	991	6	2	8	17	6	23	4	5	9	13	6	19	37	20	57	21	25	46	28	29	57	21	27	48
.50–.59	458	568	1,026	4	8	12	10	10	20	9	9	18	29	16	45	22	36	58	32	36	68	42	42	84	39	40	79
.60–.69	335	442	777	6	4	10	13	18	31	7	5	12	25	14	39	51	50	101	32	26	58	27	31	58	24	34	58
.70–.79	123	175	298	1	3	4	5	5	10	1	5	6	18	10	28	17	22	39	9	16	25	12	13	25	11	9	20
.80–.89	8	19	27	–	–	–	–	–	–	–	1	1	1	2	3	1	2	3	–	2	2	1	2	3	1	1	2
.90 and over	2	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	2,570	2,674	5,244	36	21	57	67	56	123	40	36	76	127	67	194	198	196	394	156	156	312	168	194	362	177	170	347

TABLE 280. — *Length of School Residence During THIS Admission, Patients Resident in State Schools on September 30, 1937, by Intelligence Quotient and Sex* — Concluded

INTELLIGENCE QUOTIENT	5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS			30–34 YEARS			35–39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0–.09	35	24	59	41	22	63	15	19	34	8	14	22	6	7	13	1	3	4	1	2	3	2	1	3
.10–.19	67	48	115	67	60	127	21	16	37	22	17	39	10	9	19	7	5	12	4	1	5	3	4	7
.20–.29	53	57	110	68	70	138	25	31	56	28	12	40	15	20	35	16	5	21	10	6	16	7	1	8
.30–.39	54	53	107	79	74	153	35	41	76	23	15	38	18	20	38	17	6	23	6	2	8	7	7	14
.40–.49	106	105	211	117	119	236	44	41	85	28	34	62	29	43	72	12	11	23	9	9	18	9	8	17
.50–.59	117	155	272	87	112	199	23	35	58	15	40	55	16	23	39	3	4	7	4	1	5	6	1	7
.60–.69	86	125	211	35	77	112	7	28	35	11	16	27	8	10	18	1	1	2	1	2	3	1	1	2
.70–.79	29	40	69	12	35	47	4	6	10	4	8	12	–	3	3	–	–	–	–	–	–	–	–	–
.80–.89	2	2	4	1	4	5	1	1	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–
.90 and over	–	1	1	1	1	2	–	–	–	–	1	1	1	–	1	–	–	–	–	1	1	–	–	–
Total	549	610	1,159	508	574	1,082	175	218	393	139	157	296	103	137	240	57	35	92	35	24	59	35	23	58

TABLE 281. — *Present Age of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5–9 YEARS			10–14 YEARS			15–19 YEARS			20–24 YEARS			25–29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	608	950	1,558	7	1	8	37	37	74	157	95	252	162	172	334	80	199	279	75	136	211
Mongolism	158	133	291	12	13	25	33	27	60	43	31	74	30	28	58	23	11	34	11	11	22
With developmental cranial anomalies	78	57	135	3	7	10	11	16	27	19	12	31	15	6	21	7	3	10	6	2	8
With congenital cerebral spastic infantile paralyses	103	94	197	3	–	3	14	7	21	15	13	28	15	17	32	13	19	32	12	9	21
Post-infectional	132	123	255	1	3	4	7	10	17	31	18	49	30	24	54	19	13	32	15	13	28
Post-traumatic — natal	63	49	112	3	–	3	8	8	16	12	9	21	17	8	25	7	5	12	7	7	14
Post-traumatic — post-natal	13	17	30	–	–	–	4	1	5	2	1	3	4	3	7	–	2	2	2	1	3
With epilepsy — symptomatic	4	16	20	–	–	–	–	1	1	–	–	–	1	3	4	1	3	4	–	1	1
With epilepsy — idiopathic	46	57	103	–	2	2	2	2	4	9	11	20	13	4	17	9	9	18	5	6	11
With endocrine disorders	30	38	68	–	–	–	1	3	4	9	8	17	9	10	19	3	4	7	1	2	3
With familial amaurosis	7	3	10	–	1	1	–	–	–	–	1	1	1	–	1	–	–	–	2	–	2
With tuberous sclerosis	3	–	3	–	–	–	–	–	–	–	–	–	2	–	2	1	–	1	–	–	–
With other organic nervous disease	12	6	18	3	–	3	–	2	2	4	–	4	4	–	4	1	1	2	–	–	–
Undifferentiated	1,146	982	2,128	5	11	16	111	48	159	252	140	392	227	161	388	119	181	300	131	104	235
Other forms	167	149	316	–	–	–	5	3	8	21	14	35	27	22	49	33	17	50	16	16	32
Total	2,570	2,674	5,244	37	38	75	233	165	398	574	353	927	557	458	1,015	316	467	783	283	308	591

TABLE 281. — *Present Age of Patients Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	30–34 YEARS			35–39 YEARS			40–44 YEARS			45–49 YEARS			50–54 YEARS			55–59 YEARS			60 YRS. PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	40	113	153	24	76	100	11	63	74	5	29	34	3	18	21	5	6	11	2	5	7
Mongolism	3	2	5	–	6	6	–	1	1	2	2	4	1	1	2	–	–	–	–	–	–
With developmental cranial anomalies	8	4	12	6	1	7	2	2	4	1	4	5	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	11	12	23	4	6	10	7	1	8	5	3	8	4	3	7	–	2	2	–	2	2
Post-infectional	9	11	20	8	10	18	6	7	13	2	7	9	1	5	6	1	1	2	2	1	3
Post-traumatic — natal	5	4	9	1	1	2	2	2	4	1	4	5	–	1	1	–	–	–	–	–	–
Post-traumatic — post-natal	–	3	3	–	–	–	–	–	–	1	1	2	–	2	2	–	1	1	–	2	2
With epilepsy — symptomatic	–	3	3	–	1	1	–	1	1	–	2	2	1	–	1	1	–	1	–	1	1
With epilepsy — idiopathic	3	6	9	1	6	7	3	4	7	1	3	4	–	–	–	–	1	1	–	3	3
With endocrine disorders	3	6	9	–	–	–	–	4	4	2	1	3	1	–	1	1	–	1	–	–	–
With familial amaurosis	–	–	–	3	1	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
With tuberous sclerosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
With other organic nervous disease	–	–	–	–	1	1	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	85	103	188	77	82	159	49	65	114	37	35	72	22	27	49	18	10	28	13	15	28
Other forms	11	13	24	15	11	26	9	16	25	12	17	29	8	6	14	6	8	14	4	6	10
Total	178	280	458	139	202	341	89	167	256	70	109	179	41	63	104	32	29	61	21	35	56

TABLE 282. — *Color in Cases Resident in State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK[1]			MULATTO[2]			OTHERS[3]		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	608	950	1,558	595	928	1,523	7	13	20	4	7	11	2	2	4
Mongolism	158	133	291	156	133	289	2	–	2	–	–	–	–	–	–
With developmental cranial anomalies	78	57	135	77	57	134	1	–	1	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	103	94	197	101	93	194	2	1	3	–	–	–	–	–	–
Post-infectional	132	123	255	129	117	246	2	3	5	1	3	4	–	–	–
Post-traumatic — natal	63	49	112	61	49	110	2	–	2	–	–	–	–	–	–
Post-traumatic — post-natal	13	17	30	13	16	29	–	1	1	–	–	–	–	–	–
With epilepsy — symptomatic	4	16	20	4	16	20	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	46	57	103	45	56	101	1	1	2	–	–	–	–	–	–
With endocrine disorders	30	38	68	30	38	68	–	–	–	–	–	–	–	–	–
With familial amaurosis	7	3	10	7	3	10	–	–	–	–	–	–	–	–	–
With tuberous sclerosis	3	–	3	3	–	3	–	–	–	–	–	–	–	–	–
With other organic nervous disease	12	6	18	11	6	17	1	–	1	–	–	–	–	–	–
Undifferentiated	1,146	982	2,128	1,108	952	2,060	26	13	39	11	16	27	1	1	2
Other forms	167	149	316	164	148	312	2	1	3	1	–	1	–	–	–
Total	2,570	2,674	5,244	2,504	2,612	5,116	46	33	79	17	26	43	3	3	6

NOTE: — There were no cases recorded under "Yellow".

[1] Includes African black.

[2] Includes part black or mulatto (African).

[3] Includes Portuguese brava and all others.

TABLE 283. — *Color in Cases Out (Visit, Parole, etc.) of State Schools on September 30, 1937, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK[1]			MULATTO[2]			OTHERS[3]		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	79	128	207	72	124	196	4	2	6	3	2	5	–	–	–
Mongolism	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–
With developmental cranial anomalies	3	3	6	3	3	6	–	–	–	–	–	–	–	–	–
With congenital cerebral spastic infantile paralyses	6	1	7	6	1	7	–	–	–	–	–	–	–	–	–
Post-infectional	5	14	19	5	14	19	–	–	–	–	–	–	–	–	–
Post-traumatic — natal	5	3	8	5	3	8	–	–	–	–	–	–	–	–	–
Post-traumatic — post-natal	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–
With epilepsy — symptomatic	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–
With epilepsy — idiopathic	1	2	3	1	2	3	–	–	–	–	–	–	–	–	–
With endocrine disorders	2	2	4	1	2	3	–	–	–	–	–	–	1	–	1
With familial amaurosis	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–
Undifferentiated	100	127	227	95	123	218	4	3	7	1	1	2	–	–	–
Other forms	3	14	17	3	13	16	–	–	–	–	1	1	–	–	–
Total	207	298	505	194	288	482	8	6	14	4	4	8	1	–	1

NOTE: — There were no cases recorded under "Yellow".

[1] Includes African black.

[2] Includes part black or mulatto (African).

[3] Includes Portuguese brava and all others.

TABLE 284. — *Clinical Diagnoses of Admissions, Discharges and Deaths during 1937, Resident Population and Patients Out of State Schools on September 30, 1937, by Sex*

CLINICAL DIAGNOSES	ADMISSIONS[1]			DISCHARGES[1]			DEATHS			CASES IN RESIDENCE			CASES OUT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	37	54	91	47	51	98	4	2	6	608	950	1,558	79	128	207
Mongolism	32	9	41	5	1	6	4	7	11	158	133	291	1	2	3
With developmental cranial anomalies	13	6	19	2	1	3	3	3	6	78	57	135	3	3	6
With congenital cerebral spastic infantile paralyses	16	5	21	4	1	5	4	5	9	103	94	197	6	1	7
Post-infectional	12	3	15	7	5	12	3	2	5	132	123	255	5	14	19
Post-traumatic — natal	6	2	8	2	–	2	3	–	3	63	49	112	5	3	8
Post-traumatic — post-natal	1	–	1	–	–	–	–	–	–	13	17	30	–	1	1
With epilepsy — symptomatic	–	1	1	1	1	2	–	–	–	4	16	20	2	–	2
With epilepsy — idiopathic	2	–	2	4	2	6	3	–	3	46	57	103	1	2	3
With endocrine disorders	4	5	9	–	5	5	2	–	2	30	38	68	2	2	4
With familial amaurosis	–	–	–	–	–	–	1	–	1	7	3	10	–	1	1
With tuberous sclerosis	–	–	–	–	–	–	–	–	–	3	–	3	–	–	–
With other organic nervous disease	3	2	5	–	–	–	–	1	1	12	6	18	–	–	–
Undifferentiated	148	95	243	50	50	100	7	9	16	1,146	982	2,128	100	127	227
Other forms	19	12	31	13	14	27	4	2	6	167	149	316	3	14	17
Total	293	194	487	135	131	266	38	31	69	2,570	2,674	5,244	207	298	505

[1] Transfers not included

TABLE 285. — *Cases under Care and under Treatment during 1937, by Mental Status, Age and Sex: Discharge Rates per Thousand under Care and Death Ratsper Thousand under Treatment*

MENTAL STATUS	PRESENT AGE DISTRIBUTION																										
	TOTAL			0–9 YEARS			10–19 YEARS			20–29 YEARS			30–39 YEARS			40–49 YEARS			50–59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot:																											
1. Resident Population	421	350	771	60	60	120	165	95	260	115	95	210	51	61	112	18	28	46	12	7	19	–	4	4
2. Patients Out	6	2	8	4	–	4	1	–	1	1	1	2	–	–	–	–	–	–	–	1	1	–	–	–
3. Discharges	5	5	10	2	–	2	3	1	4	–	4	4	–	–	–	–	–	–	–	–	–	–	–	–
4. Deaths	17	12	29	4	6	10	6	2	8	4	1	5	3	–	3	–	–	–	–	2	2	–	1	1
5. Total under Care	449	369	818	70	66	136	175	98	273	120	101	221	54	61	115	18	28	46	12	10	22	–	5	5
6. Total under Treatment	443	367	810	66	66	132	174	98	272	119	100	219	54	61	115	18	28	46	12	9	21	–	5	5
7. Discharge Rates per 1,000 under Care	11	13	12	28	–	14	17	10	14	–	39	18	–	–	–	–	–	–	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	38	32	35	60	90	75	34	20	29	33	10	22	55	–	26	–	–	–	–	222	95	–	200	200
Imbecile:																											
1. Resident Population	1,140	1,076	2,216	120	86	206	380	304	684	288	271	559	178	202	380	111	133	244	48	58	106	15	22	37
2. Patients Out	46	39	85	4	3	7	18	8	26	15	16	31	9	9	18	–	2	2	–	–	–	–	1	1
3. Discharges	32	29	61	7	7	14	13	7	20	11	10	21	1	3	4	–	2	2	–	–	–	–	–	–
4. Deaths	15	12	27	2	2	4	5	3	8	4	3	7	–	–	–	1	–	1	1	3	4	2	1	3
5. Total under Care	1,233	1,156	2,389	133	98	231	416	322	738	318	300	618	188	214	402	112	137	249	49	61	110	17	24	41
6. Total under Treatment	1,187	1,117	2,304	129	95	224	398	314	712	303	284	587	179	205	384	112	135	247	49	61	110	17	23	40
7. Discharge Rates per 1,000 under Care	25	25	25	52	71	60	31	21	27	34	33	33	5	14	9	–	14	8	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	12	10	11	15	21	17	12	9	11	13	10	11	–	–	–	8	–	4	20	49	36	117	43	75
Moron:																											
1. Resident Population	952	1,192	2,144	81	57	138	549	385	934	192	398	590	84	206	290	28	113	141	12	25	37	6	8	14
2. Patients Out	143	227	370	–	2	2	36	12	48	77	98	175	28	72	100	2	34	36	–	7	7	–	2	2
3. Discharges	77	78	155	–	2	2	40	17	57	36	37	73	1	17	18	–	5	5	–	–	–	–	–	–
4. Deaths	5	7	12	–	2	2	1	2	3	3	1	4	–	2	2	–	–	–	1	–	1	–	–	–
5. Total under Care	1,177	1,504	2,681	81	63	144	626	416	1,042	308	534	842	113	297	410	30	152	182	13	32	45	6	10	16
6. Total under Treatment	1,034	1,277	2,311	81	61	142	590	404	994	231	436	667	85	225	310	28	118	146	13	25	38	6	8	14

7. Discharge Rates per 1,000 under Care	65	51	57	–	31	13	63	40	54	116	69	86	8	57	43	–	32	27	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	4	5	5	–	32	14	1	4	3	12	2	5	–	8	6	–	–	–	76	–	26	–	–	–
Not Mentally Defective:																								
1. Resident Population	57	56	113	9	–	9	37	27	64	4	11	15	4	13	17	2	2	4	1	2	3	–	1	1
2. Patients Out	12	30	42	–	–	–	2	3	5	8	14	22	2	9	11	–	4	4	–	–	–	–	–	–
3. Discharges	21	19	40	–	–	–	8	2	10	9	10	19	3	1	4	1	6	7	–	–	–	–	–	–
4. Deaths	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
5. Total under Care	91	105	196	9	–	9	47	32	79	22	35	57	9	23	32	3	12	15	1	2	3	–	1	1
6. Total under Treatment	79	75	154	9	–	9	45	29	74	14	21	35	7	14	21	3	8	11	1	2	3	–	1	1
7. Discharge Rates per 1,000 under Care	230	180	204	–	–	–	170	62	126	409	285	333	333	43	125	333	500	466	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	12	–	6	–	–	–	–	–	–	71	–	28	–	–	–	–	–	–	–	–	–	–	–	–
Total:																								
1. Resident Population	2,570	2,674	5,244	270	203	473	1,131	811	1,942	599	775	1,374	317	482	799	159	276	435	73	92	165	21	35	56
2. Patients Out	207	298	505	8	5	13	57	23	80	101	129	230	39	90	129	2	40	42	–	8	8	–	3	3
3. Discharges	135	131	266	9	9	18	64	27	91	56	61	117	5	21	26	1	13	14	–	–	–	–	–	–
4. Deaths	38	31	69	6	10	16	12	7	19	12	5	17	3	2	5	1	–	1	2	5	7	2	2	4
5. Total under Care	2,950	3,134	6,084	293	227	520	1,264	868	2,132	768	970	1,738	364	595	959	163	329	492	75	105	180	23	40	63
6. Total under Treatment	2,743	2,836	5,579	285	222	507	1,207	845	2,052	667	841	1,508	325	505	830	161	289	450	75	97	172	23	37	60
7. Discharge Rates per 1,000 under Care	45	41	43	30	39	34	50	31	42	72	62	67	13	35	27	6	39	28	–	–	–	–	–	–
8. Death Rates per 1,000 under Treatment	13	10	12	21	45	31	9	8	9	17	5	11	9	3	6	6	–	2	26	51	40	86	54	66

NOTE: — Total under Care includes resident population, patients out, discharges and deaths.
Total under Treatment includes resident population, discharges and deaths.

TABLE 286. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1937, by Sex*

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Barnstable						
Barnstable	1	–	1	6	4	10
Bourne	–	–	–	4	2	6
Chatham	–	–	–	–	2	2
Dennis	–	–	–	1	3	4
Eastham	–	–	–	1	–	1
Falmouth	2	–	2	3	6	9
Harwich	–	1	1	2	4	6
Mashpee	–	–	–	1	–	1
Orleans	–	–	–	1	1	2
Provincetown	–	1	1	2	5	7
Sandwich	–	–	–	–	7	7
Wellfleet	–	–	–	1	1	2
Yarmouth	1	–	1	1	1	2
Total	4	2	6	23	36	59
Berkshire						
Adams	2	2	4	10	7	17
Alford	–	–	–	–	1	1
Becket	–	–	–	1	1	2
Cheshire	–	–	–	1	1	2
Dalton	–	–	–	3	3	6
Egremont	–	–	–	–	1	1
Great Barrington	–	–	–	1	6	7
Hinsdale	–	–	–	1	1	2
Lanesborough	–	–	–	–	2	2
Lee	–	1	1	5	11	16
Lenox	1	–	1	1	1	2
North Adams	–	1	1	11	14	25
Otis	–	–	–	–	1	1
Peru	–	–	–	1	–	1
Pittsfield	4	1	5	23	28	51
Sandisfield	–	–	–	–	1	1
Sheffield	–	1	1	2	7	9
Stockbridge	–	–	–	–	1	1
Washington	–	–	–	1	–	1
West Stockbridge	–	1	1	–	–	–
Williamstown	–	–	–	–	3	3
Windsor	–	–	–	1	–	1
Total	7	7	14	62	90	152
Bristol						
Acushnet	–	–	–	7	5	12
Attleboro	2	–	2	18	8	26
Berkley	–	–	–	1	2	3
Dartmouth	–	–	–	1	2	3
Dighton	–	–	–	3	1	4
Easton	–	–	–	5	3	8
Fairhaven	2	–	2	7	5	12
Fall River	7	5	12	60	62	122
Freetown	–	–	–	4	–	4
Mansfield	–	–	–	4	3	7
New Bedford	3	7	10	44	69	113
North Attleborough	–	1	1	9	1	10
Norton	–	–	–	6	1	7
Raynham	1	–	1	1	3	4
Rehoboth	–	–	–	2	5	7
Seekonk	–	1	1	1	1	2
Somerset	–	–	–	–	1	1
Swansea	–	–	–	1	–	1
Taunton	3	1	4	19	19	38
Westport	–	–	–	–	3	3
Total	18	15	33	193	194	387
Dukes						
Oak Bluffs	–	–	–	1	1	2
Tisbury	–	–	–	–	2	2
Total	–	–	–	1	3	4

Table 286. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1937, by Sex* — Continued

County and City or Town	Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Essex						
Amesbury	1	–	1	10	6	16
Andover	1	–	1	5	6	11
Beverly	–	–	–	9	8	17
Boxford	–	–	–	–	2	2
Danvers	1	–	1	5	7	12
Essex	1	–	1	1	1	2
Georgetown	–	–	–	–	1	1
Gloucester	3	–	3	17	14	31
Groveland	–	1	1	1	1	2
Hamilton	–	–	–	–	1	1
Haverhill	1	2	3	31	37	68
Ipswich	–	–	–	4	2	6
Lawrence	8	1	9	36	39	75
Lynn	7	5	12	41	42	83
Lynnfield	–	–	–	2	1	3
Manchester	–	–	–	1	1	2
Marblehead	1	–	1	4	3	7
Merrimac	1	–	1	1	2	3
Methuen	1	–	1	10	9	19
Middleton	1	–	1	2	–	2
Nahant	1	–	1	2	1	3
Newbury	–	–	–	1	1	2
Newburyport	3	–	3	11	10	21
North Andover	–	–	–	–	4	4
Peabody	6	–	6	19	7	26
Rockport	1	–	1	4	1	5
Rowley	1	–	1	1	1	2
Salem	4	–	4	23	17	40
Salisbury	–	–	–	1	1	2
Saugus	3	–	3	14	13	27
Swampscott	–	1	1	2	2	4
Topsfield	–	–	–	2	1	3
Wenham	1	–	1	1	–	1
Total	47	10	57	261	242	503
Franklin						
Ashfield	–	–	–	2	–	2
Bernardston	–	1	1	2	4	6
Buckland	–	–	–	3	1	4
Charlemont	–	1	1	–	2	2
Colrain	–	–	–	2	–	2
Conway	–	1	1	–	2	2
Deerfield	–	1	1	3	2	5
Erving	–	–	–	–	2	2
Gill	–	–	–	–	3	3
Greenfield	–	1	1	15	10	25
Heath	–	–	–	–	1	1
Leverett	–	–	–	2	3	5
Montague	2	1	3	6	9	15
New Salem	–	–	–	–	2	2
Northfield	1	–	1	6	2	8
Orange	–	1	1	4	4	8
Rowe	–	–	–	3	1	4
Shelbourne	–	–	–	–	5	5
Shutesbury	–	–	–	1	–	1
Sunderland	–	–	–	1	1	2
Warwick	–	–	–	–	1	1
Wendell	–	–	–	–	1	1
Whately	–	–	–	1	2	3
Total	3	7	10	51	58	109
Hampden						
Agawam	–	–	–	5	1	6
Brimfield	–	–	–	2	–	2
Chester	–	–	–	5	–	5
Chicopee	4	3	7	22	17	39
East Longmeadow	–	–	–	–	2	2
Hampden	–	–	–	1	–	1
Holyoke	6	6	12	41	43	84
Ludlow	–	–	–	3	7	10
Monson	1	–	1	3	5	8
Montgomery	–	–	–	6	9	15
Palmer	1	–	1	4	5	9
Russell	–	–	–	2	4	6
Southwick	1	–	1	3	1	4
Springfield	6	11	17	95	91	186

TABLE 286. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools September 30, 1937, by Sex* — Continued

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Tolland	–	–	–	–	1	1
Wales	–	–	–	2	2	4
Westfield	3	–	3	24	18	42
West Springfield	1	2	3	10	9	19
Wilbraham	–	–	–	2	3	5
Total	23	22	45	230	218	448
Hampshire						
Amherst	–	–	–	5	8	13
Belchertown	–	–	–	2	18	20
Cummington	–	–	–	–	2	2
Easthampton	–	–	–	5	14	19
Enfield	–	–	–	1	2	3
Goshen	–	–	–	–	1	1
Granby	–	–	–	1	1	2
Greenwich	–	–	–	1	–	1
Hadley	1	–	1	1	2	3
Hatfield	–	–	–	1	1	2
Huntington	–	1	1	3	5	8
Middlefield	–	–	–	1	1	2
Northampton	2	–	2	10	13	23
Pelham	–	–	–	1	–	1
Plainfield	–	–	–	2	1	3
Prescott	–	–	–	–	1	1
South Hadley	–	2	2	7	6	13
Ware	1	–	1	4	2	6
Westhampton	–	–	–	–	1	1
Williamsburg	–	1	1	–	8	8
Worthington	–	1	1	–	3	3
Total	4	5	9	45	90	135
Middlesex						
Acton	1	–	1	1	1	2
Arlington	–	–	–	20	8	28
Ashby	–	–	–	–	1	1
Ashland	–	–	–	5	1	6
Ayer	–	1	1	1	1	2
Bedford	–	–	–	2	2	4
Belmont	2	1	3	8	7	15
Billerica	–	–	–	5	2	7
Boxborough	–	–	–	3	–	3
Cambridge	8	8	16	67	124	191
Carlisle	1	–	1	2	–	2
Chelmsford	–	–	–	5	4	9
Concord	1	–	1	6	1	7
Dracut	–	–	–	3	3	6
Everett	4	3	7	27	29	56
Framingham	1	2	3	8	22	30
Groton	–	–	–	1	1	2
Holliston	–	–	–	4	2	6
Hopkinton	–	1	1	–	6	6
Hudson	–	1	1	7	6	13
Lexington	–	–	–	2	2	4
Littleton	1	–	1	3	–	3
Lowell	7	4	11	61	58	119
Malden	4	1	5	28	29	57
Marlborough	1	1	2	12	6	18
Maynard	1	–	1	2	3	5
Medford	2	3	5	19	28	47
Melrose	–	–	–	7	8	15
Natick	4	–	4	7	3	10
Newton	1	–	1	31	28	59
North Reading	–	–	–	1	–	1
Pepperell	–	–	–	3	2	5
Reading	4	2	6	8	18	26
Sherborn	–	–	–	–	1	1
Shirley	–	1	1	6	3	9
Somerville	3	1	4	65	43	108
Stoneham	–	–	–	4	7	11
Sudbury	–	–	–	–	2	2
Tewksbury	1	–	1	28	30	58
Townsend	1	–	1	2	1	3
Wakefield	1	–	1	9	9	18
Waltham	1	–	1	60	18	78
Watertown	1	–	1	5	10	15
Wayland	–	–	–	–	2	2

Table 286. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1937, by Sex* — Continued

County and City or Town	Admissions			Resident Population		
	M.	F.	T.	M.	F.	T.
Westford	–	–	–	3	5	8
Wilmington	1	1	2	3	2	5
Winchester	–	1	1	6	3	9
Woburn	2	3	5	16	11	27
Total	54	35	89	566	553	1,119
Nantucket						
Nantucket	–	–	–	–	1	1
Total	–	–	–	–	1	1
Norfolk						
Bellingham	–	–	–	–	3	3
Braintree	–	–	–	9	8	17
Brookline	3	1	4	9	8	17
Canton	1	1	2	8	4	12
Cohasset	–	–	–	3	3	6
Dedham	1	1	2	9	8	17
Dover	–	–	–	1	–	1
Foxborough	–	–	–	1	4	5
Franklin	–	1	1	5	10	15
Holbrook	–	–	–	2	2	4
Medfield	–	–	–	–	3	3
Medway	–	–	–	3	5	8
Millis	–	–	–	–	1	1
Milton	1	–	1	8	5	13
Needham	1	–	1	6	2	8
Norfolk	–	–	–	1	–	1
Norwood	–	–	–	9	8	17
Plainville	1	–	1	2	–	2
Quincy	6	1	7	34	23	57
Randolph	1	–	1	3	1	4
Sharon	–	–	–	3	7	10
Stoughton	1	1	2	9	8	17
Walpole	–	–	–	6	6	12
Wellesley	–	4	4	5	26	31
Westwood	–	1	1	1	5	6
Weymouth	3	–	3	9	8	17
Wrentham	–	–	–	3	3	6
Total	19	11	30	149	161	310
Plymouth						
Abington	–	–	–	3	7	10
Bridgewater	–	2	2	2	5	7
Brockton	4	6	10	26	33	59
Carver	–	–	–	–	2	2
Duxbury	–	–	–	1	1	2
East Bridgewater	–	1	1	–	3	3
Halifax	–	–	–	–	2	2
Hanover	–	–	–	–	2	2
Hanson	–	–	–	1	1	2
Hingham	2	–	2	2	4	6
Hull	–	–	–	1	1	2
Kingston	–	–	–	2	1	3
Marion	–	–	–	–	2	2
Mattapoisett	–	–	–	–	2	2
Middleborough	–	–	–	3	5	8
Norwell	–	–	–	1	–	1
Pembroke	–	–	–	1	–	1
Plymouth	1	2	3	6	9	15
Plympton	–	–	–	1	1	2
Rockland	–	–	–	4	4	8
Scituate	1	–	1	3	2	5
Wareham	1	1	2	2	6	8
West Bridgewater	–	–	–	–	2	2
Whitman	–	1	1	4	5	9
Total	9	13	22	63	100	163
Suffolk						
Boston	54	25	79	556	552	1,108
Chelsea	2	1	3	26	22	48
Revere	7	1	8	25	15	40
Winthrop	–	1	1	6	16	22
Total	63	28	91	613	605	1,218

TABLE 286. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1937, by Sex* — Concluded

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Worcester						
Ashburnham	–	–	–	3	3	6
Athol	2	1	3	12	19	31
Auburn	1	–	1	–	2	2
Barre	–	–	–	1	–	1
Blackstone	–	–	–	–	2	2
Bolton	–	–	–	1	–	1
Boylston	–	–	–	1	1	2
Brookfield	–	1	1	3	2	5
Charlton	–	1	1	3	3	6
Clinton	–	–	–	–	2	2
Dana	–	–	–	1	–	1
Douglas	–	–	–	1	3	4
Dudley	–	2	2	2	2	4
East Brookfield	–	–	–	–	1	1
Fitchburg	6	1	7	23	20	43
Gardner	–	–	–	10	13	23
Grafton	–	–	–	2	–	2
Hardwick	–	–	–	3	1	4
Harvard	1	–	1	1	1	2
Holden	1	1	2	5	2	7
Hopedale	–	–	–	2	–	2
Hubbardston	–	–	–	2	–	2
Lancaster	2	1	3	1	3	4
Leicester	–	–	–	6	2	8
Leominster	3	2	5	9	10	19
Lunenberg	–	–	–	3	2	5
Milford	2	2	4	13	11	24
Millbury	–	–	–	2	3	5
Millville	2	–	2	3	–	3
Northborough	–	–	–	2	6	8
Northbridge	–	1	1	3	4	7
North Brookfield	1	–	1	5	3	8
Oxford	–	–	–	2	1	3
Petersham	–	–	–	2	1	3
Phillipston	–	–	–	1	2	3
Rutland	–	–	–	1	1	2
Shrewsbury	2	–	2	3	2	5
Southborough	–	–	–	1	1	2
Southbridge	1	4	5	13	12	25
Spencer	–	1	1	4	4	8
Sterling	–	–	–	2	1	3
Sturbridge	3	1	4	4	2	6
Sutton	–	–	–	2	2	4
Templeton	–	1	1	4	4	8
Upton	1	2	3	3	6	9
Uxbridge	1	–	1	3	3	6
Warren	1	–	1	2	4	6
Webster	1	7	8	7	15	22
Westborough	1	–	1	9	2	11
West Boylston	–	–	–	2	1	3
West Brookfield	–	–	–	1	1	2
Westminster	–	–	–	–	2	2
Winchendon	–	–	–	5	8	13
Worcester	9	8	17	110	118	228
Total	41	37	78	304	314	618
Non-residents	1	2	3	9	9	18
Grand Total	293	194	487	2,570	2,674	5,244

DIRECTORY OF INSTITUTIONS

November 30, 1937

1. Public Institutions:
   - (a) State Hospitals for Mental Diseases.
   - (b) State Schools for Mental Defectives.
2. Private Institutions:
   - (a) For Mental and Nervous Diseases.
   - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
   - (c) For Mental Defectives.
   - (d) For Epileptics.

PUBLIC INSTITUTIONS

STATE HOSPITALS FOR MENTAL DISEASES

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920): —

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, M.D., Boston; Carrie I. Felch, M.D., Boston; Mrs. Mary E. McNulty, Boston; Mr. Charles F. Rowley, Boston; Mr. Monroe Kaplan, Boston; Mr. Jacob S. Gordon, Brookline.

Trustees' meetings: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Riley H. Guthrie, M.D.

Chief Medical Officer: Gaylord P. Coon, M.D.

Senior Physicians: John P. Powers, M.D.; Harry C. Solomon, M.D.; Oscar J. Raeder, M.D.; Frank C. d'Elseaux, M.D.; Whitman K. Coffin, M.D.; John B. Dynes, M.D.; William B. Curtis, M.D.

Assistant Physicians: Mary Palmer, M.D.; Irma Bache, M.D.; H. Jackson DeShon, M.D.; Jane F. O'Neil, M.D.; Lee C. Bird, M.D.; Robert A. Clark, M.D.; Knox H. Finley, M.D.

Internes: Charles Brenner, M.D.; Charles M. Krinsky, M.D.

Dentist: Peter J. Dalton, D.M.D.

Head Social Worker: Esther C. Cook, B.A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary E. Fitzgerald, R.N.

Treasurer: Anna F. Caulfield.

Staff Meetings: Every day, except Saturdays, Sundays and Holidays — 12 to 1 P.M.

Visiting Days: Every day, 2 to 4 P.M. and 6 to 7 P.M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839): —

Trustees: Josephine E. Thurlow, R.N., Winchester, chairman; Alexander M. Sullivan, West Roxbury, Secretary; Thomas J. Scanlan, M.D., West Roxbury; Jeremiah A. Greene, M.D., Cambridge; Harry B. Berman, Borokline; Thomas D. Russo, West Roxbury; Mrs. Gertrude A. Macdonnell, West Roxbury.

Regular meetings: Third Wednesday of each month.

Superintendent: Harold F. Norton, M.D.

Assistant Superintendent: Purcell G. Schube, M.D.

Senior Physicians: Israel P. Rubin, M.D.; Theodore Lindberg, M.D.; Margaret Simpson, M.D., Dorothy Donley, M.D., Edmund M. Pease, M.D., Florence A. Beaulieu, M.D.

Assistant Physicians: Owen C. Mullaney, M.D., Joseph P. Thornton, M.D.; Norris B. Flanagan, M.D.; N. Anthony Bicchieri, M.D.; Volta R. Hall, M.D.

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Rileigh, D.M.D.

Acting Steward: Francis E. Burns.

Treasurer: Rose J. Siciliano.

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Mattapan; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Arthur T. Lyman, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Richard C. Cooke, M.D.; Sidney B. Callis, M.D. (temporary).

Visiting days: For relatives or friends of patients, every day; for general public, every day with the exception of Sundays and holidays.

Staff meetings: Two or three times a week at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; H. C. McStay, Swampscott; Francis T. Russell, Dorchester; Annie T. Flagg, Andover; Mary T. O'Sullivan, Lowell.

Regular meetings: Third Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Clinical Director: Wm. Charles Inman, M.D.

Senior Physicians: Leo Maletz, M.D.; Melvin Goodman, M.D.; Doris M. Sidwell, M.D.

Assistant Physicians: Velma H. Atkinson, M.D.; Flora M. Remillard, M.D.; Peter B. Hagopian, M.D.; Samuel Marder, M.D.; Abraham Gardner, M.D.

Pathologist: Salvador Jacobs, M.D.

Resident Dentist: George W. Wheeler, D.M.D.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff meetings: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: E. H. Lewis Harnett, M.D., Dorchester, chairman; Bennet B. Bristol, Foxborough; William H. Bannon, Foxborough; Jeannette C. Chisholm, Waltham, Secretary; William J. Bulman, Brockton, Noel C. King, Holbrook; vacancy.

Regular meetings: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: David Rothschild, M.D.; Grosvenor B. Pearson, M.D.; Morris L. Sharp, M.D.; Mary Hammond, M.D.

Assistant Physicians: Agnes Aznive Nersessian, M.D.; Israel Zeltzerman, M.D.

Dentist: Edward E. Small, D.M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE HOSPITAL (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Owen A. Hoban, Gardner, chairman; Mrs. Grace A. Brooks, Athol, Secretary; Frederic A. Washburn, M.D., Boston; George A. Marshall, Fitchburg; Mrs. Margaret X. O'Brien, Worcester; Edward P. Gilgun, Woburn; Frank W. Lyman, Fitchburg.

Regular meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M. D.

Assistant Superintendent: Frederick P. Moore, M.D.

Senior Physicians: Harold K. Marshall, M.D.; William A. Hunter, M.D.

Assistant Physicians: Paul H. Wilcox, M.D.; Janet S. Barnes, M.D.; James E. Dunphy, M.D.; Solomon M. Haimes, M.D.

Dentist: Joseph N. Carriere, D.M.D.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff meetings: Daily 8–9 A.M.

Location: East Gardner, two minutes' walk from East Gardner Railroad Station. Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Ernest L. Anderson, Worcester, Chairman; Martha Ducey, Shrewsbury, Secretary; Winslow P. Burhoe, Reading; Enos H. Bigelow, M.D., Framingham; Charles D. Bourcier, Grafton; Rose Herbert, Worcester; Leon Cangiano, Hingham.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: Bardwell H. Flower, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; Benjamin Cohen, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.; Richard W. Nelson, M.D.; Nathaniel Showstack, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: Edward I. Naiman, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about 8 miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton Stations of the Boston & Albany Railroad.

Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896): —

Post Office, Harding: railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M.D., Boston, Chairman; Christian Lantz, Salem, Secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Mrs. Eva Watson, Boston; John H. Craig, Natick.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: G. Allen Troxell, M.D.

Senior Physicians: Vicente A. Navarro, M.D.; John J. Slattery, M.D.; Grace T. Cragg, M.D.

Assistant Physicians: Erel Guidone, M.D.; Edward Mozes, M.D.

Dentist: Elton V. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.
Visiting days: Every day.
Staff meetings: Daily, except Sundays and holidays, at 8:30 A.M.
Location: Two miles north of Medfield Center on Route 27.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930): —
Post Office: Waltham, Massachusetts.
Railroad Station: Waverley, Massachusetts.
Trustees: Reverend John R. McCool, East Boston, Chairman; Miss Anna M. Manion, Waltham, Secretary, Erwin C. Miller, M.D.; Worcester; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax, M.D., Brookline; Miriam C. Regan, Esq., Roxbury.
Regular meetings: Third Thursday of each month.
Superintendent: Roy D. Halloran, M.D.
Assistant Superintendent: Salomon Gagnon, M.D.
Senior Physicians: Malcolm J. Farrell, M.D.; William Corwin M.D.
Pathologist: Paul I. Yakovlev, M.D.
Assistant Physicians: Clementine McKeon, M.D.; Oscar J. Marcil, M.D.; Robert W. Tower, M.D.; Etam Vassaf, M.D.
Resident Dentist: John M. O'Connor, D.M.D.
Treasurer: Cora E. Norris.
Steward: Howard R. Carley.
Visiting days: Every day.
Staff meetings: Daily.
Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and South Division, Boston & Maine or Boston Elevated from Harvard Square). Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898): —
Post Office and railroad station, Palmer (Boston & Albany).
Trustees: George A. Moore, M.D., Palmer, Chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Secretary, Northampton; C. I. Hosmer, Greenfield; Mrs. Gertrude E. Quinn, Springfield.
Regular meetings: First Thursday of each month.
Superintendent: Morgan B. Hodskins, M.D.
Assistant Superintendent: H. Sinclair Tait, M.D.
Senior Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.; Calvert Stein, M.D.; Rudolf Osgood, M.D.
Assistant Physicians: Lucie G. Forrer, M.D.; Leon J. Robinson, M.D.
Dentist: Arthur R. Adam, D.M.D.
Treasurer: Alice C. Haymann.
Steward: William H. Daly, Jr.
Visiting days: Every day.
Staff meetings: Every day, except Sundays and holidays, at 8:30 A.M.
Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858): —
Trustees: Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield, Chairman; Mrs. Emily Newton, Wellesley Hills, Secretary; Mrs. Jessie Bassett, Northampton; Mrs. Anne O'Keefe Heffernan, Northampton; Samuel Michelman, Northampton; James Benson, Springfield.
Regular meetings: Second Thursday of each month.
Superintendent: Arthur N. Ball, M.D.
Assistant Superintendent: Guy C. Randall, M.D.
Senior Physicians: B. Edwin Zawacki, M.D.; Elizabeth Kundert, M.D.; Fernand Longpre, M.D.; Lee W. Darrah, M.D.
Assistant Physicians: E. Philip Freedman, M.D.; Helen M. Wiestling, M.D.; Harry Michelson, M.D.
Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Staff meetings: Every day except Saturdays, Sundays and holidays at 8:30 A.M.

Location: Prince Street, Northampton, one and one-half miles from the railroad station. (Boston & Maine and New York, New Haven & Hartford railroads). Taxi-cab service from the station, bus service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Charles C. Cain, Jr., Attleboro, Chairman; Mrs. Elizabeth C. M. Gifford, Boston, Secretary; Asa A. Mills, Fall River; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro; Louis Rosenfield, Newton.

Regular meetings: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger G. Osterheld, M.D.

Director of Clinical Psychiatry: Robert M. Bell, M.D.

Senior Physicians: Olga E. Steinecke, M.D.; Abraham M. Stiffle, M.D.

Assistant Physicians: William P. Finnegan, M.D.; Henry L. Hartman, M.D.; Jack G. Oatman, M.D.; Kenneth F. Schneider, M.D.; Wilfrid Seguin, M.D.

Dentist: Wilfred R. Wilson, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post Office, Tewksbury; railroad station, Lowell.

Trustees: David J. McCarthy, Chairman, Medford; Mrs. Mary E. Cogan, Secretary, Stoneham; Mrs. Margaret M. O'Riordan, Jamaica Plain; William F. Maguire, D.M.D., Randolph; Daniel J. Coughlin, Lowell; Robert M. Beirne, Lawrence; James C. Coughlin, D.M.D., Lowell.

Regular meetings: Usually first Wednesday of each month.

Superintendent: Lawrence K. Kelley, LL.B., M.D.

Assistant Superintendent: Patrick J. Meehan, M.D.

Senior Physicians: Charles L. Trickey, M.D. (Director of Clinical Psychiatry); Henry Spencer Glidden, M.D. (Pathologist); Edward J. O'Donoghue, M.D.; C. Winthrop Houghton, M.D.; James F. Lawlor, M.D.; Louis W. Stern, M.D.

Assistant Physicians: Charles J. Carden, M.D.; George J. M. Grant, M.D.; Harry B. Plunkett, M.D.; William R. Green, M.D.; Timothy F. Regan, M.D.; Charles L. Holland, M.D.; Philip F. Bond, M.D.

Dentist: Charles D. Broe, D.M.D.

Steward: Thomas F. Flynn.

Chief Clerk: Robert E. Gay.

Visiting Days: Every day from 10:00 A.M. to 4:00 P.M.

Staff meetings: Monday at 1:30 P.M.

Location: About one-half mile from bus line, Lowell to Boston, via Tewksbury five miles from Lowell; twenty miles from Boston.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: N. Emmons Paine, M.D., West Newton, Chairman; Flora L. Mason, Taunton, Secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough; Kathrine L. Sullivan, Canton.

Regular meetings: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Peatick, M.D.

Assistant Physicians: Howard T. Fiedler, M.D.; Henry M. Gardiner, M.D.; Dora E. Brault, M.D.; Ralph Sidney Belmont, M.D.; Anthony Joseph Volante, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Paul L. Budge, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833): —

Trustees: William J. Delahanty, M.D., Worcester, Chairman; John G. Perman, D.D.S., Worcester; Mrs. Anna C. Tatman, Worcester, Secretary; Mrs. Frank Dresser, Worcester; John L. Bianchi, Worcester; Robert F. Portle, Worcester; Harry F. Kenney, Boston.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Francis H. Sleeper, M.D.

Clinical Director: Morris Yorshis, M.D.

Senior Physicians: Walter E. Barton, M.D.; Lonnie O. Farrar, M.D.; Arthur J. Gavigan, M.D.

Assistant Physicians: Embrie J. Borkovic, M.D.; Frances Cottington, M.D.; Joseph de Marco, M.D.; Edward J. Kelly, M.D.; James Watson, M.D.

Pathologist: William Freeman, M.D.

Dentist: Simon G. Harootian, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays and holidays from 9 to 11. A.M., 1:30 to 4:30 P.M.

Staff meetings: Daily.

Locations: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine.) The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, about five minutes' walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for the mentally deficient; opened 1922): —

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield, Holyoke, Amherst and Ware.)

Trustees: James L. Harrop, Worcester, Chairman; Edwin C. Gilbert, M.D., Springfield, Secretary; Mrs. Bessie F. Dewey, Northampton; Mrs. Henry F. Nash, Greenfield; John I. Donna, Pittsfield; James H. Dillon, Holyoke; Frank D. Fuller, Springfield.

Regular meetings: Second Thursday of each month.

Superintendent: George E. McPherson, M.D.
Assistant Superintendent: Raymond A. Kinmonth, M.D.
Senior Physicians: John T. Shea, M.D.; Herbert L. Flynn, M.D.; Ruth Parker, M.D.
Assistant Physician: vacancy.
Dentist: Arthur E. Westwell, D.M.D.
Steward: Roger H. Littlefield.
Treasurer: Dora B. Wesley.
Visiting days: Every day, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M. and at other times by special permission.
Staff meetings: Daily at 9:00 A.M.
Location: One-quarter mile from railroad station. On the state road to Holyoke and one-half mile from the center of town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848): —
Post Office and railroad station, Waverley (Boston and Maine).
Trustees appointed by the Governor: Francis J. Barnes, M.D., President, Cambridge; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Mrs. Margaret H. Fernald, Marlborough; Mrs. Ray B. Jacobs, Boston; vacancy.
Trustees appointed by the Corporation: Stephen Bowen, Boston, Treasurer; Charles Francis Adams, Concord, Vice-President; Paul R. Withington, M.D., Milton; Roger S. Warner, Ipswich; Donald Gregg, M.D., Wellesley, Secretary; Charles E. Ware, Fitchburg.
Quarterly meetings: Second Thursday of October, January, April and July.
Annual meeting: Second Thursday in December.
Superintendent: Ransom A. Greene, M.D.
Assistant Superintendent: Charles S. Woodall, M.D.
Senior Physicians: L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.; Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.
Assistant Physicians: John D. Maloney, M.D.; Laurence P. Bowser, M.D.; Constance G. Hartwell, M.D.
Dentist: Maurice W. Blumsack, D.M.D.
Treasurer: Emily E. Guild.
Steward: John F. Donnell.
Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.
Staff meetings: Daily at 9 A.M.
Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907): —
Post Office and railroad station, Wrentham.
Trustees: Albert J. Sargent, Boxboro, Chairman; Mrs. William A. Murray, Milford, Secretary; Frank J. Nerney, Attleboro; Warren J. Swett, Canton; Judge James A. Mulhall, Quincy; Francis X. Powers, Worcester; Mrs. John M. Morrison, Brookline.
Regular meetings: Second Tuesday of every month.
Superintendent: C. Stanley Raymond, M.D.
Assistant Superintendent: Henry A. Tadgell, M.D.
Senior Physicians: Alice M. Patterson, M.D.; Karl V. Quinn, M.D.; Bessie F. Brown, M.D.; Clemens E. Benda, M.D.
Assistant Physicians: John H. F. Connor, M.D.; Anne G. Levingston, M.D.
Dentist: John A. Nash, D.M.D.
Steward: Perry E. Curtis.
Treasurer: Elizabeth Oldham.
Visiting days: Every day 9 to 11 A.M., 1:15 to 4:30 P.M.
Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street stop. Boston & Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS

For the Care of Mental and Nervous Diseases

Bournewood Hospital, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone: Parkway, 0300.

Channing Sanitarium, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

Dr. Reeves' Sanitarium, Clarence M. Kelley, M.D., 283 Vinton Street, Melrose Highlands.

Glenside, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

McLean Hospital, For Nervous and Mental Patients (opened 1818): —

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverly (Boston & Maine R.R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Miss Betty Dumaine, Groton; Henry V. Morgan, Cambridge; Charles J. Dunn, Boston; John B. Vernaglia, M.D., Medford.

Trustees appointed by the Corporation: Henry K. Sherrill, Boston, Chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston; Algernon Coolidge, M.D., Boston; Phillips Ketchum, Boston; Hans Zinsser, M.D., Boston; John R. Macomber, Boston; Francis C. Gray, Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Rupert A. Chittick, M.D.; David A. Young, M.D.; Rhoda U. Musgrave, M.D.

Pathologist: vacancy.

Director of Laboratories: John C. Whitehorn, M.D.

Resident Physicians: John B. Tompkins, M.D.; Hewitt I. Varney, M.D.; David Wies, M.D.; Elvin Semrad, M.D.; Wolfgang Sulzbach, M.D.

Psychologist: George E. Gardner, M.D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett D.M.D.

Visiting Internist: Wyman Richardson, M.D.

Staff meetings: Wednesdays and Saturdays at 11:00 A.M.

Ring Sanatorium and Hospital, Inc., Hosea W. McAdoo, M.D., Arlington Heights.

Veterans' Administration Facility No. 95, Northampton, Mass., (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; opened May 12, 1924): —

Under control of Veterans' Administration, Washington, D.C.

Administrator of Veterans' Affairs: Gen. Frank T. Hines, Washington, D.C.

Assistant Administrator: Colonel George E. Ijams, Washington, D.C.

Medical Director: Charles M. Griffith, M.D., Washington, D.C.

Manager: Frank E. Leslie, M.D., Northampton, Massachusetts.

Assistant Manager and Clinical Director: Frederick R. Sims, M.D.

Ward Surgeons: Sidney Rosenbliett, M.D.; Frank Dwyer, M.D.; Fred E. Steele, Jr., M.D.; Ralph W. Brown, M.D.; Louis V. Manley, M.D.; Donald B. Williams, M.D.; Harold J. Lawn, M.D.

Chief of Clinical Laboratory: Louis V. Manley, M.D.

Chief of Dental Service: Francis J. Rogers, D.M.D.
Chief of Roentgenology Laboratory: Louis V. Manley, M.D.
Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.
Consultant in Ophthalmology: Frank E. Dow, M.D.
Consultant in Surgery: Thomas F. Corriden, M.D.
Consultant in Roentgenology: None. (Louis V. Manley, M.D., Staff Roentgenologist).
Staff meetings: Mondays, Wednesdays and Fridays. Time of meetings: 10.30 A.M.
Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Bus connection from Northampton.

Veterans' Administration Facility No. 107, Bedford, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases, opened July 17, 1928): —
Under control of Veterans' Administration, Washington, D.C.
Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.
Medical Director: Charles M. Griffith, M.D.
Manager: Winthrop Adams, M.D.
Clinical Director: Walter P. Burrier, M.D.
Acting Pathologist and Ward Surgeon: Waldemere G. Richter, M.D.
Ward Surgeons: Aaron H. Braverman, M.D.; John F. O'Brien, M.D.; Antonino Triolo, M.D.; Nat J. Wilson, M.D.; Dayton C. Wiggin, M.D.; Daniel J. Sullivan, M.D.; Dana P. Stearns, M.D.; Frank Racz, M.D.
Chief of Dental Service: William E. Sinton, D.M.D.
Consultant in Eye, Ear, Nose and Throat: George A. Leahey, M.D.
Consultant in Roentgenology: John H. Lambert, M.D.
Consultant in Dermatology: C. Guy Lane, M.D.
Consultant in Surgery: Henry C. Marble, M.D.
Consultant in Genito-Urinary Surgery: Sylvester B. Kelley, M.D.
Consultant in Internal Medicine: G. Philip Grabfield, M.D.
Staff meetings: Tuesdays, Wednesdays and Fridays.
Time of meetings: 10:30 A.M.
Location: Springs Road, Bedford, Mass. One mile in from State Highway. Bus connection from Arlington Heights, Mass.

Westwood Lodge, William J. Hammond, M.D., Westwood.

Wiswall Sanatorium, Edward H. Wiswall, M.D., 203 Grove Street, Wellesley.

Bosworth Hospital, George A. Gaunt, M.D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

Private Hospital, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.
Washingtonian Home, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.
Grove Hall Institute, George Colton Moore, M.D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES

CLARKE SCHOOL, Miss Edith G. Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre, (Central Massachusetts Branch, Boston & Maine).

THE FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville. Town of Templeton (incorporated and opened 1882): —

President: E. G. Watkins, Gardner; Clerk, R. B. Greenwood, Winchendon.
Treasurer: Edgar L. Ramsdell, Mechanics National Bank, Worcester.
Trustees appointed by the Governor: Miss Edith H. Sears, Boston; Mrs. Abner S. McLaud, Greenfield; Mrs. Thomas H. Mahony, Waban,; Joseph C. Tomasello, Boston; one vacancy.
Trustees appointed by the Corporation: Mrs. Thomas Allen, Jr., Brookline; Mrs. C. S. Dickinson, Baldwinville; Edward F. Mann, Worcester; J. Sidney Stone, Boston; Robert B. Greenwood, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Arthur D. Potter, Greenfield; Edward G. Watkins, Gardner; Donald W. Campbell, Worcester; John G. Henry, M.D., Winchendon; Mrs. Edward W. Hutchins, Boston; William G. Lord, Athol; Fred H. Allen, M.D., Holyoke; Mrs. Herbert C. Fisher, Worcester; Francis E. Morlock, Winchendon; Frederick A. Turner, Boston.
Quarterly meetings: January, April, July, October.
Superintendent and Physician: E. St. John Ward, M.D., F.A.C.S., D.Sc.
Assistant Physician: vacancy.
Visiting days: Every day except Sunday.
Location: Bridge Street, one mile from railroad station (Boston & Maine) and from center of town of Baldwinville at junction of routes 68, 32 and U.S. Route 202.

PERKINS SCHOOL OF ADJUSTMENT, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS

WOODLAWN SANITARIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton.

FOR FEEBLE-MINDED AND EPILEPTIC

THE LILA SANATORIUM, Richard C. Eley, M.D., 1557 Massachusetts Avenue, Lexington.

A

- Accidents in State Hospitals — (see Casualties).
- Acreage — building sites and grounds, and acres under cultivation, 125
- Admissions — *Mental Hospitals:* 126, 143–173, 224–227, 235–237, 300–310, 313–356, 393, 394, 422–436
  - *State Schools:* 126, 238–240, 243–251, 280, 287–289, 437–444, 459, 462–466
  - *Epileptics, Non-Psychotic:* 290, 291, 294, 295
  - *Private Hospitals:* 145, 312
  - *Private Schools:* 312
- Age at Admission — *Mental Hospitals*
  - *Admissions:* by country of birth of foreign born, 319, 320; by country of origin of native born, 324, 325; by hospital, 157, 330, 331; by marital condition, 161, 346; by mental disorder, 154, 225, 227, 326–329; by nativity and parentage, 153, 314, 315
  - *Discharges:* by length of hospital stay, 191, 371, 372; by mental disorder, 225, 227, 363–366
  - *Deaths:* by length of hospital stay, 210, 384, 385; by mental disorder, 225, 227, 380–383
  - *Resident Population:* by first and readmissions, 223; by hospital, 229, 406, 407; by length of hospital stay, 223; by mental disorder, 225, 227, 396–398, 401–403
  - *Cases Out:* by hospital, 229, 410–411; by mental disorder, 225, 227, 399, 400, 404, 405
- Age at Admission — *State Schools*
  - *Admissions:* by clinical diagnosis, 249, 442; by first and readmissions and rates per hundred thousand population, 245; by mental status, 244, 441; by nativity and parentage, 248, 439
  - *Discharges:* by length of school residence, 258
  - *Resident Population:* by clinical diagnosis, 286; by intelligence quotient, 281; by length of school residence, 272, 275; by nativity and parentage, 277, 278; by school, 278, 452
  - *Cases Out:* by school, 278, 453
- Age at Admission — *Epileptics, Non-Psychotic*
  - *Admissions:* by clinical classification, 295; rates per 100,000 population, 291
- Age at Discharge — *Mental Hospitals:* by hospital, 192, 369, 370; by mental disorder, 192, 359–362
  - *State Schools:* by clinical diagnosis, 255, 260, 445; by mental status, 252, 254, 444, 460, 461; by school, 253; rates per thousand cases under care, 254
- Age at Death — *Mental Hospitals:* by hospital, 212, 378, 379; by mental disorder 211, 374–377
  - *State Schools:* by clinical diagnosis, 264, 271, 449; by comparison with death rates in same ages in general population, 263; by mental status, 262, 265, 266, 448, 460, 461; by school, 266
  - *Epileptics, Non-Psychotic:* by clinical classification, 297
- Age — Central Registry cases, 107, 108
- Age, Present — *Mental Hospitals*
  - *Discharges:* rates per 1,000 under care by mental disorder, 177–181
  - *Deaths:* rates per 1,000 under treatment by mental disorder, 199–203
  - *Resident Population:* by first and readmissions, 228; by hospital, 229, 408, 409; by mental disorder, 228, 396–398, 401–403
  - *Cases Out:* by hospital, 229, 411, 412; by mental disorder, 399, 400, 404, 405
- Age, Present — *State Schools*
  - *Resident Population:* by clinical diagnosis, 286, 457; by length of school residence, 275; by mental status, 460, 461; percentage distribution, 282, 283; by school, 278, 452
  - *Cases Out:* by mental status, 460, 461; by school, 278, 453
- Alcoholic habits — intemperance in Mental Hospital admissions, 1917–1937, 163, 166; by mental disorder, 163, 165, 338, 339; by economic status, 154
- Alcoholic psychoses, 168
- Aliens, 158, 311, 343, 395

Appropriations — compared with expenditures, 20; for maintenance and operation, 21; special appropriations for construction, permanent betterments, real estate and furnishings, 26–30
Associate Commissioners, D. M. D. — 1, 2
Attorney General Cases, 119
Autopsies in State Institutions, 39

B

Baker, Henry M., M.D., Examiner of Prisoners — appointment of, 6
Barrett, Joseph E., M.D., Assistant Commissioner — resignation of, 4
Belchertown State School — Directory, 472
Betterments — special appropriations, 26–30
Boston Dispensary Habit Clinic, 54–61
Boston Psychopathic Hospital — Directory, 467
Boston State Hospital — Directory, 467
Bosworth Hospital — Directory, 475
Bournewood — Directory, 474
Bridgewater State Hospital — Directory, 468

C

Capability on discharge — patients leaving State Schools, 259, 260, 437–439, 446
Capacity — and overcrowding in State Hospitals and Schools, 129–133
Cases Out — *Mental Hospitals:* 140–142, 221–229, 300–310, 393, 394, 399, 400, 404, 405, 410–412, 422–430
  State Schools: 278–281; 437–439; 453, 459–461
  Epileptics, Non-Psychotic: 296
Casualties — State Hospitals, 40–44
Causes of Death — *Mental Hospitals:* by mental disorder, 388–392; number and percentage distribution, 214
  State Schools: by clinical diagnosis, 267, 268; by mental status, 269, 270, 451
  Epileptics, Non-Psychotic: by clinical classification, 297; by year, 1936 and 1937, 293
Central Registry for mental defectives — (see Mental Defectives)
Cerebral arteriosclerosis, 167
Changes in personnel, 2–6
Channing Sanatorium — Directory, 474
Child Guidance Clinic — Worcester, 77–79
Citizenship —*Mental Hospitals*
  Admissions: by first admissions, readmissions and transfers, 343; rates per 100,000 corresponding population, 158
  Resident Population: by country of birth, 395
Cities and towns — Traveling School Clinic examinations, 98–103
City or Town of residence — (see County of Residence)
Clarke School — Directory, 476
Clinical Classification — *Epileptics, Non-Psychotic*
  Admissions: by age at admission, 295; compared with clinical classification of discharges, deaths, resident population and cases out, 296; by economic status, 295; by number and percent, 290; by population of place of residence, 295
  Discharges: compared with clinical classification of admissions, deaths, resident population and cases out, 296; by condition on discharge, 291, 292
  Deaths: by age at death, 297; by cause of death, 297; compared with clinical classification of admissions, discharges, resident population and cases out, 296; by length of residence, 298
  Resident Population: compared with clinical classification of admissions, discharges, deaths and cases out, 296; by length of residence, 293, 294
  Cases Out: compared with clinical classification of admissions, discharges, deaths and resident population, 296

- Clinical Diagnoses — *State Schools*
  - *Admissions:* by age at admission, 249, 442; distribution, by number, 459; by intelligence quotient, 249, 443; percentage distribution, 280; by school, 250, 444
  - *Discharges:* by age at discharge, 445; and rates per 1,000 cases under care, 255; by average age at discharge, 260; by capability on discharge, 259, 260, 446; distribution, by number, 459; by intelligence quotient, 259, 260, 445; by length of school residence, 261, 447, 448; percentage distribution, 280
  - *Deaths:* by age at death, 271, 449; and rates per 1,000 cases under treatment, 264; by cause of death, 267, 268; distribution, by number, 459; by intelligence quotient, 270, 450; by length of school residence, 271; percentage distribution, 280
  - *Resident Population:* by admission and present age, 286; by color, 458; distribution, by number, 459; by intelligence quotient, 284, 286, 454; by length of school residence, 287, 455; percentage distribution, 279, 280; present age, 457
  - *Cases Out:* by color, 459; distribution by number, 459; percentage distribution, 280
- Clinics — Habit, 54–61
  - Traveling School, 80–96
  - Child Guidance, 77–79
- Color — *Mental Hospitals*
  - *Admissions:* number, by first and readmissions, 422
  - *Discharges:* number, by first and readmissions, 422
  - *Deaths:* number, by first and readmissions, 422
  - *Resident Population:* by mental disorder, 233, 421; number, by first and readmissions, 422; percentage distribution, 234
  - *Cases Out:* number, by first and readmissions, 422
- Color — *State Schools*
  - *Resident Population:* by clinical diagnosis, 458
  - *Cases Out:* by clinical diagnosis, 459
- Commissioner, D. M. D. — 1, 2
- Committee on Nurses' Training Schools, 12–14
- Community Supervision of mental defectives — (see Mental Defectives)
- Condition on Discharge — *Mental Hospitals, Discharges:* by mental disorder, 367, 368; and length of residence, 187; percentage distribution, 185–186
  - *Epileptics, Non-Psychotic, Discharges:* by clinical classification, 491, 292; by legal status, 294
- Conferences and visits to State Institutions, 7
- Construction at State Hospitals and Schools — special appropriations, 26–30
- Costs, per capita — (see Per Capita Costs)
- Country of Birth — Foreign Born admissions to *Mental Hospitals:* by age at admission, 319, 320; by first and readmissions, rates per 100,000 foreign born population, 157; by mental disorder, 316–318
- Country of Birth — *Mental Hospitals*
  - *Admissions:* number, by first and readmissions, 393, 394; number and rates per 100,000 population same country of birth, 157; by parentage, 313
  - *Discharges:* number, by first and readmissions, 393, 394; number and rates per 1,000 under treatment, 182, 184
  - *Deaths:* number, by first and readmissions, 393, 394; number and rates per 1,000 under treatment, 205
  - *Resident Population:* by citizenship, 395; number, by first and readmissions, 393, 394; number and rates per 100,000 population, same country of birth, 233, 235
  - *Cases Out:* number, by first and readmissions, 393, 394
- Country of Birth — *State Schools:*
  - *Admissions:* by parentage, 440

Country of Origin — Native Born admissions to *Mental Hospitals:* by age at admission, 324, 325; by mental disorder, 321–323; number and rates per 100,000 population same country of origin, 158
    — Native Born admissions to *State Schools:* number and rates per 100,000 population, aged 0–24 years, same country of origin, 251
County of Residence — *Mental Hospitals:* admissions and cases in residence, by city and town, 237, 431–436; rates per 100,000 population, same county, 235–247
    State Schools: admissions and cases in residence, by city and town, 462–466; rates per 100,000 population same county, 287–289
Court Commitments — (see Legal Status)
Curtis, Miss Hannah, Supervisor of Social Service — retirement of, 5

D

Daily Average Population in residence — Ex-service men, 143; Mental Hospitals, 300–310; State Schools, 437–439
Daily Average Population on books — Ex-service men, 143; Mental Hospitals, 140, 300–310; State Schools, 242, 437–439
Danvers State Hospital — Directory, 468
Deaths — sudden deaths in State Institutions, 39–40
Deaths — *Mental Hospitals:* 196–215, 224–227, 300–310, 373–394, 422–430
    State Schools: 261–271, 280, 437–439, 448–451, 459–461
    Epileptics, Non-Psychotic: 292, 293, 296–298
Delinquents — examination of Juvenile, 7, 8
Dementia praecox, 169
Dentists — number resident in each institution, 126
Departmental Statistics, 125–136
Deportations, 9, 118, 311
Discharges — *Mental Hospitals:* 173–196, 224–227, 300–310, 357–372, 393, 394, 422–430
    State Schools: 251–261, 280, 437–439, 444–448, 459–461
    Epileptics, Non-Psychotic: 291, 292, 294
Division Reports — Financial, 14–33; Mental Deficiency, 79–118; Mental Hygiene, 50–79; Pathology, 34–48; Social Service, 48–50; Statistical Research, 121; Statistics, 122–124; Support, 118–121
Drug psychoses, 171
Duration of hospital residence — (see Length of Residence)
Duties of the Department, 2

E

Economic Status — *Mental Hospitals*
    Admissions: by mental disorder, 171, 349, 350; by number and percentage of first and readmissions, 161; by use of alcohol, 154
    Discharges: by number and rates per 1,000 cases under care, 182
    Deaths: by number and rates per 1,000 cases under treatment, 204
    Resident Population: by number and percentage, 221
    Cases Out: by number and percentage, 221
Economic Status — *State Schools*
    Admissions: by mental status, 441; percentage distribution, by mental status, 247, 248
    Discharges: by mental status and rates per 1,000 under care, 255
    Deaths: by mental status and rates per 1,000 under treatment, 265, 266
Economic Status — *Epileptics, Non-Psychotic*
    Admissions: by clinical classification, 295
Education — *Mental Hospital Admissions:* by mental disorder, 347, 348; number and percentage distribution, by first and readmissions, 163
    Epileptics, Non-Psychotic, Admissions: by age groups, 295
Elm Hill Private School and Home for the Feebleminded — Directory, 476

Employees — number in institutions, 126
Environment — *Mental Hospital Admissions*, rates per 100,000 population of same environment, 161
Escapes — *Mental Hospitals:* general statistics, by hospital, 300–310; number and per cent, 1928–1937, 140; and returns from escape, by month, 141
  State Schools: general statistics, by school, 437–439; number and per cent, 1910–1937, 241; number and per cent, by school, 242
Expenditures — and receipts of Department, 20, 129, 136
Expenses — for maintenance and operation, 21, 22
Ex-service men — number in Mental Hospitals, 300–310; 1928–1937, 142; support cases, 119

F

Family Care Patients — general statistics, 300–310; number placed and returned, by month, 141; number under institution trustees, by hospital, 142; number under institutions and under Department, 1904–1937, 143
Farm and Garden Products — value, 32, 33
Financial Division — Report of, (William I. Rose, Business Agent), 14–33
Fitzgerald, Timothy W., Associate Commissioner — reappointment of, 2
Foreign Born — *Mental Hospital Admissions:* by age at admission, 319, 320; by country of birth, rates per 100,000 population same country of birth, 157; by mental disorder, 316–318
Form of Admission — (see Legal Status)
Foxborough State Hospital — Directory, 468
Freer School — Directory, 476
Freethy, Miss Maude F., Investigator of Settlement and Support Claims — retirement of, 4
Furnishings — special appropriations, 26–30

G

Gardner State Hospital — Directory, 469
General Statistics — *Mental Hospitals*, 300–310; *State Schools*, 437–439
Glenside — Directory, 474
Graduate Nurses — number employed in institutions, 126
Grafton State Hospital — Directory, 469
Grove Hall Institute — Directory, 475

H

Habit Clinics, 54–61
Hospital Cottages for Children — Directory, 476
Hospital Life, duration — (see Length of Residence)

I

Industrial and Educational Department, State Hospitals and Schools — number employed, 126
Intelligence Quotient — *Central Registry Cases:* by age groups, 107, 108
Intelligence Quotient — *School Clinic Cases:* by examining clinic, first examinations, 83; by examining clinic, re-examinations, 84; by number and per cent of first and re-examinations, 1928–1937, 87; by percentage distribution of first and re-examinations, 87
Intelligence Quotient — *State Schools*
  Admissions: by clinical diagnosis, 249, 443
  Discharges: by clinical diagnosis, 259, 260, 445
  Deaths: by clinical diagnosis, 270, 450
  Resident Population: by age at admission, 281; by clinical diagnosis, 284, 286, 454; by length of school residence, 283, 456
Intemperate Use of Alcohol — (see Alcohol)
Investigations — Pathology Division, 41, 42; Support Division, 119

J

Juvenile Delinquents — examination of, 7, 8

K

Kittredge Farm — license relinquished, 9

L

Lawrence Habit Clinic, 54–61
Legal Status — *Mental Hospitals*
  Admissions: 144–151, 300–310, 355, 356
  Discharges: 174–176, 300–310, 357, 358
  Deaths: 196–198, 300–310, 373
  Resident Population: 216–220, 300–310
    State Schools
  Admissions: 243
    Epileptics, Non-Psychotic
  Admissions: 294
  Discharges: 294
  Deaths: 294
  Resident Population: 294
  Cases Out: 294
Legislation — new, 9–12
Length of Residence — *Mental Hospitals*
  Discharges: by age at admission, 191, 371, 372; by certain psychoses, 189; by hospital, 191; by mental disorder, 185–190; by nativity groups, 195
  Deaths: by age at admission, 210, 384, 385; by certain psychoses, 208; by hospital, 209; by number of times admitted, 213–215, 386, 387; by mental disorder, 207–209
  Resident Population: by age at admission, 223; by mental disorder, 230–233, 413–420
Length of Residence — *State Schools*
  Discharges: by age at admission, 258; by clinical diagnosis, 261, 447, 448; by mental status, 257, 447; by mental status and year, 1928–1937, 257
  Deaths: by clinical diagnosis, 271; by mental status, 267, 450
  Resident Population: by age at admission, 272, 275; by clinical diagnosis, 287, 455; by intelligence quotient, 283, 456; by present age, 275; by school, 278
  Cases Out: by school, 278
Length of Residence — *Epileptics, Non-Psychotic*
  Deaths: by clinical classification, 298; by year, 1936 and 1937, 293
  Resident Population: by clinical classification, 293, 294
Licenses issued to private hospitals, 9
Lila Sanatorium (Mrs. O'Keefe's Nursery Home) — Directory, 476; issuance of license, 9; change of name, 9
Lowell Habit Clinic, 54–61

M

Maintenance and operation of State Institutions, 20, 127–129, 135
Manic-depressive psychoses, 169
Marital Condition — *Mental Hospitals*
  Admissions: by age at admission, 161, 346; by mental disorder, 344, 345; number and rates per 100,000 population same marital status, 159
  Discharges: number and rates per 1,000 under care of same marital status, 182
  Deaths: number and rates per 1,000 under treatment of same marital status, 205
  Resident Population: by number and percentage, 222
  Cases Out: by number and percentage, 222

Massachusetts Traveling School Clinic System, 80

May, James V., M.D., Superintendent of the Boston State Hospital — retirement of, 5

McLean Hospital — Directory, 474

Medfield State Hospital — Directory, 469

Mental and Physical Examination of Children — Juvenile Delinquents, 7, 8

Mental Condition of Discharges from Mental Hospitals — (see Condition on Discharge)

Mental Defectives — Central Registry, 105–109; community supervision, 109–113

Mental Deficiency Division — Report of, (Neil A. Dayton, M.D., Director), 79–118

Mental Deficiency — psychoses with, 170

Mental Disorder — *Mental Hospitals*

  Admissions: by age at admission, 154, 326–329; by age at admission compared with age at admission of discharges, deaths, resident population and cases out, 225, 227; by alcoholic habits, 338, 339; compared with percentage distribution of certain mental disorders in discharges, deaths, resident population and cases out, 224–226; by condensed classification, all first and readmissions, 423; by country of birth of foreign born, 316–318; by country of origin of native born, 321–323; by degree of education, 347, 348; by detailed classification, all first and readmissions, 425–427; by economic status, 171, 349, 350; by hospitals, 332–337; by legal form of admission, 150, 151, 355, 356; by marital condition, 344, 345; by number of times admitted, 152, 353, 354; by number and percentage classified as intemperate in the use of alcohol, 163, 165; by population of place of residence, 351, 352; by race, 340–342; by transfers, 173

  Discharges: by age at admission, 363–366; by age at admission compared with age at admission of admissions, deaths, resident population and cases out, 225, 227; by age at discharge, 192, 359–362; compared with percentage distribution in certain mental disorders in admissions, deaths, resident population and cases out, 224–226; by condensed classification, all first and readmissions discharged, 423; by detailed classification, all first and readmissions discharged, 425–427; by discharge rates per 1,000 cases under care, 176; by discharge rates per 1,000 cases under care and present age, 177–181; by legal form of admission, 174–176, 357, 358; by length of hospital stay, 185–190; by mental condition on discharge, 185, 367, 368; by number of times out on visit, 195

  Deaths: by age at admission, 380–383; by age at admission, compared with age at admission of admissions, discharges, resident population and cases out, 225, 227; by age at death, 212, 374–377; by cause of death, 388–392; compared with percentage distribution in certain mental disorders in admissions, discharges, resident population and cases out, 224–226; by condensed classification, all first and readmissions dying, 423; by death rates per 1,000 under treatment, 199; by death rates per 1,000 under treatment and present age, 199–203; by detailed classification, all first and readmissions dying, 425–427; by legal form of admission, 197, 373; by length of hospital stay, 207–209

  Resident Population: by admission age and present age, 396–398, 401–403; by present age, 228; by age at admission compared with age at admission of admissions, discharges, deaths and cases out, 225, 227; by color, 233, 421; compared with percentage distribution in certain mental disorders in admissions, discharges, deaths and cases out, 224–226; by condensed classification, all first and readmissions in residence, 424; by detailed classification, all first and readmissions in residence, 428–430; by legal form of admission, 216–220; by length of hospital stay, 230–233, 413–420; percentage distribution, 220

  Cases Out: by admission age and present age, 399, 400, 404, 405; by age at admission compared with age at admission of admissions, discharges, deaths and resident population, 225, 227; compared with percentage distribution in certain mental disorders in admissions, discharges, deaths and resident population, 224–226; by condensed classification, all first and

readmissions out, 424; by detailed classification, all first and readmissions out, 428–430
Mental examination of persons coming before the courts, 6
Mental Hygiene Clinics, 50–61
Mental Hygiene Division — Report of, (Douglas A. Thom, M.D., Director), 50–79
Mental Hygiene Research Activities, 61–77
Mental Status — *State Schools*
  Admissions: by age at admission, 244, 441; by economic status, 247, 248, 441; by number and percentage distribution, 244; by population of place of residence, 441; by year, 1928–1937, 243
  Discharges: by age at discharge, 252, 444; by age at discharge and rates per 1,000 under care, 254, 460, 461; by economic status and rates per 1,000 under care, 255; by length of school stay, 257, 447; by length of school stay, 1928–1937, 257
  Deaths: by age at death, 265, 266, 448; by age at death and rates per 1,000 under treatment, 262, 460, 461; by cause of death, 269, 270, 451; by economic status and rates per 1,000 under treatment, 265, 266; by length of school stay, 267, 450; by rates per 1,000 under treatment, 264
  Resident Population: by population of place of res dence, 284, 455; by present age, 460, 461; by school, 272, 274; by year, 1929–1937, 276
  Cases Out: by present age, 460, 461
Metropolitan State Hospital — Directory, 470
Monson State Hospital — Directory, 470

N

Native Born Admissions to Mental Hospitals — (see Country of Origin)
Nativity and Parentage — *Mental Hospitals*
  Admissions: by age at admission, 154, 314, 315; rates per 100,000 population of same nativity groups aged 15 years and over, 1930 Census, 153
  Discharges: by length of residence, 195
Nativity and Parentage — *State Schools*
  Admissions: by age at admission, 248, 439; rates per 100,000 population of same nativity groups aged 0–24 years, 1930 Census, 247, 248
  Resident Population: by age at admission, 277, 278
Nativity and Parentage — *Epileptics, Non-Psychotic*
  Admissions: rates per 100,000 population of same nativity groups aged 0–24 years, 1930 Census, 291
New construction, permanent betterments, real estate and furnishings, 20
New England Hospital Habit Clinic, 54–61
New quarters for Department, 9
North Reading Habit Clinic, 54–61
Northampton State Hospital — Directory, 470
Norton, Harold F., M.D., Superintendent of the Boston State Hospital — appointment of, 6
Norwood Habit Clinic, 54–61
Nurses — number in each institution, 126; training schools, 12–14

O

Observation Cases — (see Legal Status)
Officers and employees in State Institutions, 126
O'Keefe's Nursery Home, Mrs. — (see Lila Sanatorium)
Overcrowding in State Institutions, 129–133
Overholser, Winfred, M.D., Commissioner — expiration of term, 3

P

Parentage and Nativity — (see Nativity and Parentage)
Paroles at State Schools — number and percent, 1910–1937, 241; by school, 242, 437–439

Pathology Division — Report of, (Myrtelle M. Canavan, M.D., Pathologist), 34–48

Patients at small private hospitals and schools, 137–139, 238, 312

Patients in Residence — *Mental Hospitals:* 126, 137–139, 215–237, 300–310, 393–436
- *State Schools:* 126, 137–139, 238, 240, 241, 272–289, 437–439, 452–466
- *Epileptics, Non-Psychotic:* 293, 294
- *Public and Private Hospitals and Schools, 1904–1937:* 216, 272

Patients on Books — *Mental Hospitals:* 140, 300–310
- *State Schools:* 240–242, 437–439
- *Epileptics, Non-Psychotic:* 294

Patients on Visit and Escape — *Mental Hospitals:* 140, 221–227, 300–310
- *State Schools:* 240–242, 437–439
- *Epileptics, Non-Psychotic:* 294

Patients under Care — *Mental Hospitals:* 137–139, 176–185
- *State Schools:* 252–256, 460, 461
- *Epileptics, Non-Psychotic:* 290

Patients under Treatment — *Mental Hospitals:* 197–206
- *State Schools:* 261–266, 460, 461

Paying Patients, 31, 118–120, 128, 134, 135

Payrolls — analysis of, 25

Per Capita Costs — *State Hospitals and Schools:* according to Massachusetts Standard of analysis, 22–24; by analysis of payrolls, by institution, 25; and appropriations and expenses for maintenance and operations, 21; for maintenance and operation, 1917–1937, 127, 135

Perkins, Clifton T., M.D., Assistant Commissioner — promotion of, 4

Perkins School of Adjustment — Directory, 476

Personal services, 20

Personnel — State Institutions, 126; Traveling School Clinics, 84, 86

Physicians — number in each institution, 126

Pollock, Henry M., M.D., Chairman, pro tem. — appointment of, 3

Population of Place of Residence — *Mental Hospitals*
- *Admissions:* by mental disorder, 351, 352; rates per 100,000 of same population units, 1930 Census, 162

Population of Place of Residence — *State Schools*
- *Admissions:* by mental status, 441; rates per 100,000 of same population units, 1930 Census, 246
- *Resident Population:* by mental status, 284, 455

Population of Place of Residence — *Epileptics, Non-Psychotic*
- *Admissions:* by clinical classification, 295

Present Age — (see Age)

Private Hospital — Directory, 475

Private Hospitals — number of patients, 137–139, 312; in residence, 1904–1937, 216; admissions, 1917–1937, 145

Private Schools — number of patients, 137–139, 238, 312

Psychiatrists — Traveling School Clinic, 84, 86

Psychological service — Division of Mental Hygiene, 59–61

Psychologists — Traveling School Clinic, 84, 86

Psychoneuroses, 171

Psychoses — (see Mental Disorders)

Publications — Division of Mental Deficiency, 109; Division of Mental Hygiene, 61, 66–68, 71, 75–77; Division of Pathology, 45–48

Q

Quincy Habit Clinic, 54–61

Quinn, Karl V., M.D., Assistant to the Commissioner — resignation of, 4

R

Race — Mental Hospital admissions, 343; by mental disorder, 340–342

Rates per hundred thousand State Population — *Mental Hospitals*

Admissions: by country of birth of first admissions and resident population, 233, 235; by county of residence of all admissions and resident population, 235–237; by citizenship, 158; by environment, 161; first and readmissions, 1917–1937, 145; foreign born, by country of birth, 157; by marital status, 159; native born, by country of origin, 158; by nativity and parentage of first and readmissions, 153; by population of place of residence, 162; voluntary admissions to public and private institutions, 1928–1937, 147

Resident Population: by country of birth of first admissions and resident population, 233, 235; by county of residence of all admissions and resident population, 235–237; by number and annual increase, 1904–1937, 139; number and rates, state hospitals and other mental hospitals, 1904–1937, 217

Rates per hundred thousand State Population — *State Schools*

Admissions: by age at admission, 245; by country of origin of native born, 251; by county of residence of admissions and resident population, 287–289; by mental status, 1928–1937, 243; by nativity and parentage, 247, 248; by number, 1904–1937, 240; by population of place of residence, 246

Resident Population: by county of residence of admissions and resident population, 287–289; by mental status, 1929–1937, 276; by mental status and population of place of residence, 284; by number, 1904–1937, 240, 241; by number and annual increase, 1904–1937, 139

Rates per hundred thousand State Population — *Epileptics, Non-Psychotic*

Admissions: by age at admission, 291; by nativity and parentage, 291

Rates per hundred thousand State Population — *Private Institutions:* by first and readmissions, 1917–1937, 145; by number and annual increase of resident population, 1904–1937, 139

Reading Habit Clinic, 54–61

Real Estate — special appropriation, 26–30

Reasons for referral, School Clinic examinations, 82

Receipts — and expenditures of Department, 20; collected from paying patients 31; Support Division, 120

Recommendations — Division of Mental Deficiency, 116–118; Traveling School Clinic cases, 88–94

Reeves Sanatorium — Directory, 474

Reimbursing cases — board rates, 31, 121; State Institutions, 119

Religious instruction in State Institutions — expenses, 22

Reports — (see Division Reports)

Research activities — mental deficiency, 109; mental hygiene, 61–77; Boston State (Dr. Myerson), 61–68; Boston Psychopathic (Dr. Solomon), 68–71; Worcester (Dr. Sleeper), 71–77; pathological, 41–44; statistical, 121

Residence — (see Length of Residence)

Residence — of cases examined by Traveling School Clinics, 90–95

Resident Population — (see Patients in Residence)

Retardation — incidence in public school children of Massachusetts, 96

Ring Sanatorium and Hospital, Inc. — Directory, 474

Rockefeller Fund, Laura Spelman, 121

Rose, William I., Business Agent — appointment of, 4

Rotation in Service — persons employed in institutions, 25

S

Schizophrenia, — publications, 75–77; research, 71–75

Semi-annual meetings of the Department with the trustees of State Institutions, 79

Senile psychoses, 166

Service rendered — Habit Clinics, 58

Social Service — Division of Mental Deficiency, 109–113

Social Service Division — Report of, (Madeline B. Dyar, for Director), 48–50
Social Workers — number in each institution, 49, 126; Traveling School Clinic, 84
Sources of contact — Central Registry cases, 105; Habit Clinic cases, 55
Special classes — retarded children in public schools, 98–103
Special Commission on Mental Diseases, 7
Standish Manor — Directory, 476
State Infirmary, Mental Wards — Directory, 471
Statistical Division — Report of, (Neil A. Dayton, M.D., Director), 122, 123
Statistical Research Division — Report of, (Neil A. Dayton, M.D., Director), 121
Statistical Review — Mental Diseases, 137–237; Mental Defect, 238–289; Epilepsy, Non-Psychotic, 290–298
Statistics — Departmental, 125–136; Epilepsy, Non-Psychotic, 290–298; Financial, 20–33; General, 300–310; Mental Diseases, 137–237; Mental Deficiency, 238–289; Mental Hygiene Habit Clinics, 54–58
Sudden Deaths in State Hospitals, 39, 40
Suicides in State Hospitals, 40
Support of patient population — *State Hospitals*, 300–310; *State Schools*, 437–439
Support Division — Report of, (Paul A. Green, Supervisor), 118–121
Syphilitic meningo-encephalitis, 168

T

Taunton State Hospital — Directory, 471
Temporary Care Cases — (see Legal Status)
Times Admitted — *Mental Hospitals*
  Admissions: 152, 353, 354
  Discharges: 184
  Deaths: 206, 213–215, 386, 387
Times Out on Visit, etc., — *Mental Hospitals*, by mental disorder, 195
  State Schools, 258, 446
Transfers — *Mental Hospitals*
  Admissions: by citizenship, 343; general statistics by institution, 300–310; by mental disorder, 151, 173, 356
  Discharges: general statistics by institution, 300–310; by mental disorder, 175, 358
Transfers — *State Schools*
  Admissions: general statistics by school, 437–439; number, by first and readmissions, 243
  Discharges: general statistics by school, 437–439
Transfers — *Epileptics, Non-Psychotic*
  Discharges: by legal status, 294
Traveling School Clinics, 80–96
Trust Funds, 31
Trustees of State Institutions — semi-annual meetings, 7, 9

V

Valuation — land, buildings and betterments, personal property, farm and garden products, industrial, 125
Value — farm and garden products, 32
Veterans — number in mental hospitals, 143, 300–310
Veterans' Administration Facility No. 95 — Directory, 474
Veterans' Administration Facility No. 107 — Directory, 475
Visits — *Mental Hospitals:* general statistics by hospital, 300–310; number and percent, 1928–1937, 140; number placed and number returned by month, 141; rates per 1,000 daily average population, by institution, 140
Visits — *State Schools:* general statistics by school, 437–439; number and percent 1910–1937, 241; rates per 1,000 daily average population, by school, 242; by school, 242, 446
Voluntary Care Cases — (see Legal Status)
Voluntary Care Cases — Public and Private Institutions: 1928–1937, 147

W

Waiting Lists of patients to State Schools, 113–116
Walter E. Fernald State School — Directory, 473
Washingtonian Home — Directory, 475
West End Habit Clinic, 54–61
Westborough State Hospital — Directory, 472
Westwood Lodge — Directory, 475
Williams, David L., M.D., Commissioner — appointment of, 2
Wiswall Sanatorium — Directory, 475
Woodlawn Sanatorium — Directory, 476
Worcester Child Guidance Clinic — 77–79
Worcester State Hospital — Directory, 472
Wrentham State School — Directory, 473

5/11

ACME
BOOKBINDING CO., INC.

MAY 1991

100 CAMBRIDGE STREET
CHARLESTOWN, MASS